UNIVERSITI TEKNOLOGI MARA

PATTERN OF ANTIHYPERTENSIVE DRUGS UTILIZATION, COMPLIANCE AND DIRECT COST EVALUATION IN SHAH ALAM HEALTH CLINIC

MUHAMAD FAHMI BIN JAMIL

Dissertation submitted in partial fulfillment of the

requirements for the

Degree of Bachelor of Pharmacy (Hons.)

Faculty of Pharmacy

August 2009

ACKNOWLEDGEMENT

Upon completion of my thesis I would like to honor those who have helped me a lot and to those who have directly or indirectly contributed to this study. I hereby feel gladly to thank to my dearest research supervisor, Prof Mansur Mohamad bin Manan who had been actively involved and shared his ideas on this final project. His brilliant ideas on costing analysis had widely opened up my point of view on clinical research. Thanks also to Mr Long who had been once my research supervisor before being replaced by Prof Mansur, he also had helped me a lot on acquiring raw resources and literature reviews. Not to forget to my research colleague, Nurliah and my roommate, Mr. Sariki Nazri who has always been a helping hand.

ABSTRACT

Objectives: To examine the prescribing patterns, particularly antihypertensive and other comorbidities drugs, in a general government health care setting and to evaluate the expenditure incurred as well as adherence towards antihypertensive regimens. Methods: questionnaire-based study was conducted to evaluate compliance and prescriptions from a general medical outpatient clinic were collected for 1 week. Drug expenditures were calculated. Results: A total of 2138 prescriptions containing 917 items were collected. Antihypertensive and other comorbidities drugs accounted for 25.35% and 17.54% usage, respectively. CCBs, ACE inhibitors and BBs were the most popular antihypertensive. drugs used. Sulphonylureas were the most frequently prescribed antidiabetic agents. Memory, duration of therapy and age were significantly associated with compliance. Average cost per prescription was RM12 with amlodipine accounts for the highest usage with cost of RM 879499.68 ± 69625. Conclusion: The use of more expensive agent like amlodipine has further increased drug expenditure. Monitoring drug usage and their correlations with clinical outcomes are warranted. Counseling should be conveyed more effectively to improve patient compliance regardless their poor memory, duration of therapy or age factors.

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CHAPTER 1:

INTRODUCTION

1.0 Background

Hypertension is commonly considered to be a chronic resting blood pressure higher than 140/90 (Kenneth S.Saladin, 2007). It is one of the major killers in the modern world and one of the great ironies of the disease is that it has little or no immediate effect on affected individuals' quality of life (A. Douglas Bremner, 2003). Nevertheless, hypertension or high blood pressure is among the most common chronic medical conditions, affecting more than 65 million individuals in the United States. Approximately $37 billion is spent annually for medications, office visits, and laboratory tests related to hypertension treatment (Gu, Qiuping MD et al, 2006).

It is a major risk factor for cardiovascular disease (CVD), the leading cause of death for all industrialized societies, which includes coronary heart disease (CHD), heart failure and stroke. Race is not a scientific category, but a demographic term used by social scientists, historians, politicians and others (Keith C. Ferdinand et al, 2008).