ABSTRACT

Keywords: Analgesic misuse, socio-demographic, prevalence, predictor, quality of life, Sikkim

Background: Inappropriate use of prescription medications without medical supervision has become a global problem and most commonly prescription analgesic misuse has emerged as an important public health issue. Studies have been conducted in other countries to explore and understand various socio-demographic profile, drug use characteristics etc. among the general population. However, little information is available from India describing the magnitude of analgesic misuse. Today a great deal of interest exists in assessing the health-related quality of life as an important aspect of treatment effectiveness with prescription drug misuse. The SF-36 Health Survey is a self-report measure assessing subjective health status along physical and mental health domains. Very few studies have been conducted in India that estimates the effects of analgesic misuse on quality of life.

Aim: This study was being conducted to understand various socio-demographic characteristics such as age, sex, religion, marital status, ethnicity, occupation, income, education, role of migration etc. of analgesic misuse and also aimed at estimating the prevalence of analgesic misuse and how it affects both physical and emotional quality of life in an urban area of East Sikkim among young adults of 15-40 years of age of either sex.

Methods: A pre-devised questionnaire on socio-demographic characteristics, population survey of analgesic misuse, brief pain inventory and SF-36 was administered to n=700 subjects after obtaining informed consent. Data was statistically analyzed using Statistical Package of Social Sciences software.

Results: Male participants (53.1%) outnumbered female (46.9%). Majority of the participants were literate (84.7%). Most of the participants were occupationally employed (66.8%), Nepali by ethnicity (58.6%), married (64.3%), and Hindu (67.0%) by religion. Significant statistical differences like source of income ($\chi^2 = 18.786$, p=0.003), type of accommodation ($\chi^2 = 6.733$, p=0.009), average monthly income ($\chi^2 = 11.576$, p=0.021), past 30 days incidence of smoking ($\chi^2 = 14.430$, p=0.001), pain in the past 30 days ($\chi^2 = 23.282$, p<0.001), body mass index ($\chi^2 = 140.224$, p<0.001) were reported. Prevalence of analgesic misuse was found to be 13%. Mostly tablets (92.3%) were being consumed, without prescription (75.8%) and only one analgesic was being used (63.7%) in the past month. Majority of the participants didn’t change analgesics ever (89.0%) and never undergone any treatment for pain (83.5%). Majority of the participants were unaware of the effects of analgesic use (94.5%). Almost 25.6% of the population reported some pain. Significant difference among analgesic misusers and non-misusers in measures like general health ($\chi^2 = 13.190$, p=0.001), compared to 1 year ago, health condition now ($\chi^2 = 8.379$, p=0.015), emotional health-depression ($\chi^2 = 13.811$, p=0.001), emotional health-felt dumped ($\chi^2 = 6.065$, p=0.048), emotional health-lot of energy ($\chi^2 = 13.190$, p=0.001), emotional health-worn out ($\chi^2 = 6.325$, p=0.042) was observed.

Conclusion: Several socio-demographic and lifestyle factors predicted analgesic misuse. Thus, in our study we reject the Null Hypothesis and accept the Alternative Hypothesis that there is a difference between analgesic misuse and the predictors causing misuse of analgesics. Most of the analgesics misused were in tablet form and were obtained without prescription and self-medication was prevalent and very few participants undergone any treatment for pain. This study could identify a subset of participants with ethnic variations, analgesic misuse and possible overweight with chronic pain predicting low QoL. Thus the study provides evidence that analgesic misuse and chronic pain predicts poorer Quality of Life.