



A Statistical Data on Sales of Drugs – A Pharmacoeconomical Survey

Swarna Priya B*, Yuga Priya M, Ranjeeth Kumar K, Madhumitha V, Subalakshmi S, Alice Cholan R, Pavithra Devi S, Thamizh Selvan S, Naveen Kumar S

Jaya college of Pharmacy, Chennai, Tamil Nadu, India.

*Corresponding author's E-mail: swarnapriya710@gmail.com

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ABSTRACT

Pull factors such as health services, educational services, employment and better economic possibilities attract the inflow of people to urban localities. The urban environment determines the quality of life, but in the current scenario the urban environment is very much affected by lack of pure water and sanitation, rubbish disposal and industrial pollution affects the urban people in terms of health. In today's fast-moving life, the lifestyles of people have undergone drastic changes which have brought about a major impact on their dietary patterns. Food consumption patterns have completely changed and people are now more inclined towards preserved and packed food which is high in calorie content. Taking people's health into consideration, the pharmaceutical product has increased over the past years not only in terms of expenditure but also in terms of the volume of drugs consumed. Despite this the patients themselves still constitute an important stakeholder in the healthcare supply chain, as they are the final customers who are benefited from the pharmaceutical products. Community pharmacists who work in pharmacies and drug stores must ensure that the consumers are well aware of the medicine they buy and consume. Physicians and Pharmacists have failed to do that in the past. Keeping all this in mind, the present study is aimed at providing the current status of the drugs and qualification of the pharmacist behind every sale and dispensing of the drugs designed at providing better patient counseling for the proper use of drugs through a prospective cross-sectional survey. The study includes the data collection in Chennai city, conducted on monsoon season, on a sample size of 131, with a self-designed questionnaire. Data analysis was done using descriptive statistics.

Keywords: Pull factors, Public Health, Medicine, Drugs, Chennai.

INTRODUCTION

Day to day life has become miserable that, each and everyone in this society needs to go through taking pills and drugs at least once in their lives. Also, not to forget, drugs have become a major key role in the economy by playing a vital function in Health structure. Irrespective of the patenting in India, the import and export of drugs and manufacturing still increase the economic level gradually¹. We hit upon the significance of manufacturing techniques, sterility check, Excipients use etc. but there is this extremely essential thing termed as dispensing techniques, which matters the most. It's known that patients are the major stalk holders of the drugs at the end, so we pharmacists have to make sure that they get benefited physically, mentally, and economically². Pharmacists had relatively better knowledge of storage temperature, prescription terminologies, regulations of use, the status of medicines, understanding monographs, and a lot more³.

Taking into account the patient's objectives, preferences, values as well as the available economic resources, dispensing medicines with appropriate advice and professional counseling is obligatory for Improvement of health outcomes of individual patients in everyday practice^[4]. Hence there is a need for a drastic change to make India a healthier nation, a developed nation that could only be happened when all health care professionals work hand in hand. This mainly includes providing medicines to the

public with appropriate advice and professional counseling. Pharmaceutical care signifies a shift of practice in pharmacy from being product-oriented to the one that is patient-oriented to achieve definite outcomes that improves patient's quality of life.

METHODOLOGY

The prospective cross-sectional survey study includes the data collection from main cities of Chennai city and the study was conducted on monsoon season, on a sample size of 131, with a self-designed questionnaire, which contains 13 questions in whole, aimed for the detailed study of the most sold category of drugs and Data analysis was done using descriptive statistics.

Findings

The usage of OTC drugs should be lowered as it is safe but also can possess a lot of health problems as a side effect or an adverse effect. And self-medication practices must be strictly prohibited as they can cause serious harm to the patient without their knowledge⁵. Antibiotic usage must also be lowered because it can lead to Antibiotic resistance which might make the patient prone to opportunistic infections.

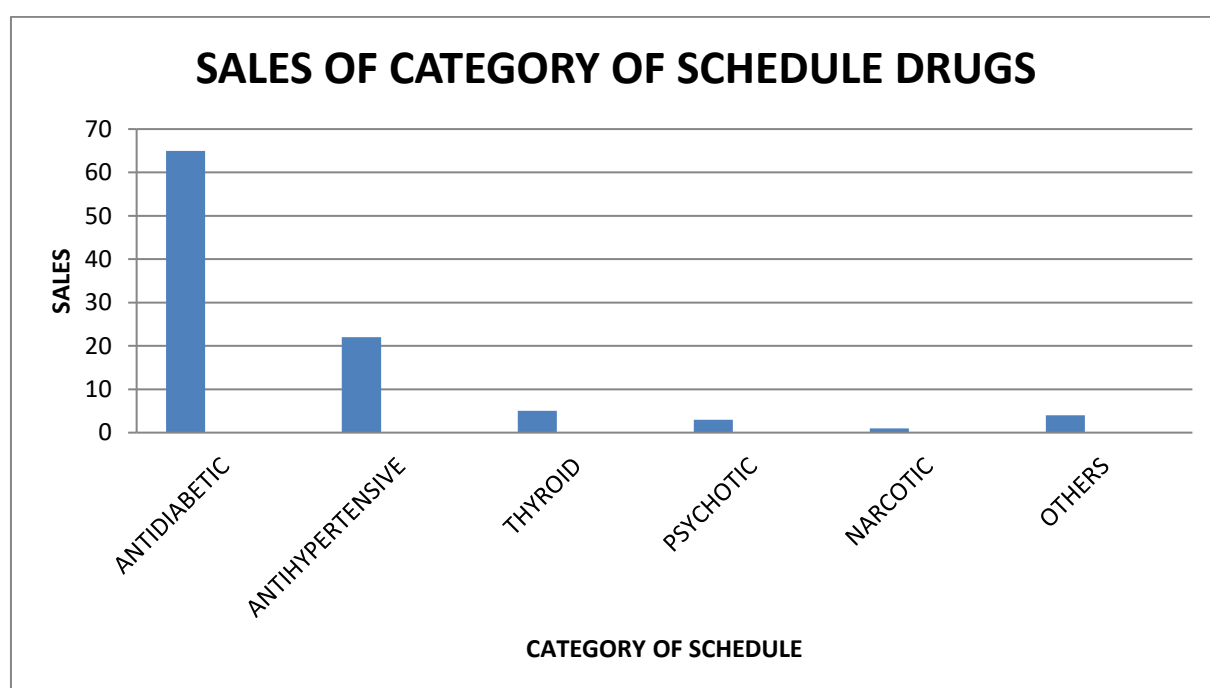
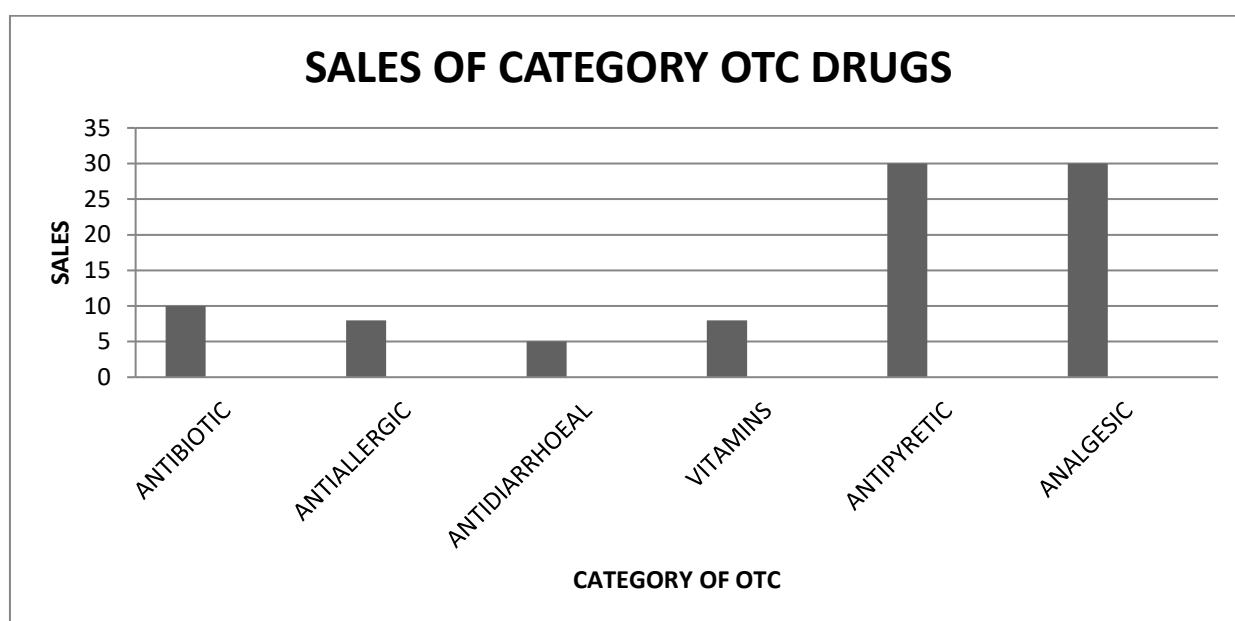


Table 1: The comparison between OTC and Schedule Drugs

S.NO	Category	Data	Value (In Percentage)
1.	Category of Drugs	OTC Drugs	35
2.		Schedule Drugs	65
3.	OTC Drugs	Antibiotic	10
4.		Antiallergic	8
5.		Antidiarrhoeal	5
6.		Vitamin Supplements	8
7.		Antipyretic	30
8.		Analgesic	30
9.		Antiemetic	5
10.		Others	4

Table 2: The Sales of Sub Category of Schedule Drugs

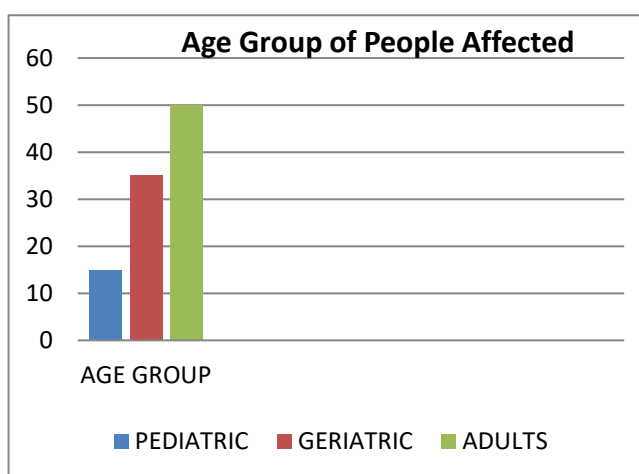
S.NO	Category	Data	Value (in Percentage)
1.	Schedule Drugs	Antidiabetic	65
2.		Antihypertensive	22
3.		Thyroid	5
4.		Psychotic Drugs	3
5.		Narcotic	1
6.		Others	4



Nowadays people focus more on junk foods ignoring the nutritional requirements of the body. The urban population is more addicted to high fat and salt foods. These foods serve more calories than nutritional food. Increased consumption of processed meat and food items puts the population at a high risk of diseases. Also because of work pressure and fast lifestyle people tend to have packed food for their convenience.

Table 3: The Age Group of People Who are Most Affected from Lifestyle Diseases

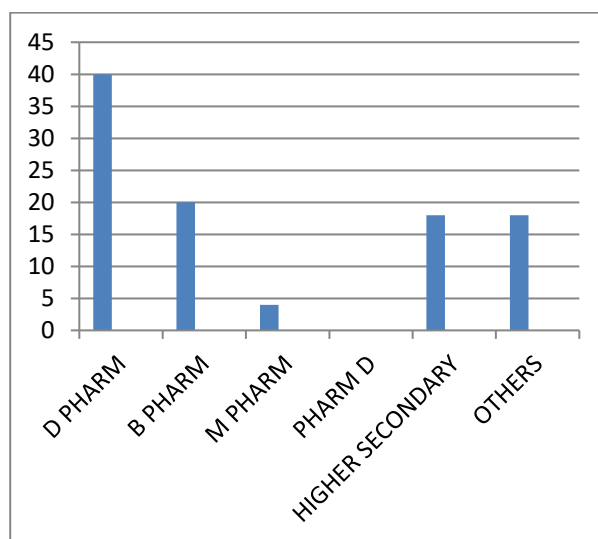
1.	Age Group	Pediatric	15
2.		Geriatric	35
3.		Adults	50



The most prevailing lifestyle disorders are induced by stress. Stress causes many disabilities like mental disorders, obesity, Alzheimer’s, atherosclerosis, and gastrointestinal disorder. People nowadays are aging very fast due to their work stress. Anxiety due to a change in sleep pattern or improper sleep is leading to mental illness. Chronic depression due to lack of work-life balance possess a greater risk of one’s health and their problems often go hand in hand with other unhealthy habits like smoking, consumption of alcohol, overall these practices result in the development of serious disease like liver cirrhosis, pulmonary disease, and even cancer.

Table 4: The Qualification of the Dispensers Who Dispense the Drugs in A Community Pharmacy Setup

S.NO	Category	Data	Value (in Percentage)
1.	Qualification	D Pharm	40
2.		B Pharm	20
3.		M Pharm	4
4.		Pharm D	0
5.		Higher Secondary	18
6.		Others	18



As we have already mentioned above, Pharmacies are largely operated by non-qualified and untrained dispensers. Many poor, illiterate people in India ask pharmacists for medicine intended for common problems such as cold, cough, pain, and so on. This is mainly because of their socio-economic status that makes them powerless to visit nearby clinics for diagnosis.

In the process, it is conveniently forgotten that inducing pharmacies to sell prescription drugs without a prescription is unethical and illegal⁶.

Inference

In the total of 131 pharmacies were considered for this study, it was found that OTC accounts for (35%) , and the schedule accounts for (75%). In particular, the age group of geriatric (35%), adults (50%), and pediatrics (15%) were found to undergo therapies. Specifically, under OTC, antipyretic (30%), analgesic (30%), and anti-biotic (10%) are being mostly sold. While in the scheduled class of drugs, anti-diabetic (65%) and anti-hypertensive (22%) have been found, in case of qualifications it was found that D Pharm(40%), B Pharm(20%), M Pharm(4%), Pharm D(0%), Higher Secondary(18%), Others(18%).

DISCUSSION AND SUMMARY

Pharmacies are largely operated by non-qualified and untrained dispensers. The results of the study highlight that most of the dispensers working at community pharmacies are not qualified but have ample years of experience, nevertheless, this experience of dispensers does not reflect in their better knowledge. Enhancing the quality of practice by strengthening the evaluation process and increasing the probability that can delivers better value in patient care⁷.

Community pharmacists have to upgrade their expertise in drug product orientation to that of clinical orientation to provide patient-oriented care. Hence, pharmacists have a larger role to play in managing NCDs which are rapidly increasing in India. Patient-centered medicine is developing alongside the concepts of personalized medicine and tailored therapies. Patient-centered medicine implies a paradigm shift in the relationship between doctors



and patients, but also requires the development of patient-oriented research. Patient-oriented research should not be based on the evaluation of medical interventions in the average patient but on the identification of the best intervention for every individual patient. The development of information-based technologies can help to close the gap between clinical research and clinical practice, a fundamental step for any advance in this field. Evidence-based medicine and patient-centered medicine are not contradictory but complementary movements.

The importance of qualification, experience, training, and knowledge of dispensers working at community pharmacies is not much emphasized in our country. These are currently the main hurdles in achieving the effective health of the general public attending community pharmacies in India. Improving the knowledge of dispensers might be a slow process but can be achieved by the active involvement of different program stakeholders and changes in national policies⁸. It is not possible to practice patient-centered medicine that is not based on evidence, nor is it possible to practice evidence-based medicine at a distance from the individual patient.

CONCLUSION

With the poor state of knowledge the majority of dispensers working at community pharmacies believed that they are capable of meeting the demands of their profession. It was interesting to observe that dispensers believed that by having no complaints, ample experience, following regulations, and keeping a full range of medicines they are fulfilling the demand of the profession. This highlights confusion and lack of awareness regarding professional responsibilities among dispensers and only a few dispensers received any formal training in the past years but this training could not translate into their better knowledge.

Creating a responsible pharmacist through education and community service will go a long way in providing health care to humanity as they offer endless opportunities for serving mankind and the course curriculum of pharmacy education at diploma/degree level should be restructured to meet the needs of the present-day health care. Practical training under the supervision of an experienced clinical pharmacist can help to give good exposure to the students to real-life practical problems as well as to develop confidence and good communication skills to solve the medication-related problems in the future.

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