

Self-medication: A public health threat hiding in South Sudan

Thomas Akuith Ngong

Registered General Practitioner

Correspondence:

thomasakuiz88@gmail.com

Dear Editor,

Self-medication is a public health concern in South Sudan. The public see it as a health right, and the national public health regulators view it as a trivial public health issue. As such, it is a “public health threat in hiding.”

Self-medication claimed 96,000 lives globally between March 2020 and March 2021.^[1] Research indicates that self-treatment with medications is highly prevalent in African countries. However, I have found no documented epidemiological data about the prevalence and mortality rates of self-medication in rural and urban South Sudan. Nonetheless, my educated guess is that the figures for our country could be staggering.

Dealing with self-mediation is not a big deal as it mainly requires simple approaches including consulting with a healthcare professional, following dosage instructions, reading medication labels, avoiding mixing medications, educating oneself, considering non-pharmacological options, and being mindful of internet resources.^[2]

Self-medication is the use of medicines to treat self-diagnosed diseases or symptoms.^[3] It is obtaining and consuming drugs without a physician's advice, either for diagnosis, prescription, or surveillance of treatment. It is also re-submitting old prescriptions to purchase medicines in drugstores, sharing medicines with relatives or friends, or using the stored-at-home leftover medicines,^[4] or continued use of out-dated medication prescribed by a physician for chronic or recurrent diseases or symptoms.^[5]

Medicines must be used with care because many medicines are dangerous when used unsuitably. Most importantly,

the best state of health is always medication-free. Instead, it is advisable to have healthy lifestyle by eating a good diet, taking plenty of exercise, and having good sleep.

Not every illness needs medication. For instance, the common cold or upper respiratory tract infection, does not need antibiotic treatment because it is a non-bacterial infection commonly caused by viruses or allergies. Administration of an antibiotic precipitates medical complications, prolongs the illness, and can lead to the emergence of bacterial resistance.

In my many professional encounters with patients and acquaintances, antibiotics are the most commonly self-medicated drug group. Those topping the list include amoxicillin, amoxicillin, clavulonate, azithromycin, cefixime, benzyl penicillin, and ciprofloxacin. The users invariably attribute any symptoms they experience to a bacterial infection.

Self-medication occurs for many reasons:

First, a lack of control over the sale of drugs without a prescription. A person who feels sick may go to a pharmacy or drugstore for a drug to relieve the symptoms. A drug seller, or an inexperienced pharmacy technician, often gives the drug. Prescription medications should not be dispensed without a doctor's prescription.

Second, poor drug regulation. Pharmaceutical regulations in South Sudan have numerous challenges. One is the limited resources available for regulatory authorities such as lack of budgetary funds and lack of trained personnel. The nation faces a critical shortage of qualified professionals equipped with the necessary skills and knowledge to assess drug safety and efficacy. This can lead to insufficient oversight in the distribution and use of pharmaceuticals, making it challenging to uphold regulations.^[6]

Third, disagreement with a doctor's interpretation of a patient's medical condition. Before a patient repudiates a doctor's judgement, he/she is supposed to know that he/she is coming with a medical condition, not an economic or legal condition. Who is supposed to address such a problem? Without explanation, everyone can agree with me that it is a medical doctor. I suggest he/she should see another doctor if an element of mistrust exists between the two.

Fourth, avoidance of healthcare bills. This is the commonest reason why many patients self-medicate. They fear medical bills, including consultation and testing. Hence, going to the pharmacy straightaway is their shortcut to getting medical treatment.

Fifth, lack of knowledge on the adverse effects of medications. Most patients who self-medicate do not completely know the possible harmful effects of the drugs they buy. This is why it is important to seek medical advice and follow the recommendations of a medical doctor.

Inappropriate self-medication can result in serious health consequences such as:

1. A delay in diagnosis. The more a person wastes time on self-medication, the more the risk that the medical problem may get worse, and the person may show up in the hospital with complications.
2. Incorrect treatment and dosage. As the real medical problem remains unidentified, the drugs from the store may not solve it. The doses given will not relieve the problem. They may possibly fail to treat the underlying problem, exacerbate the problem, or may insidiously hamper one's health if administered in high dosages.
3. Drug toxicities. Certain overdosed drugs have a harmful impact on the body's organs. To be specific, drugs having a bad side-effects may damage the liver, kidneys, or the bone marrow. There are many chronic drug-induced diseases such as aplastic anaemia from chronic and irrational administration of chloramphenicol; drug-induced gastritis and peptic ulceration resulting from aspirin intake; and osteoporosis, resulting from the prolonged use of glucocorticoid drugs.^[4]
4. Antimicrobial resistance. Irrational use of antimicrobials can result in a serious problem of antimicrobial resistance. For example, typhoid fever, which in earlier days was easily treated with short courses of chloramphenicol, ampicillin, and cotrimoxazole. Currently, with the misuse of these antibiotics, typhoid bacillus has developed resistance, making such antibiotics ineffective against typhoid fever.^[4]

However, *appropriate* self-medication has many potential benefits including increased access to effective treatment, and a reduction in the number of visits to physicians, which alleviates pressure on healthcare services, and reduces costs to third-party payers, such as government or

insurance companies.^[7]

To prevent inappropriate self-medication, I strongly recommend the avoidance of self-medication of prescription drugs; implementation of strict government-led pharmaceutical regulations in markets; improvement of pharmacies' responses to patients demanding drugs without a doctor's prescription note; and patient education on the rational use of medicines.

As a final point, self-medication is a public health problem in hiding in South Sudan. It is our collective responsibility to champion prevention of inappropriate self-medication by changing people's perception about drugs through health education and increased consultation with medical practitioners when one is sick.

References

1. Hearts and Minds National Alliance on Mental Illness: Self-medicating 2021. <https://heartsandminds.nami.org/articles/self-medicating/>
2. MedPsych Integrated 2024. The dangers of self-medicating and how to avoid them. <https://medpsychnc.com/the-dangers-of-self-medicating-and-how-to-avoid-them/>
3. Bowen D, Kisuule G, Ogasawara H, et al. Guidelines for the Regulatory Assessment of Medicinal Products for use in Self-Medication. 2000, WHO/EDM/QSM/00.1, Geneva: World Health Organization.
4. Akhtar MA. Self-medication. Pak J Med Sci 2012;28(3):349-351 https://applications.emro.who.int/imemrf/Pak_J_Med_Sci/Pak_J_Med_Sci_2012_28_3_349_351.pdf
5. Iyeduala V. DatelineHealth Africa. What you need to know. <https://www.datelinehealthafrica.org/self-medication-in-africa-what-you-need-to-know>
6. Generis Global Legal Services Understanding Pharmaceutical Regulations in South Sudan: A Comprehensive Overview 2024 <https://generisonline.com/understanding-pharmaceutical-regulations-in-south-sudan-a-comprehensive-overview>
7. Noone J, Blanchette CM. The value of self-medication: summary of existing evidence, Journal of Medical Economics 2018;21(2):201-211. DOI: <https://doi.org/10.1080/13696998.2017.1390473>