

THE DRUG, THE WHOLE DRUG AND NOTHING BUT THE DRUG!

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THE DRUG...

This part of the lecture, which discussed irrational drug use highlighted general drug misuse, gross antibiotic misuse and irrational practices such as “*akapo*” (taking mixtures of analgesics administered all at once). Polypharmacy, low generic prescribing and overuse of antibiotics were common, underscoring the need for continuing professional development of healthcare providers on rational prescribing practices and drug use.

THE WHOLE DRUG...

Most patients are non-adherent and do not always take the ‘whole drug’. Reasons unearthed in our studies included forgetfulness, side effects, unpleasant taste, cost of drugs, long-term use of drug etc. Practical, knowledge and attitudinal barriers to medication-use were non-refill of prescription, lack of understanding of indication, and concomitant use of herbs with medication(s), respectively suggesting a need for patient-centred questioning strategy to resolve non-adherence problems.

... AND NOTHING BUT THE DRUG!

“Nothing but the drug” is not always true. Patients tend to take unprescribed additional medications. Series of studies were encouraged because different populations use herbs as beverages to coadminister their medications. Extracts/beverages from *Carica papaya*, *Hibiscus sabdariffa*, *Vernonia amygdalina*, and *Moringa oleifera* affected the pharmacodynamics/pharmacokinetic parameters of various medications leading to reduction in lipidemia, delay in onset of action of drugs and significant changes in pharmacokinetic parameters.

Many populations were exposed to the dangers of significant drug interactions: pregnant women from three geopolitical zones in Nigeria believed that herb use during pregnancy is safe and preferred herbal preparations, patients on admission, and ambulatory hypertensive patients who co-administer antihypertensive herbal medicines with their drugs. Physicians and pharmacists’ knowledge of herbal medications were grossly deficient.

Reasons for herbal medications use included perceived better efficacy, safety, easy access, traditional and cultural beliefs, comparatively low cost calling for effective patient communication and education to guide against improper use of herbs and drugs during counselling.

Pharmacy Practice and Curriculum Issues

Pharmacists receive positive rating with medicine optimisation in most countries despite poor recognition of their clinical roles by other healthcare professionals in Nigeria. There was agreement that practice-based research is essential, and barriers include inadequate finance, lack of time and access to patient’s clinical data.

Pharmacovigilance, herb-drug interactions and clinical-skill acquisition classes were introduced into the curriculum due to identified deficiencies, using interactive active learning models proposed by pharmacy students. HypAD Clinic was instituted to serve dual purpose of community health screening and training grounds for the students.

CONCLUSION

In conclusion, patients cannot declare that they take the “drug, the whole drug and nothing but the drug”! Several factors and barriers were highlighted. To resolve these, pharmacists need to adopt a non-judgmental attitude in order to get the whole truth about medications from patients.

RECOMMENDATIONS

- The Federal Government of Nigeria needs to establish a medication prescription policy

- In the management of non-communicable chronic diseases, clinical pharmacists should be involved.
- The University of Ibadan needs to take the leadership role in developing herbal formulations from research results and produce them for commercial purposes.