



Taking Medicine in the Right Way: Most Important but Most Neglected

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Abstract

Adherence can be particularly challenging for patients living with chronic conditions, because they are often required to take medication for an extended period, sometimes for the rest of their lives. Research has shown that 30–50% of prescribed medications are not taken as recommended, and there are numerous reasons why adherence may be difficult for patients to achieve. Poor adherence may lead to failure to reach treatment outcomes, the exacerbation of symptoms and deterioration of health.

Introduction

Proper use of medicine or taking medicine in correct order is essential to cure any disease. According to the WHO, lack of adherence to treatment regimens leads to major problems among patients, mostly with chronic illnesses. “Right administration” depends on at least 5 right factors-right patient, right drug, right time, right dose and right route. “Medicines won’t work if you don’t take it right”. This simple fact is not understood by most people in the world, as a result still more than half of the patients with chronic diseases in the developed world do not take their medicine correctly-says WHO.

In the UK, up to 50% of medicines in England are not taken as intended and 60% of NHS patients failed to receive the right treatment within 18 weeks [1-3]. According to the New Zealand-based Journal of Patient Preference and Adherence, medication non-adherence alone accounts for at least 10% of hospitalizations, \$300 billion in annual medical costs, and millions of patient deaths in the United States alone [4]. A recent Canadian study found that 30% of patients stop taking their medication before it is instructed, and one in four do not fill their prescription or take less than prescribed [5]. Medication non-adherence contributes approximately 57% of \$500 billion total avoidable costs attributed to suboptimal medicine use

globally each year [6].

A strange similarity can be found in underdeveloped, developing countries and the so-called developed world in the West when it comes to not taking medicine properly. More or less, everyone knows that more than half of the antibiotics worldwide are sold without a doctor’s prescription [7]. A recent study published by The Lancet, funded by the Bill & Melinda Gates Foundation, Wellcome Trust, states that nearly 5 million deaths worldwide in 2019 were related to bacterial resistance, which is expected to double by 2050 [8].

Globally, NSAIDs are responsible for at least 650,000 hospitalizations and 165,000 deaths annually [9]. Overuse of this class of drugs can cause kidney injury, and their side effects can be 3 to 4 times higher in kidney compromised patients [10]. Many studies have reported widespread misuse of these drugs in Dengue, Chikungunya and Covid-19 patients. Especially in Dengue or Covid-19 patients, it is more important to maintain the hydration level of the body than to bring down the fever with the pain killers. In children, the use of excess Paracetamol syrup or suppositories may cause stomach irritation, which hampers digestion and leads to vomiting and ended up with hospitalization. Most hospitalizations

or ICU admissions among those patients could be prevented, with few exceptions, simply by preventing dehydration at home with saline and fruit juice or simply by drinking more water.

More or less 40% of Covid-19 patients report sleep disturbances—use of Benzodiazepines in Covid-19 patients increases the incidence of delirium, depresses the system in patients with compromised respiratory functions, and contraindicated with some anti-viral medications [11,12]. Around 300 metric tons of morphine-type painkillers are used worldwide each year, less than 1% of which distributed to low-and-middle income countries, says the American Journal of Public Health [13]. So, their misuse and related side effects are also retained by the developed world.

According to a WHO report, only half of patients in developed countries adhere to treatment guidelines for chronic diseases, which is much less in developing countries [14]. Several studies among diabetic patients in South Asian countries have shown that nearly half of patients do not adhere to their prescribed medication and are at risk of acute and long-term complications, resulting in increased hospitalization rates and medical costs [15,16]. Three-quarters of elderly patients worldwide are unable to adhere to appropriate long-term treatment regimens due to multiple physical complications and additional medication burden [17].

A recent study by the American Heart Association revealed that patients with high blood pressure do not follow treatment guidelines because of:

- a. Suboptimal dosing or prescribing the wrong medication
- b. Lack of insurance or lack of health care access and
- c. Patient failure to comply prescribed medication or other lifestyle guidelines [18].

Several identified reasons for non-adherence to treatment guidelines for chronic diseases:

- a) Patient's socio-economic status: Low health literacy, lack of family or social support network, unstable living or homelessness, financial insecurity.
- b) Treatment-related: Complexity and duration of treatment procedures, frequent changes in medication regimen, lack of immediate results, real or perceived unpleasant side effects, interference with lifestyle.
- c) Health system-related: High treatment costs, limited health system for patient education and follow-up, doctor-patient relationship, patient trust in health care, long waits, lack of patient information materials.
- d) Patient-related: Visual-hearing and cognitive impairment, mobility and dexterity, psychological and behavioral factors, perceived risk of disease susceptibility, superstitions and stigmatization by disease, etc [19].

"Medical costs are barriers to adherence to proper clinical guidelines for long-term diseases in poor countries" although discussed in many forums but forgetfulness, confusion about the

duration required for medication use and mistrust about the overall efficacy of medication are among the reasons for non-adherence to diabetes management protocols in Middle Eastern countries [20]. Epilepsy is still seen in most countries of the world as an evil spirit—although two-thirds of patients can become seizure-free with adequate treatment, poor adherence to proper guidelines is a major problem for effective recovery [21]. Finally, it can be said that patients' knowledge and perception of the disease is the main driving force in determining their adherence to the treatment regimen. Health care providers should explore providing more effective health-education to identify patients' attitudes toward disease, trust in medications, psychological stressors, and increase medication adherence.

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