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Prescribing Patterns and Costs of Antihypertensive Medications in Secondary Care Hospitals of Galle District, Sri Lanka

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Hypertension is a major risk factor for the development and mortality of cardiovascular diseases, representing a significant public health issue both locally and globally. Its prevalence is increasing in Sri Lanka due to aging, urbanization, and lifestyle factors. To improve treatment outcomes and promote rational drug use, it is essential to evaluate prescribing patterns and the associated costs of antihypertensive medications in the public healthcare system. This study aimed to assess the prescribing patterns and treatment costs of antihypertensive medications in selected secondary healthcare facilities in Galle District. A hospital-based retrospective cross-sectional study was conducted in three randomly selected hospitals. Primary data were collected from patient interviews and records using structured data collection forms and analyzed using SPSS. Descriptive and inferential statistics, including the Chi-square test, were employed. A total of 349 hypertensive patients from Balapitiya (n=144), Elpitiya (n=148), and Unawatuna (n=57) hospitals were included. Antihypertensive medications were categorized into six classes, with Angiotensin II Receptor Blockers—mainly Losartan (72.20%)—being most frequently prescribed, followed by Beta Blockers (35.50%), Calcium Channel Blockers (33.20%), Diuretics (31.20%), Alpha Blockers (13.20%), and ACE inhibitors (11.50%). The mean monthly cost per patient was LKR 373.97, and affordability perceptions were positively correlated with income ($p < 0.05$). Drug availability varied (ARB/Diuretics: 100.0%, ACEi/BB:97.5%, CCB:84.5%, AB: 0.0%), occasionally requiring patients to purchase medications privately. Prescribing practices adhered 100% to national guidelines, with elderly patients (*geq*65 years) preferentially receiving ARBs. Monotherapy was prescribed in 53.3% of patients, dual therapy in 33.8%, and polytherapy in 12.6%, resulting in an overall polypharmacy prevalence of 53%. In conclusion, prescribing patterns in secondary care hospitals in Galle District largely aligned with national and international guidelines. Regular monitoring and the promotion of cost-effective medications may enhance rational drug use and reduce healthcare expenditures.

Keywords: Antihypertensive drugs, Drug cost, Galle district, Hypertension, Prescribing patterns