



LETTER TO EDITOR

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Pattern of drug utilization in rural Malaysia

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Full Text

Dear Sir,

Chronic diseases are the major cause of death and disability in Malaysia, accounting for 71% of all deaths and 69% of the total burden of disease. [1] The WHO in its report on 'Preventing chronic disease: A vital investment' has highlighted the inaction of most governments of the low and middle income countries in tackling the problem urgently, which is unacceptable. The acute care paradigm is no longer adequate for the changing pattern of diseases in today's and tomorrow's world. An evolution of primary healthcare system beyond the acute care model to embrace the concept of caring for long-term health problems is imperative in the wake of the rising epidemic of chronic diseases and its crushing burden resulting in escalating healthcare costs. Compelling evidence from around the world shows that there are innovative and cost-effective community-based interventions to reduce the morbidity and mortality attributable to chronic diseases. [1] The current study describes the current situation of drug awareness and utilization for chronic disease management in village Banggol located in state Kedah in Malaysia.

A three-day community-based, cross-sectional drug utilization survey was undertaken in Kampung (Village) Banggol, Kedah, Malaysia in November 2008. The data for the study was obtained by interviewing head of the house (age above 18 years) on a standard questionnaire format, which was decided by the authors and approved by the Institutional Ethics Committee at the start of the study. Medicines received for chronic illnesses (Chronic disease: disease of long duration and generally slow progression) [2] and which were available in the house at the time of interview, for chronic illnesses were recorded.

The population of Kampung Banggol was 382 at the time of study. Majority (97.5%) of the households were Muslim by religion. Average family size in the village was five per family. A total of 54 people (14.1%) in the village were suffering from chronic diseases at the time of study. The three chronic diseases that were prevalent in the village were hypertension (38 patients, 70.37%), diabetes mellitus type 2 (13 patients, 24.1%), ischemic heart disease (3 patients, 5.6%). The average number of drugs prescribed per patient, per day was 3.7 for the chronic diseases. The cost of treatment was on an average 20RM (Malaysian Ringgit) per month equivalent to US\$5.90. Majority of the people availed allopathic treatment (46 patients, 85.2%). Two persons (3.7%) availed treatment from traditional practitioner (Bomoh in local language) and the rest (6 patients, 11.1%) received no treatment or had left the treatment for the chronic diseases. The top reason for non-compliance of the treatment was previous side effect associated with the drug use and reluctance in taking medicines and visiting doctor. Majority of the respondents (85%) preferred to get treated at government primary healthcare center (Klinik Kesihatan) instead of private practitioners in village Banggol. It was also observed that 43 patients (79.6%) were aware of the name of drugs that were prescribed to them along with their usage schedule and purpose of use. They were also aware about storage requirements of the drugs prescribed to them. It was observed that 95.2% of the drugs used in chronic illness were within the expiry date. The rest of the drugs though present within the house were not in use and people in general were aware of the importance of expiry date of the drugs.

The findings of the study showed that people of Banggol village were aware of the types of medication that were prescribed to them for chronic diseases and that they had adequate knowledge about the usage and storage of drugs.

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