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Purchase habits, use of paracetamol, and information sources on a reregulated Swedish pharmacy market: A population-based study



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ABSTRACT

Considering the general lack of knowledge on how over-the-counter paracetamol is used combined with the reported increase in paracetamol poisonings after the reregulation of the Swedish pharmacy market in 2009, we aimed to analyze purchase habits and use of paracetamol in Sweden. A further aim was to investigate sources of information about paracetamol. Data were collected in October 2015 through the Citizen Panel, a Web-based panel encompassing over 50,000 Swedes. A stratified sample of 6000 (aged 18 years and older) was emailed a survey invitation. Questions concerned paracetamol use, purchase habits and information sources. The participation rate was 58%. A majority (70.5%) reported use of paracetamol during the last three months. Purchasing paracetamol solely over-the-counter was most common (81.1%). Close to two-thirds usually purchased paracetamol at a pharmacy. However, it was more common to purchase OTC paracetamol at non-pharmacy outlets among younger compared to older respondents. The results of this study did not reveal any harmful paracetamol use. The most common information source overall was patient information leaflets, and it was significantly more common among the youngest compared to older subjects. Based on our results combined with previous research, we suggest more studies, both qualitative and quantitative, among young adults, both on the use of paracetamol and on the understanding of information in patient information leaflets and on the Internet.

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1. Introduction

Paracetamol is one of the most commonly bought over-the-counter (OTC) medicines in Sweden [1]. In November 2009, a new reform allowed OTCs in Sweden to be sold in non-pharmacy outlets such as grocery stores, convenience stores, petrol stations and Internet pharmacies/shops [3].

From a governmental point of view the goals were to achieve efficiency gains, better accessibility for consumers, price reduction, and safe and appropriate use of medicinal products [3]. However, this has impacted the possibility of disseminating professional advice on the use of medicines, since staff at non-pharmacy outlets are not allowed to give advice on choice of medicines or counsel on the dosing of OTC medicines that they sell [3].

In an evaluation by the Swedish Agency for Public Management the goals of the reform were decomposed into several indicators of goal achievement [4]. It was concluded that the goals of increasing the accessibility of OTCs,

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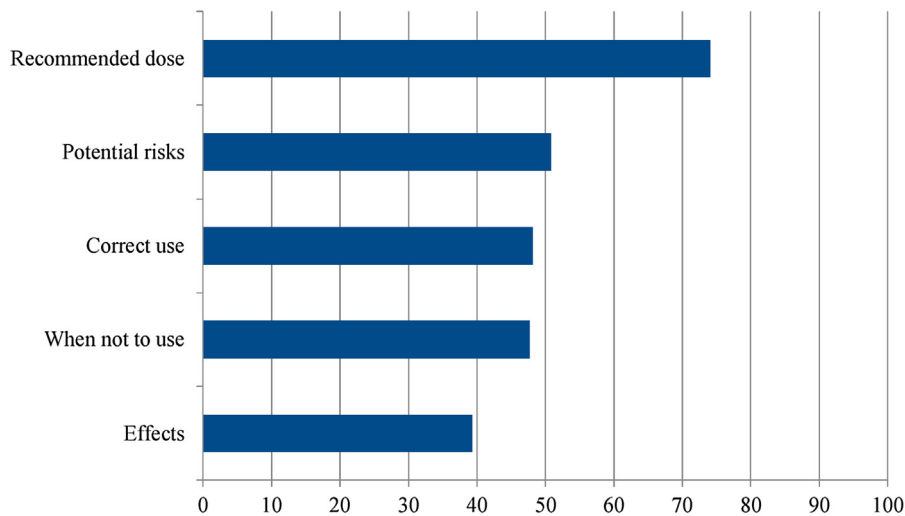


Fig. 1. Proportion reporting having received certain information about paracetamol (%).

and reducing prices were highly achieved [4]. However, the goal of the safe sale of OTCs in non-pharmacy outlets was not obtained. For instance, there were still many local authorities that had not started the statutory supervision of non-pharmacy outlets [5], and ensured these outlets' compliance with the law [4]. Also, a research report showed that staff in general sales stores gave advice to customers [6]. Based on a follow-up of an increased number of poisonings since 2009 [7], the Swedish Medical Products Agency decided in April 2015 that as of 1 November that year, OTC tablets of paracetamol would no longer be available at non-pharmacy outlets.

Sales statistics on non-prescription drugs are available in Sweden on an aggregated level. Data are presented in sales prices, and defined daily doses (DDD). The DDD is the assumed average maintenance dose per day for a drug used for its main indication in adults [8], and the DDD for paracetamol is 3 g. In 2008, 49.6 million DDDs of paracetamol were sold OTC at pharmacies in Sweden [9]. In 2014, 26.9 million DDDs were sold OTC at pharmacies and another 21.5 million DDDs were sold at non-pharmacy outlets [1]. In 2008 and 2014, Sweden had 9.2 and 9.7 million inhabitants, respectively [10]. The number of DDDs/1,000 inhabitants/day is a theoretical measure of exposure in the population. In Sweden in 2008 the sales of paracetamol was 14.8 DDDs/1,000 inhabitants/day compared to 13.7 in 2014, which implies that more than 1% of the population could use paracetamol daily. Figures from our neighbor countries are similar in Norway with a reported 14.9 DDDs/1000 inhabitants/day in 2014 [2], but Denmark reports higher use, 58.7 DDDs/1000 inhabitants/day in 2012 [11].

The sales statistics do not provide information about consumption. Actual use of paracetamol has only rarely been investigated in a population sample. In a recent U.S. study 36.5% had used paracetamol in the last two weeks, and actual use of more than the recommended maximum daily dose was reported for 1.1% of the sample [12]. In Germany, use of paracetamol in the previous 7 days was

reported by 5.2% of a population sample. [13]. On the other hand, knowledge about paracetamol has been investigated in several studies, both in the U.S. and in the UK [14–18]. In those studies a low proportion of participants reported that they had received information about the risks of paracetamol use [14,16,17].

Considering the general lack of knowledge in the literature on how paracetamol OTC is used combined with the reported increase in poisonings [7], it is of great interest to investigate purchase habits and reported use of OTC paracetamol in the Swedish population following the 2009 reform. Hence, a Web-based survey was conducted in October 2015. The aim of this study was to analyze purchase habits and use of paracetamol in a population sample in Sweden. A further aim was to investigate sources of information about paracetamol.

2. Materials and methods

2.1. Setting

The online panel survey, the Citizen Panel at the University of Gothenburg, was used for data collection. The panel is run by the Laboratory of Opinion Research (LORE). The purpose of LORE is e.g. to provide an infrastructure for multidisciplinary research, and to provide an efficient facility for collecting data from online questionnaires. At the end of 2014, there were over 50,000 registered respondents [19]. Each year, members of the panel are invited to 2–3 surveys.

2.2. Study population

For this particular study on paracetamol 6000 Swedes were randomly selected to be invited as respondents, stratified on age (aged ≥ 18 years), sex, and education. The sample consisted mostly of opt-in respondents while a smaller proportion was probability based recruitment from population samples. About 3% of the gross sample turned out to have invalid or undeliverable e-mail addresses;

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