

International Journal of Pharmaceutical Research and Applications

Volume 8, Issue 6 Nov-Dec 2023, pp: 2617-2619 www.ijprajournal.com ISSN: 2249-7781

An Observational Study of Prescription Pattern for Urinary Tract Infection

Dr. K P S Pavithra¹, Dr. K L Senthilkumar², Udhaya Kumar R³, Usman M³, Thimmappan G³

¹Associate Professor, Sri Vijay Vidyalaya College of Pharmacy, Dharmapuri, Tamilnadu ²Principal, Sri Vijay Vidyalaya College of Pharmacy, Dharmapuri, Tamilnadu ³B. Pharm Final Year Student, Sri Vijay Vidyalaya College of Pharmacy, Dharmapuri, Tamilnadu

Submitted: 20-12-2023 Accepted: 30-12-2023

ABSTRACT

Prescription pattern monitoring studies (PPMS) help us in a better way to understand the prescribing, dispensing and distribution of medicines. This understanding helps us to improvise the rational use of medicines. This observational study has been done to understand the class of drugs chosen as therapeutic agents.

I. INTRODUCTION

The changing cultural and professional habits in such a crowded work population are the leading cause of urinary tract infections. The are growing possibilities and affecting URINARY TRACT INFECTION. Hence, we did AN OBSERVATIONAL STUDY OF PRESCRIPTION PATTERN FOR URINARY TRACT INFECTION.

II. AIM:

The study involves observing, segregating and reporting the list of various drugs prescribed for patients with UTI living with and around us i.e., Dharmapuri, TN.

III. MATERIALS AND METHODS:

This was a data collection, observation, segregation and reporting study done retrospectively using self-prepared patient profile form. Patient data was collected from individuals from neighborhood from October 2023 to November 2023. The total number of patients studied were 100. All the drugs prescribed and taken for study were of the classification ORALLY alone. Patients with co-morbidity, hypertension and diabetes mellitus were included. The data collected and reported were segregated on the following parameters:

- Patient's age
- Patient's gender
- Patient's social habits
- Patients with co-morbidities
- Classes of drugs prescribed

IV. RESULTS:

In the span of 2 months from October 2023 to November 2023, the total number of prescriptions studied were 100. The comparative studies are presented by means of the following graphs.

International Journal of Pharmaceutical Research and Applications

Volume 8, Issue 6 Nov-Dec 2023, pp: 2617-2619 www.ijprajournal.com ISSN: 2249-7781

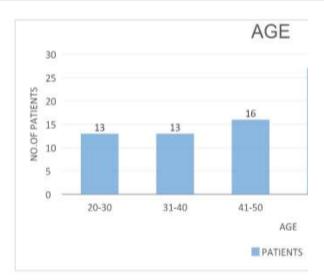


Figure-1 The above graph represents the age wise segregation of urinary tract infection patients.

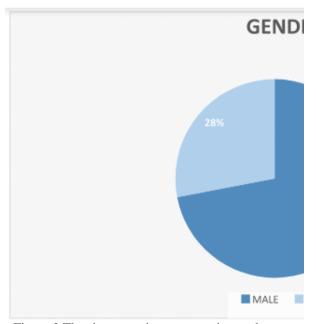


Figure-2 The above graph represents the gender ratio of urinary tract infection patients.

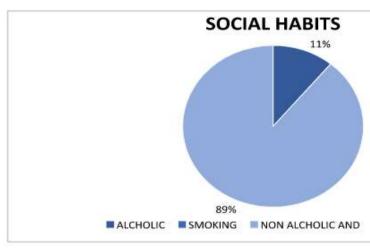


Figure-3 The above graph represents ratio of patients with and without social habits.

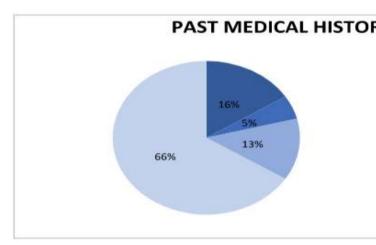
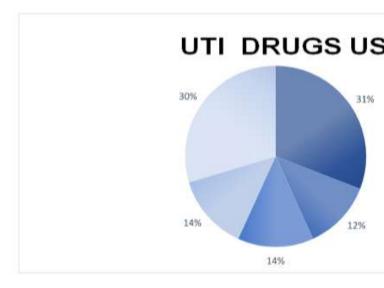


Figure-4 The above graph shows patient ratio of co-morbidities.





International Journal of Pharmaceutical Research and Applications

Volume 8, Issue 6 Nov-Dec 2023, pp: 2617-2619 www.ijprajournal.com ISSN: 2249-7781

Figure-5 The above graph represents the drugs prescribed from different classes of drugs.

V. DISCUSSION:

The study of prescription pattern helps to understand and improvise Rational Use of Medicine. This genuine data that has never been collected and segregated previously.

VI. LIMITATION:

This was a study conducted outside the hospital in individuals between the age of 20-80 with limited co-morbidity hypertension and diabetes mellitus. Thus, it cannot be used for reference for in-patients and patients with any other co-morbidity.

VII. CONCLUSION:

Study of prescription pattern is a very useful tool for rational use of medicine and avoidance of polypharmacy.

REFERENCE:

- [1]. Hoffmann RP. A strategy to reduce drug expenditures with a drug utilization review program. Hosp Pharm 1984; 19(1): 7–8, 11–12.
- [2]. Fallik B. The academy of managed care pharmacy's concepts in managed care pharmacy: prior authorization and the formulary exception process. J Manag Care Pharm 2005; 11(4): 358–361.

- [3]. Azzarone G, Liewehr S, O'Connor K. Cystitis. Pediatr Rev 2007; 28(12): 474–476.
- [4]. Huang ES, Laiteerapong N, Liu JY, John PM, Moffet HH, Karter AJ. Rates of complications and mortality in older patients with diabetes mellitus: the diabetes and aging study. JAMA Intern Med 2014; 174(2): 251–258.
- [5]. Jancel T, Dudas V. Management of uncomplicated urinary tract infections. West J Med 2002; 176(1): 51–55.
- [6]. Mishra B, Srivastava S, Singh K, Pandey A, Agarwal J. Symptom-based diagnosis of urinary tract infection in women: are we over-prescribing antibiotics? Int J Clin Pract 2012; 66(5): 493–498.
- [7]. Edlin RS, Shapiro DJ, Hershc AL, Copp HL. Antibiotic resistance patterns of outpatient pediatric urinary tract infections. J Urol 2013; 190(1): 222–227.
- [8]. Ahmed H, Farewell D, Jones HM, Francis NA, Paranjothy S, Butler CC. Incidence and antibiotic prescribing for clinically diagnosed urinary tract infection in older adults in UK primary care, 2004–2014. PLoS One 2018; 13(1): e0190521. doi: 10.1371/ journal.pone.0190521. eCollection 2018.
- [9]. Dhodi DK, Jaiswar S, Bhagat SB, Gambre RS. A study to evaluate prescribing pattern of antibiotics among patients of urinary tract infection with preexisting renal disorders in a tertiary care hospital. Int J Basic Clin Pharmacol 2014; 3(4): 687–691.