



ORIGINAL ARTICLE

## Use of cold and cough medications prescribed in Primary Care clinics for children less than 14 years<sup>☆</sup>



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### KEYWORDS

Systemic cold and cough medicines; Children; Respiratory tract infections; Primary Care

### Abstract

**Objective:** To evaluate cold and cough medications and their suitability in children in Primary Health Care in Area V of the Asturian Health Service.

**Material and methods:** A cross-sectional, descriptive and retrospective study was conducted in which an analysis was performed of the respiratory diseases and the prescriptions of 6 Primary Health Care paediatricians who worked in Area V of the Asturian Health Service in 2011. An evaluation was made on the suitability of these medications. An analysis was also made of the drug datasheet and clinical recommendations (clinical guidelines, protocols or reports).

**Results:** A total of 424 cold and cough drugs: 249 antitussives, 155 mucolytics, and 20 "others" were analysed. The mean age was 5 years old. There was a total of 85.1% unsuitable prescriptions. Off-label drugs were used in 11.6%. The prescribing was considered unsuitable in 82.8% of prescriptions associated with R74 and 73% of R05. All of the prescription drugs in children under 6 years old were unsuitable. Mucolytics/"others" were not suitable in 99.4%, nor antitussives in 75.1%.

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*Conclusions:* There is a high level of cold and cough drugs being prescribed in children, with 85% of these being unsuitable. Children should only receive drugs with a good risk and benefit ratio. Paediatricians should try to improve the information about paediatric drug use and spread this information to parents, doctors and nurses.

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## PALABRAS CLAVE

Anticatarrales;  
Niños;  
Infecciones  
respiratorias;  
Atención Primaria

## Uso de anticatarrales en menores de 14 años en consultas de Atención Primaria

### Resumen

*Objetivo:* Conocer el perfil de prescripción de anticatarrales en las consultas de Pediatría de Atención Primaria en el Área V del Servicio de Salud del Principado de Asturias y valorar su idoneidad.

*Material y métodos:* Estudio transversal, descriptivo y retrospectivo. Se analizaron las prescripciones para el tratamiento de los procesos respiratorios en 6 consultas de Pediatría de Atención Primaria en el Área Sanitaria V del Servicio de Salud del Principado de Asturias en el año 2011. Se valoraron la idoneidad de los tratamientos prescritos mediante las fichas técnicas de los fármacos y las indicaciones clínicas según el diagnóstico, siguiendo las recomendaciones de guías clínicas, protocolos o en su defecto la bibliografía disponible más actual.

*Resultados:* Se analizaron 424 anticatarrales: 249 antitusígenos, 155 mucolíticos y 20 clasificados en otros. La media de edad de los pacientes es de 5 años. Un 85,1% de las prescripciones se consideran inadecuadas. El 11,6% de ellos fueron prescritos fuera de ficha técnica. Se consideraron inadecuados el 82,8% de los asociados al diagnóstico R74 y el 73% al R05. Todos los fármacos de los menores de 6 años se consideraron inadecuados. El 99,4% de los mucolíticos/otros y el 75,1% de los antitusígenos se consideraron inadecuados.

*Conclusiones:* Se observa un alto porcentaje de prescripción de fármacos anticatarrales en menores de 14 años en nuestro medio, encontrándose un 85% de las prescripciones inadecuadas. Los niños deberían recibir solo medicamentos con una relación beneficio-riesgo favorable; para ello es necesario mejorar la información sobre el uso pediátrico y promover acciones formativas dirigidas a los padres y a los profesionales sanitarios.

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## Introduction

During the last few years, there has been some controversy over the employment of antitussive drugs, due to the use and non-prescription sale of many pharmaceutical drugs with uncertain therapeutic efficacy and a potential risk for intoxication in paediatric-aged patients.<sup>1,2</sup>

In the year 2008, the United States Food and Drug Administration issued a recommendation to avoid the administration of any drug to combat cough or catarrh in children under the age of two, due to the risk of side effects; their determination on the use of antitussive drugs in children between the ages of two and eleven is still pending.<sup>3,4</sup> In other countries, such as Canada, the United Kingdom, Australia, Belgium and The Netherlands, their use has also not been recommended in children under the age of six, and the sale of these non-prescription drugs<sup>5</sup> has been prohibited.

The last National Health Survey in Spain, for the period 2011–2012, observed that 48.2% of the population between ages of 0 and 15 had in the previous two weeks consumed drugs to relieve symptoms associated with severe respiratory infection (excluding analgesics-antipyretics and

antibiotics); these had not been prescribed by a doctor in more than one quarter of the cases.<sup>6</sup>

To this, we must add that the accidental ingestion of antitussive drugs is still a frequent reason for consultation due to intoxication in Paediatric Emergencies, and that the use of drugs under different conditions than those authorised still occurs among paediatric patients. In Spain the Ministry of Health qualifies as incorrect use the employment of these drugs under unauthorised conditions and warns about the legal risks that this practice involves.<sup>7,8</sup>

Based on these premises, we have considered it advisable to perform a study on the prescription profile of antitussive drugs in Primary Care Paediatric consultations (PC) by collecting data from clinical records elaborated by the doctors who assist the paediatric population in our region.

## Materials and methods

### Characteristics of the study

This was a cross-sectional, descriptive, retrospective study, where the respiratory problems and their prescriptions

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