

Use and Practice of Self-Medication for Oral Health Issues in Adults

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Abstract

The purpose of this study was to look into how self-medication for oral health issues is used by people at the University Dental Hospital in Sharjah (UDHS). The types, lengths, and sources of self-medication, as well as the reasons for visits, were noted. Adult patients at UDHS participated in this cross-sectional study. 566 people in all were enlisted using previously established inclusion and exclusion criteria. Self-administered closed-ended questionnaires were used to gather data, and SPSS software version was used to analyse the data. Out of 566 respondents, 400 (70.7%) admitted to using self-medication. The plurality (46%) of people who self-medicated for oral health issues had higher education, despite their line of work was unrelated to oral health, and the average age was 26.9 year.

Keywords: Analgesics; Dentists; Oral Health; Oral pain; Self-medication.

Introduction

The most frequent cause of self-medication was toothache, and the two primary justifications for doing so were lack of time to attend a dentist and belief that dental problems were not serious health problems. The primary medications utilised for self-medication were analgesics [1]. In the UAE, self-medication for dental health issues is very popular. The main causes of self-medication were a lack of time to visit dentist offices and the perception that oral health issues were not important. This study looked into the causes, forms, duration, and sources of self-medication for dental health issues among people visiting the University Dental Hospital Sharjah (UDHS) in the United Arab Emirates.

Both industrialized and developing nations frequently use self-medication. It is described as the use of medications to treat self-diagnosed problems and the prescription of medications without getting the right kind of expert advice. But illogical self-medication has a number of negative effects and is a contributing factor in antibiotic resistance. Since there are no severe laws against self-medication, one of the main causes of antimicrobial resistance is the abuse of antibiotics [2]. Additionally, it can result in improper self-diagnosis, delays in seeking the proper therapy, risk of drug dependence and abuse, dangerous drug interactions, and wrong prescription dosage and choice. In the United Arab Emirates (UAE), self-medication with antibiotics is on the rise and has significantly increased bacterial resistance in the nation. Self-medication with over-the-counter medications is common among dental patients.

Materials and Method

One of the frequent patient reactions to severe or ongoing dental pain is self-medication. One of the most prevalent complaints that primary care doctors deal with is acute discomfort. The varied contraindications and negative effects of these drugs, however, are not well known by patients. Self-medication is influenced by a variety of factors, including socioeconomic position, how diseases are perceived in different cultures, anxiety, and dental phobia. The use of responsible self-medication, where community pharmacists advise patients on how to treat minor illnesses with over-the-counter pharmaceuticals, is an essential component of the healthcare system. Self-medication has been documented in numerous researches among different demographics of adolescents and adults. Self-medication is becoming more common among elderly people [3]; however the frequency varies depending on

the sample's heterogeneity. Medical students frequently engage in self-medication, which may have an impact on how they administer drugs in the future. It's interesting that studies have found that self-medication habits are not less common in the educated population. Additionally, studies have shown a rising trend among young people toward self-medication. This is explained by lifestyle characteristics, easy access to medications, increased levels of education raising people's awareness of ailments, the availability of medications, and exposure to marketing. Headache, cough, fever, and pain are typical causes of self-medication. Other conditions for self-medication include halitosis, pain, and dental disorders like toothaches and gingival bleeding. The effects of self-medication on dentition have only been examined in a relatively small number of researches. This study looked into the causes, forms, duration, and sources of self-medication for dental health issues among people visiting the University Dental Hospital Sharjah (UDHS) in the United Arab Emirates [4].

Adult patients who were receiving dental care at UDHS between January and May 2018 were chosen using random selection. Age requirements of 18 to 65 years old and the ability to read and comprehend Arabic or English were other requirements for inclusion [5]. Patients with dementia, chronic illnesses, or intellectual disabilities were not permitted. As a result, a total of 566 participants gave their informed consent to take part in the study. If they used self-medication was a question in the questionnaire's first section. The second part of the questionnaire was not to be completed by participants who did not self-medicate. All participants received assurances regarding the privacy of their personal data. The University of Sharjah Research Ethics Committee provided their clearance.

Objectivities

The participants' written agreement was obtained once they were

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informed of the study's purpose. An independently administered, closed-ended questionnaire was used to obtain the data. The questionnaire was created after looking through several studies. It was written in both Arabic and English. The ambiguities found in the pre-test were resolved when a pre-test with 50 people who weren't in the sample was conducted [6]. Age, gender, education level, and marital status were all elicited in the first section of the questionnaire, while attitudes and practises about self-medication were covered in the second section. The participants' marital status was divided into two categories: married and single, the latter of which also included divorced and widowed participants. According to the participants' educational backgrounds, the participants' educational levels were degree, none of which suggested only a rudimentary education. Microsoft Excel and SPSS version 22 were used to analyse the data.

Results

A total of 566 respondents took part in the study, and 400 of them said they self-medicated for oral health issues. Young individuals had the highest prevalence [7]. The participants' average age was 26.2 years and 9.4 years. Participants with a bachelor's degree had the highest percentage of self-medicating participants overall. the participants' sociodemographic details and educational background. Analgesics were the most frequently utilised medications for self-medication. Most participants who were asked about the impact of self-medication said that it temporarily reduced their pain. When asked where they got their advice, the majority of participants.

Discussions

This study examined the causes, forms, durations, and sources of self-medication among people enrolled in UDHS in order to better understand self-medication trends for oral health issues. According to our findings, 70.7% of the individuals self-medicated for oral health issues [8]. This proportion is comparable to that found in numerous

studies; in Cameroon, the prevalence of self-medication was 67.8%, while a study of patients at Buenos Aires University produced a prevalence of 77%¹⁷ and a study of adults in Riyadh, Saudi Arabia, recorded a prevalence of 63.25%. The prevalence of self-medication among adults in Serbia was 27.1%, that in Mekelle, Ethiopia, was 43.24%, and that in Ibadan, Nigeria, was 48.95%. Other research, however, reported prevalence rates lower than those of our study. In our study, the most common form of self-medication was whereas the highest prevalence in the Jordanian study was in those aged 36–55 years², and that in a Nigerian study was in those aged 20–40 years, was observed in patients aged 18–30 years.

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