Global Journals La Journal KaleidoscopeTM

Artificial Intelligence formulated this projection for compatibility purposes from the original article published at Global Journals. However, this technology is currently in beta. Therefore, kindly ignore odd layouts, missed formulae, text, tables, or figures.

Patients Attitudes and Beliefs about using Drugs for Sore Throat in Primary Care

Dr. MuhteAem Erol Yayla¹ and Dr. Elif Binen Yilmaz²

¹ Ministery of health, Turkey

Received: 11 December 2012 Accepted: 31 December 2012 Published: 15 January 2013

$_{7}$ Abstract

15

16

17

23

24

25

26

27

28

31

33

40

- 8 Sore throat is a symptom developes by inflammation of pharynx, tonsilla and nasopharynx. In
- 9 this survey, we investigate, patients' beliefs and attitudes towards receiving prescription for
- o sore throat in a primary care center. Materials and Methods: We enrolled 300 patients
- 11 attending to two family medicine centers in Afyon and in Adana, for sore throat between
- 1.12.2012 and 31.12.2012. All participants were informed about the content of the survey; and
- 13 after obtaining concent of the survey, questionnaire with 8 questions were given. Results: We
- enrolled eligible 173 female (57,7

Index terms— pharyngitis, drug utilization, drug prescriptions.

1 Introduction

ore throat is a symptom developes by inflammation of pharynx, tonsilla and nasopharynx. Adults have upper respiratory infection for 2 to 4 times per year, and children have 6 to 8 times per year during the colder months of the year (1). Viruses are the cause of 50% to 80 % of sore throat caused by infections including influenza and herpes simplex virus. Additional 1-10 % infection cause is EBV. 5-36% infection cause is group A beta haemolytic streptoccus which is the most common bacterial infection cause (2).

Researchs show that there are many misconceptions among the general public regarding the effectiveness and appropriate indications for the use of Author? : Family Medicine Specialist, Family Medicine Center No:5 /Afyon, Turkey. E-mail: meyayla76@yahoo.com Author? : Family Medicine Specialist, Sar?çam Family Medicine Center /Adana, Turkey.

antibiotics. [3] On the other hand, GPs are overestimating the number of patients who are actually demanding antibiotics. Studies suggest that this overestimation of "patients' prescribing pressure" is largely based on patients' concerns about the seriousness of their disease (4,5).

Studies investigating knowledge about antibiotic treatment issues among the general public are not much (6)(7)(8)(9)(10)(11)(12). In our survey, we investigate, patients' beliefs and attitudes towards receiving prescription for sore throat in a primary care center.

2 II.

3 Methods

We enrolled 300 patients attending to two family medicine centers in Afyon and in Adana, for sore throat between 1.12.2012 and 31.12.2012. All participants were informed about the content of the survey; and after obtaining concent of the survey, questionnaire with 8 questions were given. All participants answered questions by themselves. All questions had one answer except 3rd question. Participants were free in answering multiple in this question.

Limitations of Study: Study was performed just among patients that is not illeterate.

4 III.

5 Results

We enrolled eligible 173 female (57,7%), 127 male (42,3%) patients attended to primary care. 132 patients (44%) were 21 to 30 years old, 71 patients (%23,7) were 31 to 40 years old, 59 patients (%19,7) were 10 to 20 years old, 38 patients (%12,6) were over 41 years old.

88 patients (29,3%) were graduaded from high school, 85 (28,3%) were graduaded primary school, 65 (21,6%) were graduaded univercity or vocational high school and 62 (20,7%) were graduaded from secondary school.

Question 1 and 2 were about if patients find antibiotics and gargles/mouthwashes and sprays benificial in every sore throat. 179 patients (59.7%) found antibiotics beneficial in every sore throat, 172 patients (57.3 %) found gargles/mouthwashes and sprays beneficial in every sore throat.

Question 3 was looking for an answer to "Even though your doctors advice you not to use, in which conditions you would like to use antibiotics?" .136 patients (45.4%) notice complete thrust in their phsician and answer this as "I do not use antibiotics if doctors find it inappropriate". Excessive fatigue (n=56, 18.7%), fever (n=38, 12.7%), cough (n=23, 7.7%), sputum (n=17, 5.7%), sore throat (n=16, 5.3%), inflammation (n=8, 2.7%), if I have to (n=6, 2%) were the other answers.

56 In57 IV.

6 Discussion

General practice consultation data indicate that young women have a higher consultation rate than other groups of patients (13). Our attending patients' rates of women/men ratio (173/127) and age group (44% patients were 21 to 30 years old) were consistent with this data.

Half of our subjects (50,9%) were graduaded from high school or higher grades. While patients' answering questions about what they really think about doctors' prescribing drugs were important, so illeterate subjects did not enrolled in the study and let participants answer questions by themselves.

Absence of cough, swelling and enlargement of anterior cervical lymph nodes, sore throat, ?38,3 fever(100.9 F), exudate of tonsillas and pharynx, exposure to Streptococcus in two weeks leads to group A streptococcus infection. Palatale petechia, scarlatiniforme rush are highly spesific but unfrequent findings. Sometimes swollen uvula may be encountered. Cough, rhinorrhea, conjuntivitis and diarrhea are frequent in viral pharyngitis (14).

Excessive fatigue for 18.7~% of subjects and cough for 7.7~% participants are known as an indication for antibiotic usage, even though their doctors advice versus. Fever is also in favor of antibiotic prescription as 12.7~% subjects assume likewise.

Even though most causes of sore throat is virus, most of participants (59,7%) were believing that antibiotics are effective in every sore throat, but contradiction to that, as seen on 3rd and 4th questions, they count on their physicians prescription appropriateness.

V.

7 Conclusion

Turkish primary care patients living in the rural parts of those two cities count on their doctors mostly, but yet they need to be informed about antibiotic indications in sore throat.

Figure 1: Table 1:

¹⁽⁾B

?	n	%
Yes	179	59.7
I am not sure	97	32,3
No	12	4
Sometimes	11	3,7
I am not using antibiotics for sore throat	1	0,3
2.Do you find beneficial to use gargles/mouthwashes and sprays?	N	%
Yes	172	57,3
I am not sure	60	20
No	41	13,7
Sometimes	22	7,3
I am not using gargles/mouthwashes and sprays for sore throat	5	1,7
3		

Figure 2: 1.Do you think antibiotics are beneficial for every sore throat

	N	%
I don't use antibiotics if doctors find it inappropriate	136	45,4
Excessive fatigue	56	18,7
Fever	38	12,7
Cough	23	7,7
Sputum	17	5,7
Sore throat	16	5,3
Inflammation	8	2,7
If I have to	6	2
4.Do doctors prescribe in suitable conditions?	N	%
They prescribe for suitable conditions	228	76
They prescribe all the time	29	9,7
I am not sure	21	7
They prescribe for inappropriate conditions	18	6
I don't use antibiotics	4	1,3
5.		

Figure 3: .Even though your doctors advice you not to use, in which conditions you would like to use antibiotics?

	\mathbf{n}	%
They prescribe for suitable conditions	233	77,7
They prescribe all the time	33	11
I am not sure	14	4,7
They prescribe for inappropriate conditions	12	
I don't use gargles/mouthwashes and sprays	8	

Figure 4: What do you think about your doctors' attitude of prescribing gargles/mouthwashes and sprays?

- [Belongia et al. ()] 'Antibiotic use and upper respiratory infections: a survey of knowledge, attitudes, and
 experience in Wisconsin and Minnesota'. E A Belongia , T S Naimi , C M Gale . Prev Med 2002. 34 p.
 .
- [Mcnulty et al. ()] 'Don't wear me out-the public's knowledge of and attitudes to antibiotic use'. C A Mcnulty , P Boyle , T Nichols . J Antimicrob Chemother 2007. 59 p. .
- [Wutzke et al. ()] 'Evaluation of a national programme to reduce inappropriate use of antibiotics for upper respiratory tract infections: effects on consumer awareness, beliefs, attitudes and behaviour in Australia'. S

 E Wutzke , M A Artist , L A Kehoe . Health Promot Int 2007. 22 p. .
- 87 [General Practitioner Workload (2004)] General Practitioner Workload, (London) April 2004. 2004. Royal College of General Practitioners.
- [Petursson ()] 'GPs' reasons for "nonpharmacological" prescribing of antibiotics. A phenomenological study'. P
 Petursson . Scand J Prim Health Care 2005. 23 p. .
- [Pelucchi et al. ()] 'Guideline for the management of acute sore throat'. C Pelucchi , L Grigoryan , C Galeone ,
 S Esposito , P Huovinen , P Little , T Verheij . Clin Microbiol Infect 2012. 18 p. . (Suppl. 1)
- [Wilson et al. ()] 'Public beliefs and use of antibiotics for acute respiratory illness'. A A Wilson , L A Crane , P
 H Barrett . J Gen Intern Med 1999. 14 p. .
- [Cals et al. ()] 'Public beliefs on antibiotics and respiratory tract infections: an internet-based questionnaire
 study'. J W Cals , D Boumans , R J Lardinois , R Gonzales , R M Hopstaken , C C Butler , G J Dinant . Br
 J Gen Pract 2007. 57 p. .
- ⁹⁸ [Cals et al. ()] 'Public beliefs on antibiotics and respiratory tract infections: an internet-based questionnaire study'. J W Cals , D Boumans , R J Lardinois . *Br J Gen Pract* 2007. 57 p. .
- [You et al. ()] 'Public knowledge, attitudes and behavior on antibiotic use: a telephone survey in Hong Kong'. J H You , B Yau , K C Choi . *Infection* 2008. 36 p. .
- [Curry et al. ()] 'Public views and use of antibiotics for the common cold before and after an education campaign in New Zealand'. M Curry , L Sung , B Arroll . $N \ Z \ Med \ J \ 2006. \ 119 \ p. \ U1957.$
- [Ebell et al. ()] 'The rational clinical examination. Does this patient have strep throat'. M H Ebell , M A Smith , H C Barry , K Ives , M Carey . JAMA~2000.~284~(22)~p. .
- [Ebell et al. ()] 'The rational clinical examination. Does this patient have strep throat?' M H Ebell , M A Smith , H C Barry , K Ives , M Carey . JAMA 2000. 284 (22) p. .
- [Kumar et al. ()] 'Why do general practitioners prescribe antibiotics for sore throat? Grounded theory interview study'. S Kumar, P Little, N Britten. BMJ 2003. 326 p. 138.