

CONTINUING EDUCATION

PATIENT FACTORS MILITATING AGAINST THE LAWS GOVERNING PRESCRIPTIONS - ONLY MEDICINES IN NIGERIA.

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Abstract

The various patient factors in Nigeria that lead to their use of prescription drugs without prior consultation with a physician has been studied. Questionnaires were distributed to various class of people who had no background training in any health discipline.

It was discovered that only 28.6% of the population sample studied attend public and private health centres where they could be given prescriptions. The rest 71.4 per cent of the population sample studied attend pharmacy and patent medicine stores where they purchase drugs at their own discretion or those recommended by sellers. The role of illiteracy and poverty, long waiting time and the non-availability of essential drugs in government health centres were all investigated.

Introduction

Much has been written on drug use by the Nigerian populace. However, most of these writings have been empirical without being subjected to proper scientific method.

For a drug to be effective, it has to be properly prescribed and dispensed for the patient (1). Undesirable drug interactions are often the case when patients take two or more prescription drugs without first consulting the physician for necessary diagnosis and prescription. The prescription is usually sent to the pharmacist who also checks for possible medication errors. All these safeguards the life of

the patient.

However, many patients may prefer the self-treatment of their ailments. Others will prefer to meet a drug seller, while others will want to meet a traditional medical practitioner. They would, therefore, only go to seek treatment in the hands of an orthodox medical practitioner when everything else has failed. In the course of this, many patients knowingly or unknowingly purchase potent prescription drugs which if improperly used may be detrimental to their health. The reasons why patients in Nigeria indulge in these practices is the subject of this study.

Subjects and methods:

The subjects were a sample of the population of Nigerians with no background training in any health science related area.

Sampling method:

The random sampling method was employed in the selection of the population under study. A total of 84 people were used for the study.

Research instrument:

The research was carried out using semi-structured questionnaires as quantitative indicators (N = 84), focus group discussions and in-depth interviews as qualitative indicators. The questionnaire which were distributed to the selected group were collected on appointment.

Method of data analysis:

Simple percentages were used to analyse the results. Thus responses, R, were quantified as:

$$R = \frac{F}{N} \times 100\%$$

where F is the frequency of responses and N the number of respondents.

Results and discussion:

Table 1 shows where most patients go for their treatment.

Table 1: Survey to find out where patients go for their treatment.

| Areas | No. of Patients | Percent of total patients. |
|------------------------|-----------------|----------------------------|
| Public health centres | 14 | 16.7 |
| Private health centres | 10 | 11.9 |
| Pharmacy stores | 10 | 11.9 |
| Patent medicine stores | 50 | 59.5 |
| Total | 84 | 100.0 |

From the table it can be observed that 59.5 per cent of the patients go first to patent medicine dealers while 16.7 per cent, 11.9 per cent and another 11.9 per cent go first to public health centres, private health centres and pharmacy stores respectively for their treatments. From table 1 it is clear that most patients go to patient medicine dealers to receive their treatments.

Table 2. Survey to find out why most patients prefer to attend patent medicine stores.

| Reasons | No. of people | % of total |
|---|---------------|------------|
| Cheap prices of drugs | 20 | 23.81 |
| Long waiting times in government health institutions | 25 | 29.76 |
| Patent medicine stores are found everywhere | 10 | 11.90 |
| High cost of treatment in private health centres | 11 | 13.10 |
| Non-availability of prescribed drugs in government health centres | 18 | 21.43 |
| Total | 84 | 100 |

Though the patients gave the reasons in Table 2 for their high patronage of patent medicine stores, it was also discovered that these could be attributed primarily to their illiteracy. On responding to a question on how the patients differentiate between a pharmacist and medical doctor, only 41.2% said there was a difference between them. The rest 58.8 per cent could not differentiate between them. Similarly 70.23 per cent of the population group could not differentiate between a pharmacy store and a patent medicine store, both of which they referred to as chemist shops.

Table 3 shows the results of a survey carried out to find out where members of the study group normally buy their drugs.

Table 3. Survey to find out where members of the study population normally buy their drugs.

| Responses | No. of persons | Per cent of Total |
|------------------------------|----------------|-------------------|
| Pharmacy stores | 20 | 23.8 |
| Patent medicine stores | 48 | 57.1 |
| Hawkers in vehicles | 4 | 4.8 |
| Advertisers in market places | 12 | 14.3 |
| Total | 84 | 100 |

It can again be observed that majority of the population under study (57.1%) purchase their drug needs from patent medicine dealers. This apart from illiteracy, could be associated with the ubiquity of these stores in very nook and corner of the nation. As earlier mentioned, most patent medicine stores also offer cheaper prices for their wares and many may be more stocked than many pharmacy stores.

The number of people patronizing drug hawkers in vehicles and market places, though low, is a matter of concern. Most of these people may sell expired or improperly stored drugs which may elicit dangerous or even fatal reactions in some patients.

Another area of concern is the use of traditional remedies/preparations by many Nigerians. Table 4 shows the responses by the study group on whether they do sometimes buy traditional remedies/preparations.

Table 4. Survey to find out the number of people among the study population that buys traditional remedies/preparations.

| Responses | No. of people | Per cent of total |
|--------------|---------------|-------------------|
| Yes | 60 | 71.42 |
| No | 24 | 28.57 |
| Total | 84 | 100 |

Despite the ever increasing number of medical and pharmacy schools and their products as well as government spending on drugs and other medical facilities, traditional medical practitioners have continued to enjoy an unprecedented patronage which cuts across all strata of the population of Nigeria. This trend has continued in spite of the criticisms from orthodox medical practitioners and pharmacists, who have often contended that traditional medical practice is crude, primitive and often surrounded in secrecy, mysticism and witchcraft (2). There are several factors responsible for the patronage enjoyed

by traditional medical practitioners. Such factors include the following (3).

- (a) Psychological nearness to the people and their trado-cultural conception of illnesses and diseases.
- (b) Illiteracy and gullibility of the population over the mystical powers of some traditional medical practitioners.
- (c) Lower cost of treatment than orthodox medical services.
- (d) Convincing efficacy of some traditional preparations. Many examples abound. Oldenlandia afinis and Oldenlandia corymbosa which the natives use to accelerate delivery have been shown in the laboratory to contain an oxytocic principle (4). Stem bark of Schumanniphyton magnificum is used as an antisnake bite preparation by the natives and has been show in the laboratory to contain an antismake venom principle (5).
- (e) Another reason for the popularity of traditional medical practitioners is the inadequate and bizzare distribution of orthodox medical personnel and facilities, especially at the grass-root level. Imperato (6) noted that in the rural areas of third world countries, the choice is between the traditional healers and a small "bush" dispensary (if any), often devoid of diagnostic resources (materials and manpower) save those of the medical auxiliaries and possessing at most a handful of medications (when available). In such a situation, it would be difficult to cast aside the traditional practitioners, because in reality it is they who serve most of the population of the people most of the time.

It is not the high patronage of traditional medical practitioners that is a matter of concern. It is the uncontrolled use of traditional remedies/preparations that deserves

attention. Some of these preparations contain various types of prescription drugs in crude form. In the course of this study, it was discovered that a traditional medical practitioner who claimed to be able to treat the mentally ill, added largactil to his preparations. It is common in Nigeria, for a patient returning home from hospital with prescribed drugs, to go to a traditional medical practitioner who will administer his preparations. The interactions that occur between the pure drugs and the native preparations are unknown. The traditional preparation with many ingredients may modify the effects of the prescribed drugs to the detriment of the patients (2).

Conclusion.

It has been shown in this study that a majority of Nigerians use prescription drugs without prescription. To discourage this, it is necessary to provide adequate trained personnel and health facilities at all levels of health care delivery.

Also, it is necessary that pharmaceutical manufactures should always bear the interest of the general populace in mind especially when labeling their products. Simplification of product labels by either using pictorial labels (7) or using

common languages among the people is advised. This will help promote responsible self-medication.

Since most Nigerians show interest in traditional remedies/preparations, it is desirable that the traditional medical practices be integrated into the orthodox counterpart. However, its integration should be on grounds that traditional medical preparations could be well classified into prescription and non-prescription drugs (8). This classification could be based on the ailments for which the drugs are intended to be used. For example, preparations meant for the treatment of conditions such as diabetes, hypertension, snake bite, etc. could be classified as prescription drugs and obtained if prescribed by an orthodox medical practitioner. Other preparations intended for use in conditions such as mild headache, common cold, etc., could be classified as non-prescription drugs.

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