

## EDITORIAL

### **Self-medication with NSAIDs: A multivariate Concern for Chronic Diseases**

Self-medication is a common practice in Bangladesh as it provides a low-cost alternative for people, which involves inappropriate and injudicious use of medicines to treat self-recognized symptoms by the people. According to the World Health Organization (WHO), self-medication is explained as “the selection and use of medicines by individuals (or a member of the individual’s family) to treat self-recognized or self-diagnosed conditions or symptoms<sup>1</sup>. Reasons commonly adducted for indulgence in self-medication include delayed access to healthcare centers, socio-cultural belief, relatively high cost of hospital treatment, previous experience of treatment of same symptoms, easy availability of drugs, poor regulatory practice, the urgency of feeling relieved, advice from friends and media.

Pain is the earliest symptom of the consequence of tissue injury, trauma that brings the patient to the physician and is treated with NSAIDs. The mainstay of treatment in acute and chronic inflammatory orthopaedic conditions like back pain, joint pain, muscular pain, generalized bodyache are treated with NSAIDs. Self-medication of NSAIDs like paracetamol, diclofenac etc. are prevalent in most parts of Bangladesh, regardless of socio-economic status and level of education<sup>2</sup>. Even among the medical students, anti-pyretic or analgesics like NSAIDs are the most common self-medication by medical students, whereas multivitamins are by non-medical students. The attitude and practice of undergraduate medical students towards self-medication is also high. The major reason seems to be self-confidence, because of their skills and medical knowledge gained from their medical study<sup>3</sup>.

Although the WHO the prevention and treatment of some minor pathological conditions at affordable cost, otherwise it may cause wastage of resources, resistance to pathogens, and serious health hazards with adverse drug reactions and prolonged morbidity.

Chronic and injudicious self-medication of NSAIDs may cause immediate or delayed effects on gastrointestinal (peptic ulcer diseases), renal (acute kidney injury), hepatobiliary (idiosyncratic toxicity), respiratory (exacerbation of asthma) systems. Geriatric patients are even more vulnerable to these effects as they suffer more frequently from musculoskeletal pain and degenerative process<sup>4</sup>.

In this issue, a cross sectional observational study is reported on the patients attending orthopedic outpatients who had practiced self-medication for chronic pain and their consequences on GIT, which is quite time worthy and relevant to the present practice in Bangladesh. In a developing country like Bangladesh, the practice of self-medication may provide an alternative for people as low cost to avoid the high cost of clinical services, and many drugs dispensed over the counter (OTC) without prescription. But it is gone beyond the OTC drugs and sometimes prescription-only drugs like antimicrobials, sedatives, hypnotics and strong NSAIDs also reported to be dispensed without prescription in many cases.

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