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Conclusion: Self-medication is highly prevalent in Riyadh, particularly among adolescents. Easy access to pharmacies was found to be the leading cause for self-medication. The use of these drugs was associated with inappropriate drug use and the deterioration of health status. Self-medication should be closely monitored and awareness should be increased with educational programs among students.

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1. Introduction

The term self-medication refers to the use of nonprescription medicines, usually over-the-counter (OTC) drugs, to treat certain minor ailments without consulting a medical practitioner and without medical supervision [1]. Selfmedication can present in different forms, including acquiring medication without a prescription, sharing medications with others, or utilizing a medication that is already available in the residence [1]. In Saudi Arabia, people have easy access to medication and can purchase prescribed medications, such as anti-acne medications and antibiotics, over the counter without the need for a prescription from a physician.

Our research is focused on the estimation of the prevalence of self-medication and understanding the reasons for self-medication. Previous studies have reported an increase in self-medication globally and locally. The prevalence of self-medication has been estimated to be between 10.3% and 87.0% worldwide, varying according to the population studied and methods used [2-5]. Among the Gulf Cooperation Council, the United Arab Emirates showed a high prevalence of self-medication (89.2%) [6]. Locally, in the Kingdom of Saudi Arabia region Al Oaseem, researchers found that the majority of adolescents were selfmedicating (86.2%) [7]. Studies assessing self-medication in adolescents are rare [1,8,9]. Studies have found that improper self-medication leads to a delay in seeking medical advice when needed, a deterioration in health status, the masking of the presence of severe disease, drug interactions, possible development of antibiotic resistance among pathogens, adverse drug reactions, monetary attrition and a risk of dependence and abuse [4,10-13].

Self-medication is not restricted to adolescents, but can also occur in any age group. The WHO has identified adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to19. It represents one of the critical transitions in the life cycle of humans. The biological determinants of adolescence are fairly universal; however, the duration and defining characteristics of this period may vary across time, cultures, and socioeconomic situations. Adolescents are different from both young children and adults. Specifically, adolescents are trying to develop their own identity, and they are not fully capable of understanding complex concepts, the relationship between behavior and consequences, or the degree of control that they have or can have in making health-related decisions. As a result, during this process, adults have unique opportunities to influence young people [14].

We focused on this age group for many reasons: early adolescence is characterized by the transition from a family-centered environment to a broader environment that is open to more influences [15], and it is not only a blend of childhood and adulthood. Adolescence is a distinct stage with unique biological and social characteristics that combine both normal and abnormal behaviors [16]. Adolescence is a key period in which an individual takes their first steps towards self-care and self-medication, and the health care habits adopted during adolescence may be carried over into adulthood. This age is also a time for selfexploration. Most teens develop more autonomy than they had as children, and they are curious to try new things, such as medications [17]. The population of the Kingdom of Saudi Arabia includes a much higher percentage of children and adolescents than elderly, approximately 60% based on a census study in 2009 [18]. To the best of our knowledge, there is no study showing the prevalence of self-medication among adolescents of both genders in Riyadh, Saudi Arabia.

2. Methodology

A cross sectional observational study was performed to estimate the prevalence of self-medication among adolescents in Riyadh from 2014 until 2015 after obtaining Institutional Review Board approval.

The target population included all adolescents of both genders aged 13–18 years old from intermediate schools, high schools, and private and governmental schools, living in Riyadh (the capital city of the Kingdom of Saudi Arabia). Questionnaires written in Arabic were distributed to students in the schools during official working hours while the students were in attendance. The response rate was 100%.

2.1. Inclusion criteria

Saudi and/or non-Saudi adolescents of both genders aged 13-18 years old who attended the school.

2.2. Exclusion criteria

Subjects younger than 13 or older than 18 years old, students who were prescribed medication by a doctor, and students who were treated by medical personnel – their parents or a physician.

Please cite this article in press as: Albatti TH, et al., Self-medication among adolescents 13–18 years old in Riyadh, Kingdom of Saudi Arabia, from 2014 to 2015, International Journal of Pediatrics and Adolescent Medicine (2016), http://dx.doi.org/10.1016/ j.ijpam.2016.05.001 Download English Version:

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