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Review Article

Abuse Of Over The Counter Medications And Tradition Medicines - Strategies & Barriers

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ABSTRACT

One drug and one care Practices are essential for any health care systems. The medications obtained by cases for treatment of common affections, without a tradition from a physician, are known as Over The Counter (OTC) Medications. OTC drug abuse do due to the incorrect lozenge forms, lack of interaction knowledge, inappropriate medication use and incorrect duration of use. Physicians need to watch for tradition medications and OTC drug abuse. Treatment strategies include Inquiring about tradition, OTC medicines. Inquiring about medication use Furnishing disposal holders that patients can use to dispose of their OTC medications Treating pain aggressively and appropriately. Rehearsing careful record keeping of tradition renewals. Pertaining patients who are addicted to medications to 12 steps program similar as Alcoholic Anonymous, Narcotics Anonymous considering Detoxification.

INTRODUCTION

Medications obtained by patients foot treatment of common ailments, without a prescription from a physician, are known as over-the-counter (OTC) or non-tradition medications. OTC medications give prevention for a wide range of medications, including common cold wave, musculoskeletal pain, allergies, headache. The abuse of these medications is public issue. There is a always threat involved in using OTC medications. [2,3] These include improper self-diagnosis, inappropriate dosage, adverse drug reactions, drug interactions. [4,5] The objective of this

article is to know about reasons for OTC medications abuse, Utmost abused tradition and OTC medications, Barriers to the druggists to help OTC medication abuse.

Reasons For OTC Medications Abuse

Example One of the most reasons for OTC abuse is increased access to specifics. This is because specifics for common illness are made accessible by tradition to OTC switch. [6] The absence of a physician may lead to inaccurate tone-opinion. For, the availability of treatment for dyspepsia causes the presence of a severe gastrointestinal disease, which may not be diagnosed by patients.8

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Lack of druggist vigilance may lead to long term inappropriate use of OTC specifics. Switching of drugs increases patient autonomy⁸. For illustration, the switch of acetaminophen from tradition to OTC has led to increased cases of severe liver hepatotoxicity.⁹ If abused, acetaminophen leads to withdrawal symptoms, in addition leads to liver failure and suicidal thoughts. Many other reasons like incorrect lozenge forms, lack of interactions knowledge, inappropriate medication use, and incorrect duration of use.

UTMOST ABUSED PRESCRIPTION & OTC MEDICATIONS.

ABUSED PRESCRIPTION MEDICINES

SEDATIVES: 6%

STIMULANTS: 28%

TRANSQUILIZERS: 10%

SEDATIVES

Barbiturates are generally used as a sedative and anticonvulsant, they are used to decrease the likelihood of seizures and other symptoms in alcohol, heroin. This class of specifics is easily in death through respiratory depression. They are addicting but tolerance can occur ;a withdrawal syndrome exists, headaches, confusion. Addicts may seek out barbiturates as a sleep aid.[10]

STIMULANTS

This specifics are used to treat attention deficiency hyperactivity disorder. In 2004, there were 7873 emergency amphetamine – dextroamphetamine. Of visits of the emergency department for attention deficiency hyperactivity disorder medication problems, 48% were for nonmedical use of the specifics, 34% were adverse reactions associated with medical use, 10% were accidental ingestion, and 8% were suicide attempts. The rates were higher for the 12 to 17 years old age group than patients aged 18 or older. Over two thirds 2 drugs and another substances, such as alcohol, an illicit drug, or a pharmaceutical.[11]

TRANSQUILIZERS

Benzodiazepenes are commonly diverted for non-medical uses. They are typically prescribed as sleep aids or as anti –anxiety medications. They are also useful in detoxification from alcohol. These are useful in the treatment of convulsive disorders. Overdose can cause respiratory depression, especially when used with other sedative medications or alcohol. High benzodiazepine doses are used by addicts to enhance the euphoria effects of opioids; or ease the effects of withdrawal from heroine, methadone and other drugs.[12]

ABUSED OTC DRUGS

DEXTROMETBORPHAN

Dextromethorphan hydrobromide (DXM), a element of more than 125 OTC cough and cold medicines. The mosy common source of DXM is “extra –strength” cough syrup, which contain a3 mg or drug per 1ml of syrup. The recommended dose for treating coughs is 1/6 to 1/3 ounce of medication containing 15mg to 30mg of DXM. At higher doses it produces a dissociative effect similar to phencyclidine and ketamine.[13]DXM can cause psychosis, dependence, and physical withdrawal. withdrawal is manifested by a profound depression.[14]

DIPHENHYDRAMINE

The antihistaminic drug diphenhydramine is mainly used as a sedative, hypnotic, and anti emetic.The intoxication symptoms are also inconsistent. Some people present with somnolence, sedation, retardation. Diphenhydramine can be used orally or intravenously. Tolerance does exist with this OTC medication, and withdrawal results in sedation and memory impairment.[15][16]

OTC ANALGESICS

Using high levels of OTC analgesics, including aspirin and acetaminophen, over long periods of time have been associated with dysphoric mood.[17]



OTC HYPNOTICS (SLEEPAIDS)

Used in excess amounts, OTC sleep aids can cause hallucinations, delirium and confusion. when it is stopped, recovery is rapid and there is no withdrawal syndrome.[18]

STRATEGIES FOR PHYSICIANS

Strategies that can be employed include (1) inquiring about tradition, OTC use at the initial examination. (2) Inquiring about illegal drug use (3) Furnishing disposal holders that patients can use to dispose of their unused tradition or OTC specifics. (4) Treating pain aggressively and appropriately.(5) Rehearsing careful record keeping of tradition blanks.(6) Pertaining patients who are addicted to specifics to 12 step programs such as alcoholic anonymous and (7) Considering detoxification.

BARRIERS FOR DRUGGISTS TO PREVENT OTC MEDICATION ABUSE

There are multiple conterders faced by druggists and their pharmacies in monitoring OTC abuse.Druggists generally no way keep any record or monitor patients medication profiles for OTC specifics use, which creates a vacuum in information necessary to make appropriate counselling opinions.[19]

US federal government passed the COMBAT METHAMPHETAMINE EPIDERMIC ACT of 2005 (CMEA). This act was passed to cover the quantum of pseudoephedrine which an individual can buy in a drug store in the US.²⁰ The aim of this act was to check illegal consumption of methamphetamine and pseudoephedrine that are generally setup in OTC cough and cold specifics. The CMEA has placed a purchase limit of no more than 9g of pseudoephedrine in a 30 –day period.²⁰ Although this act has successfully helped reduce the issue of OTC specifics abuse of pseudoephedrine –containing products. Drug store technicians give an extra layer for patient safety. They can help druggists with vigilance roles like drug dispensing, obtaining patient

information, and processing order entry. Their during these processes may further help in reducing OTC drug abuse.[21]

BTC SPECIFICS : A PROMISING THIRD CLASS

BTC specifics are defined as “ a third order of medicines available without a tradition ; placed BTC, they are available only after disscusion with a druggist”.^[22] BTC specifics are extensively used in may countries including the UK, Canada, New ZEALAND, France, Australia. To distinguish from OTC specifics, the characteristics of BTC specifics are allocating only with professional supervision. This ensures the safety, effectiveness of allocated drug and increased control of the allocated specifics.^[23]

Some of the specifics potential for the transition to BTC order include those used for high blood pressure, high cholesterol, asthma, gastrointestinal reflux, allergies and pain. To facilitate the implementation of BTC medications category, the following recommendations were made : demonstration of benefits outweighing the risks, evidence for positive out comes, sufficient allocation of resources, and appropriate compensation systems. BTC medication is a bridge between OTC and tradition specifics, with a eventuality to increase access of health care while efficiently using the knowledge and expertise of a druggist.

CONCLUSION

This review concludes that druggists do play an essential part in counselling patients. More communication strategies between druggists and patients may help druggists understand the issues of OTC drug use. pharmacist vigilance can help reduce OTC drug use. The implementation of BTC specifics will help improve patient monitoring while OTC drug abuse.

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