Reviewer's report

Title: Self-medication and non-doctor prescription practices in Pokhara valley, western Nepal: a questionnaire based study PR Shankar, P Partha, N Shenoy

Authors:

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Reviewer: Dr R Bojalil

Level of interest: A paper whose findings are important to those with closely related research interests

Advice on publication: Unable to decide on acceptance or rejection until the authors have responded to the compulsory revisions

General comment

The paper describes the use of self-prescribed drugs and non-doctor prescription practices in the Pokhara valley, western Nepal. The topic is important as we need to understand the use of drugs in different communities in order to identify problems and to help policy makers to achieve a proper use of drugs. I enjoyed reading the paper and I think that if the authors accept the comments it can be a good paper.

Specific comments

Compulsory revisions

1. The authors say that information on drug use in the Pokhara valley is lacking. Some explanation and justification should be given of why it is important to have this specific information on this particular population, and how would the results help to change the pattern of drug use.

2. It is not clear what was the sampling frame (if any), or how were the study participants identified. What was the target population? How was the sample selected? What was the response rate? This information is essential in order to know to whom the results can be generalised. For example, the age distribution of the respondents is somewhat puzzling. There are no respondents in the age 0-9 years. Is this because they were excluded? If they were not excluded, it is strange that no young children are in the sample as they represent an important part of the population and they are ill more often than adults.

Also, was the power of the study or the sample size requirement estimated? This is also important to assess the validity of the results. The tables should include not only the absolute numbers but also the percentages. Confidence intervals or ranges would be helpful.

3. In general it is better to report all results adding to a hundred percent in all the variables presented.
For example 27.5% of the respondents were farmers, 23.2% were students and 12.7% were employed in the army or were ex-service men. This just adds 63.4%. What were the rest of the participants? If there are many other categories then it should be reported as "others (36.6%)". All these descriptive results can be presented in a table.

4. Table 2 gives only the results of the distance of the respondents' houses from the nearest road ahead. The results of the distance to the nearest health post/medical store are not presented, neither in text nor in a table. Distance from the nearest health post / pharmacy would seem to be more important than the distance from the nearest road.

5. An average of 1.13 drugs per person (assuming that it is the average for six months) does not seem to be very high. It is difficult to assess the justification of the use of these drugs. For how long the fever or the headache present? Were they associated to any other sign or symptom? Maybe percentages should be given separately for headache and fever. What were the other signs/ symptoms for using self-medicated drugs?

With respect of the calculation of the number of drugs self prescribed it is not clear if the average presented is per episode or for the six months. I would think that it is better to report average of drugs used among those who used a drug (that would be 1.9 drugs per person per six months), rather than to number of people surveyed. The authors should decide what they want to report. Maybe both values should be presented.

6. Table 4. Does the proportion of respondents using self-medication in one group (for example males) is higher because they presented more signs and symptoms (fever, headache) than the comparison group (females)? The results per se do not give much information, and this point is not discussed. (The proposed explanations are related to other factors such as socio-economic or educational factors (pages 7-8) or the concentration of doctors in urban/rural areas (page 8)).

7. The definition of self-medication is not clear. The first paragraph in the discussion defines self medication as "obtaining and consuming drugs without the advice of a physician aE.". Maybe the definition should not only include "physicians" but also "non-allopathic doctors".

8. In the discussion (page 8, last paragraph) the authors mention that the medications were not taken for the proper length of time. A conclusion is made: "drugs, specially antimicrobials were not taken for the proper length of time". I think this are very important results but what worries me is that they were not presented in the "results" section, just in the discussion and only for antimicrobials. Furthermore, it is not clear if the sentence "aE.drugs were not taken for the proper length of time" refers only to the antimicrobials (4 out of 16) or to all the drugs. If for all drugs, how was this measured? These statements should be supported by numbers.

9. There is no proper discussion of the relevance of the results. For example, what are the implication of self-prescription? Some discussion is presented on the use of herbs (only 8.75% of the self-prescribed drugs) and the development of antimicrobial resistance. While these may be important points, antimicrobials were not self-prescribed. What about the rest of the drugs? Were they used properly, what are the implications of their use? Is 1.13 drugs per person (per six months?) a low or high use of drug? This are important issues to discuss and can add strength to the paper. Specially when in the conclusion the authors say that "education to help patients decide on the appropriateness of self-medication is required".

10. Although I agree with the conclusion "Education to help patients decide on the appropriateness of
self-medication is required", I do not think this conclusion can be directly derived from the results and the discussion given by the authors (see the point 9 above).

Discretionary revisions

1. The authors mention that the study was carried out in the month of August. In the abstract it says it was carried out in the first fortnight of August. In methods the time when the study was done is not mentioned. The best place to specify the time duration of the study is in the methods section.

2. Page 7, paragraph 4: the authors probably meant that antimicrobials are drugs commonly sold over the counter.

3. Reference number 16 should be in brackets as the rest of the references.

4. Page 7, paragraph 5: The term "patient satisfaction" should be specified; satisfaction with what? (I assume with health services). "Cost" of what?. It is obvious but it should be specified.

5. Reference 16. Should be J. Calva and R. Bojalil (There was a printing mistake, an erratum appeared in a latter volume of SSM).

I hope the comments are useful to the authors

Your sincerely

Rossana Bojali

Competing interests:

None declared.