

Adolescents' use of non-prescription analgesics

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INTRODUCTION

The transition from childhood to adulthood is linked by a period when most individuals first begin to take responsibility for self-medicating minor illnesses and become more involved in managing chronic conditions¹. Several studies have indicated that adolescents gain knowledge about medicines, through consumption rather than before taking the medication, leading to potential risks¹.

AIMS

- To examine the non-prescription use and self-administration of pain medication among young adults.
- To identify the pharmacist's role in addressing misuse and misconceptions about medicines.

METHOD

Ethics approval was granted by the University Research Ethics Committee. A self-administered questionnaire was adapted from a previous study by *Chambers et al.*², and was distributed to 444 students aged 14-18 in 6 schools.

The questionnaire focused on 5 types of pain: ear and throat; head; stomach; muscle, joint and back; and menstrual pain.

Each pain section was subdivided into a further 3 sub-sections. The first part evaluated pain characteristics including frequency of pain, average pain intensity and frequency of medication use.

In the second part, information on type of medication taken, sources of medication, and resources of information about medication was collected. The brand names of products used locally were listed next to each of the active ingredients. The third section examined self-administration of the medication through seven statements, where participants indicated how often they took certain decisions regarding their use of non-prescription medicines.

Results were collected and analysed using Microsoft Office Excel 2007[®] and SPSS v.17[®].

RESULTS

The final sample consisted of 154 males and 290 females (n=444) with a mean age of 15.4 (SD 1.2) years. The most frequently medicated type of pain was head pain (69.4%) while muscle, joint and back pain was treated the least (22.1%). For all types of pain the most common type of medication used was paracetamol (76-42%).

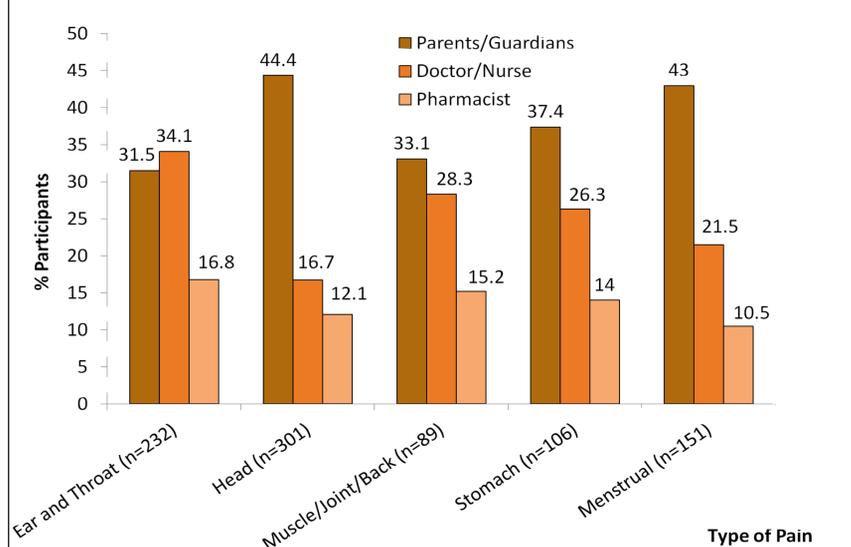
The mean ages at which participants started to self-administer medication were 14.1 years for ear and throat pain, 13.4 years for head pain, 13.3 years for muscle, joint and back pain, 13.4 years for stomach pain, and 13.7 years for menstrual pain.

36 students chose to take aspirin to treat their pain. Of these, 30 were 16 years of age or younger.

Of the 99 respondents who indicated the type of medication they used for stomach pain, 16 chose to take an NSAID, despite these medications being known to cause gastric irritation.

Parents were the most popular choice as a source of information about medication.

Table 1: Sources of Information about Medication



CONCLUSION

There is little research into communication of information to teenagers, however it is evident that communication by pharmacists with respect to use of medicines needs to be improved.³ There is a clear need for prescribing systems for community pharmacists responding to scenarios for pain management and all other situations concerning this specific age group, and that address the ethical issues that come with dispensing medication to underage patients. Increasing pharmacists' knowledge and skill in adolescents' issues may decrease barriers to care and improve adolescent health outcomes.

References

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