

ABSTRACT

THE PRESCRIBING PATTERNS OF DOCTORS IN THE KINGSTON METROPOLITAN REGION OF JAMAICA

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Rising inflation and instability of the Jamaican dollar have impacted negatively on the health care of the Jamaican people. Prescription drugs constitute a major component of this health care expenditure. The Generic Act was introduced to promote the dispensing of generic drugs as affordable alternatives to brand-name drugs and seminars targeted doctors to practise rational prescribing of drugs.

This study examined the current prescribing practices of medical doctors with special regard to drug cost and generic prescribing. Six pharmacies were randomly selected from a list from the Pharmaceutical Association of Jamaica, stratified according to three locations. A total of 1020 prescriptions were analyzed for number of items, generics, antibiotics, analgesics, antihypertensives, antidiabetics and whether generic substitution or repeat was allowed.

A self-administered questionnaire was also delivered to 170 physicians practising in the Kingston Metropolitan Region who were chosen randomly from a list supplied by the Medical Association of Jamaica. The questionnaire elicited information on demographic characteristics, factors influencing prescribing decision, prescribing practice and attitude to generic law and generic prescribing, knowledge of 10 commonly used drugs and sources of information on drug costs.

Analysis of prescriptions showed the mean number of drugs prescribed was 1.2 per patient, antibiotics accounted for 30.9% of the components of prescriptions, 0.5 per cent had substitution and 6 per cent were repeat prescriptions. The percentage of drugs prescribed by generic name was 22.1 accounting for 34 per cent of prescriptions. There was no significant difference found by location of pharmacies (chi-squared=2.86, d.f.=2, p=0.24).

Doctors indicated that drug cost was the third most influential factor determining their prescribing decisions. More than 43% of doctors indicated that they prescribed generics most times. There were no significant difference found in the prescribing of generics between public and private sector doctors (chi-squared=2.42, d.f.=2, p>0.05). Most were ignorant of the Generic Law as well as of the estimated cost of drugs. Significantly more doctors working in the public sector only had positive attitudes toward generic prescribing than either doctors working in private sector only or in both sectors (chi-squared=7.94, d.f.=2, p=0.018865). The respondents agreed that generics were clinically equivalent and more affordable than brand-name drugs but felt that they lacked adequate information on generics.

The survey reaffirms the importance of continued medical education being made available and accessible to doctors on relevant health care issues so as to provide better service to patients through more cost effective means.