

EDITORIAL COMMENTARY

PROBLEMS WITH USE OF MEDICINES

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Rational Use of Medicines

There is ample evidence to support the observation that medicines are generally not used rationally or appropriately. The World Health Organisation (WHO) indicates that "Rational use of medicines requires that "patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community" (http://www.who.int/medicines/areas/rational_use/en/)

The problem of inappropriate or irrational use of medicines occurs in all countries; and in various dimensions. Examples of irrational use of medicines include: poly-pharmacy (use of too many medicines per patient), inappropriate use of antimicrobials, inappropriate use of injections; failure to prescribe according to clinical guidelines and inappropriate self-medication.

This global problem has adverse consequences on cost of care to patients and the health system, emergence of antimicrobial resistance (in the case of antibiotics and antimicrobial agents), increased risk of adverse drug reactions and reduced confidence in the healthcare delivery system by patients. The practice may also involve overuse or underuse of medicines.

Standard treatment guidelines have become a tool for addressing, in part, the problem of irrational use of medicines. The evidence for choice of therapy in many developing countries is based on studies done outside their geographic regions. There is an urgent need for clinicians, scientists and governments to undertake or support local studies to provide evidence to support clinical guidelines.

In this issue of the journal Eslami *et al* (page 185) compare intramuscular Benzathine penicillin G and orally administered Amoxicillin in the treatment of Group A streptococcal pharyngitis. The study observed that the two medicines were equal in reducing the manifestations of pharyngitis but Penicillin G was better at reducing exudates. Treatment failure was higher in the amoxicillin group (16.9%) than the Penicillin G group (6.4%). This information may be useful in making local decisions on the choice of treatment for Group A streptococcal pharyngitis.

Adverse drug reaction reporting

The reporting of adverse drug reactions is poorly done in many health systems. Spontaneous reporting is very common but not effective in most cases. In a report on a survey on adverse drug reaction reporting in Ghana (page 189) about 27.4% of the respondents had received training in ADR. Reporting of ADR was poor; half of the respondents have noted an ADR but only 20% had reported them. Clinicians working at public health facilities were more likely to report an ADR. Absence of reporting forms was a prominent reason for not reporting. Adverse drug reaction reporting is an essential mechanism for determining the clinical usefulness of a medication; contributes to decisions in keeping medicines in circulation and also preventing unnecessary death or disability from medicines.

Adherence to treatment

The management of HIV/AIDS is assisted by many protocols and guidelines. These cover various areas including prescribing of ante-retroviral medicines, adherence on the part of prescriber as well as the patient. Indeed, the health system itself also has the responsibility to adhere to providing the recommended therapeutic agents. Adherence to treatment is an important aspect of HIV/AIDS management. There is paucity of information on ADRs in patients receiving HAART. In this issue of the journal we publish a paper (page 194) that shows that adherence to treatment in HIV/AIDS is a associated good therapeutic response. However, the study found 23 different ARV-drug combinations in a single clinic that were not along the national guidelines.

It is clear that after more than two decades of advocating for the rational use of medicines, the investment by many countries, agencies and health professional associations in producing clinical protocols and guidelines; and instituting training programmes to promote their use, these measures on their own do not appear to have resulted in a significant improvement in how medicines are used in an efficient and quality manner.

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