



ORIGINAL ARTICLE

## Self-medication, self-prescription and medicating ‘by proxy’ in paediatrics<sup>☆</sup>



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### KEYWORDS

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Medicating ‘by proxy’

### Abstract

**Introduction:** Self-prescribing or medicating ‘by proxy’ is not an autonomous, free and voluntary decision in the case of children. On the contrary, in this case it is based on the subjective interpretation of symptoms made by the mother or by a third person who is legally responsible for the minor. Analysing this situation is of great importance in order to know the determining factors, perceptions, and realities related to this problem.

**Methods:** Our proposal is to perform a prospective observational study for analysing maternal and familiar determinant factors related to self-prescribing and self-medicating ‘by proxy’ in paediatrics. A validated survey was developed to be applied to mothers of children aged 0–14 who are users of the Paediatric Emergency Department in a hospital.

**Results:** A total of 1.714 mothers were recruited in a random period of time. This sample included 345 mothers who exclusively self-medicated their children (case group), and 1.369 mothers (control group) who did not meet this requirement. The overall percentage of medicating ‘by proxy’ was 32.8%. There is a significant association between self-medicating and educational level of the mother, the number of children, and the birth order among siblings. Neither maternal age nor social-occupational level are related to this problem. Most frequently used drugs include antipyretics and ‘anticatharrals’, usually administered as a monotherapy.

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**PALABRAS CLAVE**

Automedicación en niños;  
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Autocuidados;  
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**Conclusions:** Our results seem to indicate that the educational level and the parental experience acquired with previous children could generate the required confidence in parents to choose the medication by themselves. Almost 85% of these drugs come from the ‘home first-aid kit’.

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**Automedicación, autoprescripción y medicación «por poderes» en pediatría****Resumen**

**Introducción:** La autoprescripción o medicación «por poderes» en el niño no es una decisión autónoma, libre y voluntaria del paciente, sino que se fundamenta en la interpretación subjetiva que hace de los síntomas la madre o una tercera persona responsable del menor. Analizar esta situación nos parece de vital importancia, a fin de conocer condicionantes, percepciones y realidades relacionadas con esta problemática.

**Métodos:** Nos planteamos analizar mediante un estudio observacional prospectivo condicionantes maternos y familiares relacionados con la autoprescripción y medicación «por poderes» en pediatría. Desarrollamos una encuesta validada para madres de usuarios de 0–14 años de un Servicio de Urgencias pediátricas hospitalario.

**Resultados:** En un periodo de tiempo aleatorio se selecciona a 1.714 madres, de las cuales 345 habían automedicado exclusivamente a sus hijos (grupo problema), las otras 1.369 (grupo control) no cumplían con el requisito anterior. La prevalencia total de medicación «por poderes» fue del 32.8%. Hay una asociación significativa entre la automedicación y el nivel de estudios maternos, el número de hijos, el orden que ocupa entre los hermanos. Ni la edad materna, ni el nivel sociolaboral de la familia se relacionan con el problema. Los fármacos utilizados con más frecuencia incluyen antitérmicos y «anticatarrales», habitualmente como monoterapia.

**Conclusiones:** Nuestros resultados parecen indicar que el nivel educativo, y la experiencia adquirida por las madres con hijos previos, les genera la confianza suficiente para elegir los fármacos, que casi en el 85% de los casos proceden del «botiquín doméstico».

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**Introduction**

From certain perspectives, self-medication could be considered a positive self-care measure, as it can expedite the care for mild illnesses.<sup>1–4</sup> However, when done irresponsibly, that is, when it turns into self-prescription,<sup>5,6</sup> there can be potential adverse effects whose consequences may be hard to predict. The World Medical Association<sup>7</sup> established a simple distinction between self-medication (use of medicines that do not require a physician’s prescription) and self-prescription (self-determined use of medicines that require a physician’s prescription due to their indications or risks); however, the boundaries between the two concepts may not be well understood by the general population.<sup>8</sup>

In children, there are unique factors at play in both self-prescription and self-medication that carry a higher risk compared to their practice in adults. On one hand, we do not know the actual effects on children of many drugs used in adults that have not been authorised for paediatric use.<sup>9,10</sup> At present, there are several conditions limiting the use of medicines in children: not recommended, authorised with restrictions, not specified, use for unauthorised indications, or off-label use.<sup>11–15</sup> On the other hand, and perhaps this may be the most particular aspect, it could be said

that in children, both self-prescription and self-medication are carried out ‘‘by proxy,’’ that is, the decision is made by a third party, usually the mother, in the absence of any type of professional prescription. In children, this is not a self-directed, free and voluntary decision on the part of the patient based on the patient’s knowledge or perceived symptoms, as it is in adults,<sup>16</sup> but is based on the subjective interpretation of the symptoms by the mother or a third party in charge of the minor. Thus, we think that exploring this phenomenon is of vital importance in order to learn the factors and perceptions associated with this issue, which may not correspond to reality.

**Materials and methods**

We conducted a prospective observational study on the population of paediatric patients in the catchment area of the Hospital Universitario San Cecilio de Granada that sought care in the outpatient emergency department. We recruited patients seeking care in dates selected at random after informing the parents or legal guardians about the study and obtaining their consent for participation. We provided the parents with a questionnaire that was designed, validated, corrected and approved by the competent Ethics Committee (Table 1).

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