INTRODUCTION

Self-medication with Over-the-Counter (OTC) drugs is a worldwide public health problem which is more experienced in developing countries. Self-medication can be defined as "the use of drugs to treat self-diagnosed disorders or symptoms, or the intermittent or continued use of a prescribed drug for chronic or recurrent disease or symptoms". Studies revealed that self-medication represents a common problem among university students. It was also illustrated that the increase of OTC medication was influenced by many factors like age, sex, medication knowledge, previous experience of disease, non-seriousness of illness. Medications usually obtained from home as a left-over, from pharmacies and from family members. Self-medication increases the chance of illegal drug use, dependence and masking the underlying symptoms.
disease which lead to public health complication, generate drug resistance and impede diagnosis.\textsuperscript{12} Governments and health authorities have to make sure that self-medication is performed in a responsible manner, and lay the foundation of that only safe drugs are made available OTC and that patients are given sufficient information regarding drug use, their contraindication and side effects.\textsuperscript{13} Self-medication in Saudi Arabia seems to be a common practice among the general population.\textsuperscript{14} Young adults especially the students usually made unprotected health related decisions that may affect their health.\textsuperscript{15} Studies conducted among university students worldwide has reported that the utilization of OTC drugs among university students is common and inappropriate.\textsuperscript{10,16-19} The use of analgesics is widespread worldwide. Some analgesics are categorized as OTC drugs and some are not. Side-effects experienced may vary with different people, and overuse could be harmful.\textsuperscript{1} However, to the best of our knowledge little studies were conducted regarding analgesic self-medication, especially in Jeddah. So, such study is needed. The objectives of the current study were to determine the prevalence and predictors of self-medication and analgesic self-medication among senior medical students and interns in King Abdulaziz University (KAU).

\section*{METHODS}
\textbf{Ethical statement:} The study was approved by the Institutional Review Board (IRB) of KAU. It was conformed to the ethical standards of the Helsinki declaration.

A cross-sectional sampling was conducted among clinical years senior clinical years medical students (4th - 6th year) and interns in KAU, Jeddah, 2013. The Sample size was determined by the formulae:

\[ n = \frac{z^2 \times p \times q}{d^2} \]

Where \( n \): the minimum sample size, \( Z = \) constant (1.96) and \( p \) is the prevalence of self-medication assumed to be 0.73\% on the basis of a previous study done in Bahrain\textsuperscript{20} and \( q = (1-p) = 0.27 \). The minimum calculated sample size to achieve a precision of ± 4\% with a 95\% Confidence Interval (CI) was 473. For stratification purposes, the sample size was increased to 504 during the fieldwork. A multistage stratified random sampling technique was used. Stratification took into consideration the students’ gender and the educational year.

Data were collected using a validated, constructed, anonymous, confidential and self-administered questionnaire. Reliability of the questionnaire was evaluated using Cronbach’s \( \alpha \) test and it was found to be 85\%. The questionnaire consisted of closed ended questions and inquired about personal and socio-demographic data, use of self-medication and self-medication with analgesics during the six months preceded the study. Statistical analyses were performed by Statistical Package for Social Sciences version 18 (SPSS Inc., Chicago, Ill., USA) & Epi-Info programs. Both descriptive and analytic statistics were done.

\section*{RESULTS}

The total sample amounted to 504 participants with a mean of 22.9 ± 1.2 years. Male to female ratio was almost equal (1.08: 1). The majority of participants were Saudi (92\%) and single (89.1\%). Most of the students & interns lived with their families (81.5\%) and with enough family income (98.6\%).

About three-fourths (75.2\%) of participants reported using self-medications during the 6 months preceded the study. Table-I shows that analgesics were the most frequently (55.4\%) self-medication used by medical students and interns. This is followed by antipyretics (29.0\%), antihistaminic (27.0\%) and antibiotics (25.8\%).

Table-II reveals that participants aged > 21 years had a significantly higher prevalence of using analgesic self-medication compared to others \((X^2 = 6.35, p <0.01)\). The prevalence of use was also increased by increasing academic year with the highest level among the sixth year students (OR=2.15, 95\% CI: 1.31-3.56). On the other hand, there is no statistical significant difference between gender and use of analgesic self-medication.

Predictors of utilization of analgesic self-medication, after controlling confounding factors

<table>
<thead>
<tr>
<th>Drug</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesics</td>
<td>279</td>
<td>55.4</td>
</tr>
<tr>
<td>Antipyretics</td>
<td>146</td>
<td>29.0</td>
</tr>
<tr>
<td>Anti-histaminic</td>
<td>136</td>
<td>27.0</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>130</td>
<td>25.8</td>
</tr>
<tr>
<td>Nutritional supplements</td>
<td>106</td>
<td>21.0</td>
</tr>
<tr>
<td>Anti-inflammatory</td>
<td>88</td>
<td>17.5</td>
</tr>
<tr>
<td>Antacids</td>
<td>77</td>
<td>15.3</td>
</tr>
<tr>
<td>Others</td>
<td>106</td>
<td>21.0</td>
</tr>
</tbody>
</table>

N.B. Each question was separately asked (mutually exclusive)
is presented in Table-III. Students living with their families & those aged > 21 years had about twice the risk of using analgesic self medication compared to others. Students who had non-professional working fathers had about 1.5 risk of utilizing analgesic self-medication (aOR =1.55; 95% CI: 1.01-2.38).

Study respondents reported that the most common symptoms for using self-medication with analgesics were headache (33.6%), followed by common cold (17.5%), dysmenorrhea (13.8%) and bone and joints pain (5.3%).

The study showed that among participants who used analgesic self medication, Non Steroidal Anti-inflammatory Drugs (NSAIDs) were utilized by 49.6% and 47.2% used acetaminophens. The majority (86.7%) of participants who used self-
medication with analgesics didn’t encounter side effects while 13.3% reported side effects.

The causes which lead participants to use analgesic self-medication were that the problem was not serious (35.4%), previous experience with the same drug (27.2%), lack of time (15.1%), urgency of problem (12.1%), cost of consultation (4.3%), advice from friend (3.9%) and unavailability of transportation (2.0%).

**DISCUSSION**

The present study revealed high prevalence (75.2%) of self-medication by medical students and interns in KAU. This agrees with results from an Indian study done among first and third year medical students (76.3%). On the other hand, these rates are much higher than rate reported among population aged ≥ 16 years from Spain (12.7%). This discrepancy may be attributed to differences in the duration of reporting of self-medication, sample size, target populations or the level of knowledge about self-medication.

Our study showed that the prevalence of self-medication with analgesics was 55.4%. Some higher rates were reported among university students from Iran, from Egypt and among 14 year medical students from Bahrain. These higher rates may be attributed to differences in sample size, gender selection or the type of the target populations.

On the other hand, a lower rate (38.8%) was reported among undergraduate nursing students from Brazil. This variation could be due to the differences in the study population. As the majority of the Brazilian were females. This may be also attributed to success of the Brazilian Health Surveillance Agency which has some regulations regarding monitoring advertisement which may help prevent problems such as self-medication.

The present study showed that the prevalence of use of analgesic self-medication was higher among participants aged > 21 years compared to others. This might be because older students feel that they are able to self-medicate themselves with analgesics as they studied pharmacology. This result goes in line with results of Awad, et al.

In the current study, students of the senior academic years (6th year) used self-medication more than juniors. Other studies also reported the same results which are most probably due to increase in the level of medical knowledge and public health clinical training. On the other hand, some other studies showed no relationship between academic year and self-medication.

Students who lived with their families used analgesic self-medication more often than students lived in dormitory. On the other hand, the Spanish study showed that self-medication was more prevalent among persons who lived alone. The reason of this difference could be because students lived with their families in the current study may be influenced by their parents knowledge, attitude and practice regarding self-medication compared to students lived alone. In contrast to the previously reported studies, we did not find any significant difference between gender and the use of analgesic self-medication.

Regarding the types of analgesics used NSAIDs and acetaminophen were the most common types of analgesics used by the students. This coincides with results of the previous studies. Headache followed by common cold were the most commonly reported complaints in the 6 months period prior to the study, which is similar to that mentioned by 14 year medical students in Bahrain and university students of Brazil.

The most common (35.4%) cause of use of analgesic self-medication in the current study was the non-serious problem which agrees with other studies. The study of Awad, et al. reported that the participants used pharmacies because they are of a lower cost compared to other health care facilities. Students from Brazil and India perceived that time saving were the most reason for using self-medication. These results also coincide with our results.

**CONCLUSION**

High prevalence of self-medication and self-medication with analgesic prevails among medical students and interns in KAU. Older students, higher educational year, non-professional working fathers and living with families are predictors of analgesic self-medication use. Drug utilization among young adults needs improvement through educational, regulatory and managerial strategies. Researchers, public health practitioner and decision makers need
to establish educational programs on analgesic self-medication. There is an urgent need to develop strict policies and legislations to prohibit the supply of drugs without prescription except the drugs that can be utilized safely as OTC. More studies are needed among general population to explore the various factors affecting self-medication.

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REFERENCES


Authors’ Contribution:

NKH: Design, write, revised, editing and final approval of manuscript.
BMA: Design, did data collection and analysis, and manuscript writing.
WOB: Did data collection, data entry, helped in writing.
RMA: Design, did review of manuscript.