



Survey of the State of Knowledge on the Rational Drug Use

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DESCRIPTION

Rational Drug Use (RDU) is the process by which patients properly prescribe, dispense, and use drugs for the diagnosis, prevention, and treatment of disease. This includes rational prescribing i.e., good diagnostic practice and good prescribing practice, which means the process of ordering medicines safely, effectively and economically for the benefit of the patient, rational dispensing (adequate prescribing the process of providing the right drug to the right patient in or dosage, appropriate advice, clear patient instructions and good inventory practices) and reasonable application by the patient (patient adherence/compliance) [1].

Pharmaceuticals are an important component of healthcare and play a vital role in saving lives, but their use is a complex issue that affects physicians, pharmacists and patients as a whole. The World Health Organization (WHO) has developed an index to assess RDU practices in healthcare settings. These metrics are primarily prescription, medical facility, and patient care metrics. Improper prescribing and dispensing of medicines accounts for more than 50% of all medicines on the market, according to WHO, and the irrational use of medicines by patients poses many forms of health risks and lead to costs [2-4].

Irrational use is usually due to multiple prescribing and dispensing errors. The length of time the dispenser is in contact with the patient is an important factor affecting the quality of the patient care process. Therefore, it is recommended that the pharmacist/pharmacist ensure sufficient time to provide the patient with appropriate advice and medication dispensing so that the patient has a clear understanding of how to take the medication and significantly improves medication adherence.

In order to improve the RDU, patients must receive medications appropriate for their health status, in optimal doses, within sufficient time, and at a cost affordable to the individual and community. The ultimate goal of the RDU is to promote improved quality of drug care, minimize drug therapy costs, avoid avoidable side effects and drug interactions, maximize treatment outcomes, and improve patient adherence. Patients

should also receive optimal doses of the drug to meet their clinical needs, for a reasonable period of time, at an affordable price. This is made possible by the cooperation of the prescribing physician and the donor. Achieving an RDU ensures drug safety and efficacy by minimizing the incidence of adverse drug reactions (ADRs) and maximizing patient outcomes, thereby increasing patient compliance. , reducing patient-related costs [5].

Pharmaceuticals play an important role in health care in the prevention and treatment of disease and its progression in terms of protecting, maintaining and restoring health. In addition, the rational use of pharmaceuticals is required to improve the quality of health of individuals and society [6].

Irrational drug use is a serious global problem. This is the main reason for inappropriate treatment, disease progression, ADR events, rapid increase in drug resistance and additional treatment costs. An estimated 50% of pharmaceutical spending is wasted due to irrational prescribing, dispensing, and inappropriate use of pharmaceuticals by patients, impacting government budget allocations. Many factors are associated with IDUs. Polypharmacy, self-medication practices, and overuse of injectable are paramount. According to the world health organization, RDUs for the treatment of any disease require a logical approach and common sense with proper prescribing processes.

Prescription errors can be prevented, primarily at the prescription level, by identifying existing gaps in the field and taking appropriate action. Evidence showing problems related to prescribing practices is lacking in semi-urban and rural Ethiopia, and this evidence gap indirectly leads to adverse health-related outcomes. Due to the lack of primary health care data in Ethiopia, conducting this study is very important to fill the evidence gap.

REFERENCES

1. Mamo DB, Alemu BK. Rational drug-use evaluation based on world health organization core drug-use indicators in a tertiary

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- referral hospital, northeast Ethiopia: a cross-sectional study. *Drug Healthc Patient Saf.* 2020;12(22):15-20.
2. Dessie B, Atalaye G, Diress E. Practicetowards drug use at fino-finoselem and asirade zewudie hospitals based on WHO core drug use indicators, northwest Ethiopia. *Sci World J.* 2020; 5(7):1523-1527.
 3. Holloway KA. Combating inappropriate use of medicines. *Expert Rev Clin Pharmacol.* 2011; 4(3):335-348.
 4. Lenjisa JL, Fereja TH. A retrospective analysis of prescribing practices through WHO prescribing indicators at four selected hospitals of West Ethiopia. *J Bioanal Biomed.* 2014; 6(4):29-32.
 5. Agrawal A. Medication errors: prevention using information technology systems. *Br J Clin Pharmacol.* 2009; 67(6):681-686.
 6. Velo GP, Minuz P. Medication errors: prescribing faults and prescription errors. *Br J Clin Pharmacol.* 2009; 67(6):624-628.