Prescribing Patterns of Primary Care Providers in Squatter Areas of Karachi

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Inayat H.Thaver (Faculty of Health Sciences, Baqai University, Karachi.)

Private health practitioners are playing an important role in our health care system. Willingness to pay, specially paying from the pocket for seeking health care is not an exception even among the people living in squatter areas[1]. Private practitioners who are mainly the primary care providers (colloquially called General Practitioners, GPs) though providing a valuable service but their emphasis is mainly on curative care[2] and thus has a detrimental effect on primary healthcare[3]. They are therefore, blamed for polypharmacy and misuse or irrational use of drugs4 Studies on use of drugs[4,5] have been done in many countries[6,7] by INRUD (International Network for Rational Use of Drugs) to highlight this important issue. Based on these studies, "selective drugs use indicators" have been identified[8]. The important indicators of drug use (without taking into account the diagnosis) are: number of drugs, antibiotics and injections per prescription. This not only indicates the quality of care by the prescriber but also the economic burden on the patients, besides the aftennaths of unnecessary use of antibiotics. This study on prescribing patterns of GPs was done to identify the magnitude of problem and compare it with other studies done using the internationally recommended indicators.

Subjects, Methods and Results

This study was done to identify the prescribing patterns of GPs, so as to measure the degree of polypharmacy and overall use of antibiotics and injections. About 200 General Practitioners (GPs) from the four districts of Karachi, working in squatter areas were included in the study. They were conveniently selected as voluntary participation was necessary for collecting the data. All patients visiting the GPs on a particular day for the first time, comprised the universe of the study. At least 3-5 prescriptions/dispensing chits of randomly selected patients were collected from each GP.

Table. Comparison of selective earlier studies* with the current study on prescribing pattern of health professionals.

Country	Drugs Use Indicators		
	No. of Drugs/ Prescriptions	%Antibiotics	%Injectable
Karachi Pakistan (1993)**	3.6	57	20
Ecuador (1992)	1.3	27	17
Nepal (1992)	2.1	43	5
Nigeria (1992)	3.8	48	37
Bangladesh (1991)	1.4	31	0.2
India (1991)	3.3	43	17
Uganda (1990)	1.9	56	48
Yemen (1988)	1.5	46	25

Source*: * World Health Organization. How to investigate drug use in health facilities. WHO/DAP/93.1,1993:74.

**Current study on Gps in squatter areas.

The prescriptions were then transcribed into number of drugs used, number of antibiotics and/or injections, if any. The analysis was based on the criteria set by WHO[8]. Total of 658 prescriptions were studied from 200 GPs; an average of 3 prescriptions from each GP. Mean number of drugs per prescriptions was 3.6 (SD+l.4). Of all the patient encounters recorded, 57% had an antibiotic (mean 1.07±SDO.3) and 20% had an njection (mean 1.25, SD 0.6) prescribed by the GP The average consultation time by GPs was 4.0 minutes per patient. The indicators illustrate the prescribing pattern which is below the expected standard.

Comments

Though findings of GPs working in squatter areas of Karachi can not be generalized for the whole city but previous studies done in Pakistan, support the patterns of polypharmacy[9] and irrational use of drugs[10] by different categories of health professionals. Compared to other countries (Table), use of multiple drugs is slightly less than Nigeria and antibiotics similar to Uganda. Infections are also prescribed more frequently in these two countries. The implication is not only the poor quality of care of GPs but also the higher cost of seeking care by the people who are poor and are living in squatter areas. Improving the prescribing habits by promoting rational use of drugs and utilizing different methods, will increase efficiency and effectiveness of GPs, and will save the money spent on purchase of unnecessary drugs.

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