

## PP 36 - A Follow up Study on Antibiotic Compliance of Those Who Take Antibiotic from Outdoor Pharmacy of Teaching Hospital Karapitiya

Gamage T.D.<sup>a#</sup>, Mahinda K.D.<sup>b</sup>

<sup>a</sup>*Department of Pharmacy, Faculty of Allied Health Sciences, University of Ruhuna, Galle, Sri Lanka*

<sup>b</sup>*Department of Physiology, Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka*

<sup>#</sup>*Corresponding author: thrkdpti@gmail.com*

**Background:** Any substance that inhibits the growth and replication of a bacterium or kills it outright can be called as an antibiotic. Misuse of antibiotic lead to global health problem such as antibiotic resistance. The reduction of patient compliance leads to irrational use of antibiotics.

**Objectives:** To study the adherence to antibiotic regimens by patients who take antibiotic from outdoor pharmacy in THK and to identify common types of malpractices leading to non-adherence to the regimens.

**Methodology:** A descriptive cross sectional study was conducted. Patient data were collected in OPD in THK, when patient collect antibiotics from pharmacy. After three days, patient compliance was collected using telephone conversation.

**Results and conclusions:** 43.9% of participants were males. 56.4% of participants were females. 62.35% of participants responded to the follow up telephone calls. 45% of participants showed overall good compliance to the regimen. There was no relationship between socio-demographic data of patients and compliance to the regimen. Better compliance was found with bd (60%) than tds (47.3%) and qds (33%) antibiotic formulations. The antibiotic type with highest compliance was Ciprofloxacin (63.9%). Erythromycin was the antibiotic with least patient compliance. The major reasons for noncompliance were forgetfulness (30.9%), side effects (13.1%), deliberately avoiding (11.4%) and family commitments (11.4%). Overall compliance for antibiotic was unsatisfactory. With the increase of the frequency of regimen, the patient compliance decreased. The patient compliance depended on the complexity of the regimen and the type of the antibiotic. Socio-demographic data was not influenced by the patient compliance. The major reasons for noncompliance were identified as forgetting to take a dose, experience of side effect, family commitments and deliberately avoiding.

**Keywords:** Antibiotics, compliance, counseling, practices