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Original Research Article

Self-medication practices among dental undergraduates: A cross-sectional study

Sahil Gupta¹ , Mukesh Kumar² , Geetika Gupta² , Priya Verma^{2*} , Mahvish Iftkhar² , Sagarika Surya²

¹Dept. of Physiology, Pandit Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences, Rohtak, Haryana, India

²Dept. of Periodontology and Implantology, Himachal Institute of Dental Sciences, Paonta Sahib, Himachal Pradesh, India

Abstract

Introduction: Self-medication is the selection and use of non-prescribed medicines by individuals' own initiatives to treat self-recognized illnesses or symptoms. It has been a natural tendency of mankind at all times to relieve their discomfort.

Aim: The present study aimed to evaluate the self-medication practices among dental students.

Materials and Methods: A questionnaire study was conducted on 287 dental students from BDS II to BDS IV and interns through questionnaire survey form, self-developed and pre-validated consisting of open and closed-ended questions. Out of which 195 questionnaires were duly filled and analysed.

Results: Among respondents, 50.8% were practicing self-medication. Primary reason for it was fever (67.2%) followed by headache (60.5%) and cold/cough (55.4%). Antibiotics (53.8%) followed by antipyretics (50.8%) are most frequently drugs used. Most common reason not to see a doctor was that they previously have had the symptoms so they already knew what to take (66.2%).

Conclusion: The fact that being a healthcare student was associated with higher medication knowledge, suggesting that medication knowledge might contribute to increase self-medication practices.

Keywords: Self-medication practices, Dental undergraduates, Over-the-counter medication, Medication knowledge, Antibiotic self-use.

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1. Introduction

Self-medication is defined as obtaining and consuming drugs without the advice of a doctor either for diagnosis, prescription or surveillance of treatment.¹ Self-medication is often seen as advantageous because it empowers individuals to take an active role in managing their acute health conditions.^{2,3} Recently, there has been a growing trend of self-medication, with nonprescription (over-the-counter (OTC)) drugs becoming more widely available in pharmacies and retail stores.^{4,5}

Some believe that responsible self-medication can be cost-effective, potentially life-saving in acute situations, and help save time that would otherwise be spent waiting to consult a doctor.^{2,6,7} However, responsible self-medication carries certain risks. It can lead to additional health complications and increased out-of-pocket costs, as any negative effects may require professional medical care. Published articles have reported that common over-the-counter (OTC) medications have been associated with adverse health reactions⁷ or fatalities.^{8,9} Additionally, Hughes et al.,¹⁰ have pointed out that self-medication can sometimes shift to the use of prescription drugs without a prescription or lead to improper drug use, such as misdiagnosis, incorrect dosages, or inappropriate treatment duration. These practices can result in irrational drug use, delayed medical consultation, and an increased risk of side effects and drug interactions.^{10,11}

It has been discovered in numerous studies that improper self-medication wastes resources, makes infections more resistant, and generally carries major health risks such as unpleasant drug reactions, protracted suffering, and drug dependence. Conversely, when used correctly, self-medication can quickly alleviate urgent medical issues, reduce waiting times for medical attention, be cost-effective, and in certain cases, even save lives.¹² The benefits of responsible self-medication as self-care have been acknowledged for individuals, healthcare practitioners, governments, and the pharmaceutical industry.^{10,12}

Self-medication amongst students is a global problem.^{11,13-17} Studies in India report a rising incidence.¹⁸⁻²⁰ The students, especially medical and dental undergraduates are more involved in the self-medication practice as they are empowered with good knowledge of drugs, diseases and have greater access to medicine.²¹ Recent studies have shown a greater prevalence of self-medication among medical and dental students.^{22,23} Since dental students will eventually be prescribing drugs, it's crucial to assess how wisely they're using medications themselves. Their exposure to disease and drug knowledge sets them apart from the general population. With their understanding of common medications and pharmacology taught in their courses, i.e., in BDS II Year, there's a significant risk that dental students might resort to self-medication practices. This research seeks to understand if dental students commonly self-medicate

*Corresponding author: Priya Verma

Email: priyaverma3031999@gmail.com

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for everyday health issues. There is limited information on how often dental students in India resort to self-medication practices. Thus, the study aims to fill this gap by determining the extent of self-medication practices among dental students.

2. Materials and Methods

During May 2024, research was conducted among the dental students of Himachal Institute of Dental Sciences, Paonta Sahib, Himachal Pradesh, India. The method used to collect responses was a self-designed, online questionnaire google form containing open and closed-ended questions. There were 23 questions in total in the form. The study was approved by Institutional Ethics Committee of Himachal Institute of Dental Sciences, Paonta Sahib, Himachal Pradesh, India (Ref. No. HIDS/PAO/).

Students of BDS II Year to BDS IV Year and interns were included in the study. The link for the questionnaire google form was forwarded to each student during classroom session arranged for the students BDS II Year to BDS IV Year through email. An additional classroom session was scheduled after regular college hours specifically for interns. Prior to answering the questionnaire, the students were provided with a concise overview of the study's purpose and objectives.

The link to the questionnaire was shared with all BDS II to BDS IV Year students and interns, totalling 287 participants. Participation was ensured to be anonymous and voluntary. Clear and appropriate instructions were provided to guide participants on how to fill out the questionnaire effectively. Out of the total, 195 students responded to the questionnaire, while 92 students opted not to participate in the study.

The data obtained was compiled and organized using a Microsoft Excel spreadsheet. Data analysis was done.

3. Results

A total of 195 out of 287 students responded to the questionnaire, resulting in a response rate of 67.9%. The respondents were aged 19–26 years, comprising 36 males and 159 females. Regarding the last visit to a physician, 78 (40.0%) participants reported that they had not visited a physician for more than one year, followed by 60 (30.8%) who had visited within the last 1–2 months, and 57 (29.2%) within 2 months to 1 year (Table 1). Approximately 50.8% (99/195) of the respondents reported practicing self-medication without consulting a doctor (Figure 1). Furthermore, 67.7% (132/195) stated that they had purchased medicines without a prescription (Figure 2). The analysis of the type of medicines used revealed that 57.9% of participants preferred branded medicines, whereas 29.7% used generic medicines, and 23.1% were unsure of the type of medicines they used (Figure 3). The most common reason for self-medication was that participants had previously experienced similar symptoms and therefore knew what medication to take (66.2%), followed by the belief that there was no need to consult a doctor for a simple illness (28.2%). Other reasons included quick relief, saving time, physician inaccessibility, and lower treatment costs. As respondents could select more than one option, the percentages exceed 100% (Figure 4). Regarding sources of information about medicines, pharmacists/chemists (47.2%) were the most frequently reported source, followed by books (46.2%), family members (35.4%), and old prescriptions

(31.3%) (Figure 5). The most common conditions for which students practiced self-medication were headache (60.5%), cold and cough (55.4%), allergy (35.4%), fever (31.8%), and muscle cramps (25.6%), with participants allowed to choose multiple responses (Figure 6). Among the medicines used for self-medication, antibiotics (53.8%) were the most frequently used, followed by antipyretics (50.8%), vitamins (47.2%), cough syrups (47.2%), analgesics (39.0%), and anti-allergic drugs (31.3%). The use of proton pump inhibitors and antacids was comparatively low (Figure 7). The practice of self-medication was further analyzed in relation to gender, educational level (BDS I–IV year and internship), distance to the nearest medical store, and the last visit to a physician. Chi-square analysis demonstrated no statistically significant association between self-medication practices and gender, distance to the nearest medical store, or the last physician visit ($p > 0.05$). However, significant differences were observed according to the year of study ($p = 0.011$), with students in BDS III year practicing self-medication more frequently than those in other academic years. Additionally, BDS II year, BDS IV year, and interns demonstrated significantly greater knowledge regarding drug interactions than BDS I year students ($p < 0.001$).

Figure 6 shows that the top reasons for self-medication practices among students were fever (67.2%), followed by headache (60.5%) and colds/cough (55.4%). Figure 7 indicates the most frequently used medicines for self-medication practices. The medicines most often used were antibiotics (53.8%), followed closely by antipyretics (50.8%), vitamins (47.2%) and cough syrups (47.2%).

Do you take medicines on your own without seeing a doctor?

195 responses

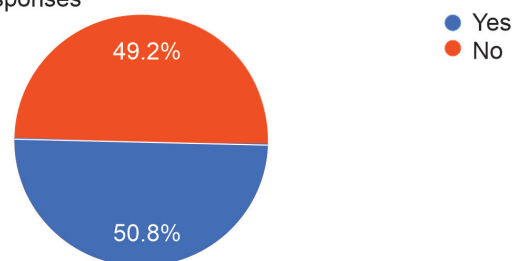


Figure 1: The data obtained was compiled and organized using a Microsoft Excel spreadsheet. Data analysis was done.

Have you ever bought a medicine without prescription?

195 responses

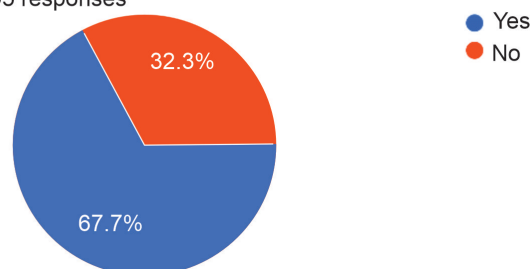


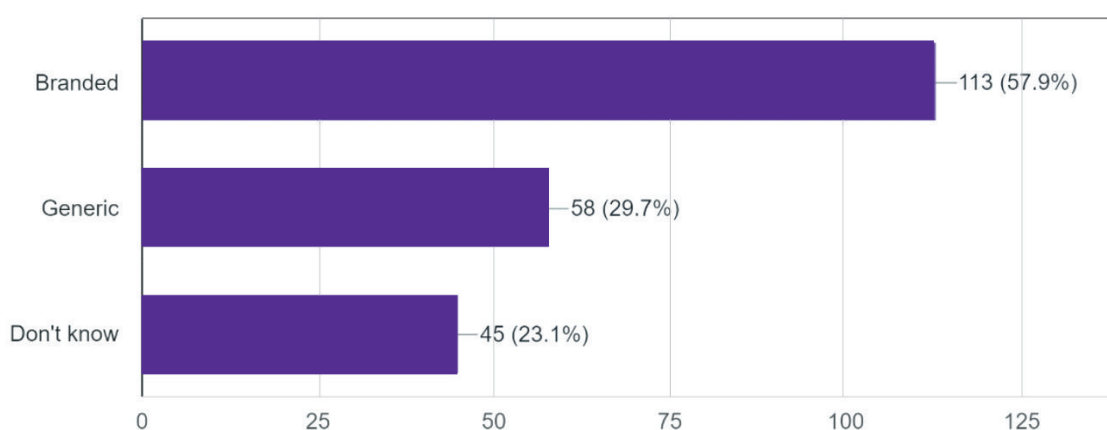
Figure 2: Distribution of participants who purchased medicines without a prescription.

Table 1. Distribution of participants according to the time since their last visit to a physician.

	Frequency
Gender	
Male	36 (18.5%)
Female	159 (81.5%)
Year of Education	
BDS II	54 (27.7%)
BDS III	55 (28.2%)
BDS IV	47 (24.1%)
INTERNS	39 (20%)
Distance to Nearest Medical Store	
< 1KM	13 (6.7%)
> 1KM	182 (93.3%)
Last visit to a Physician	
1–2 Months	60 (30.8%)
2 Months to 1 Year	57 (29.2%)
More than 1 Year	78 (40%)

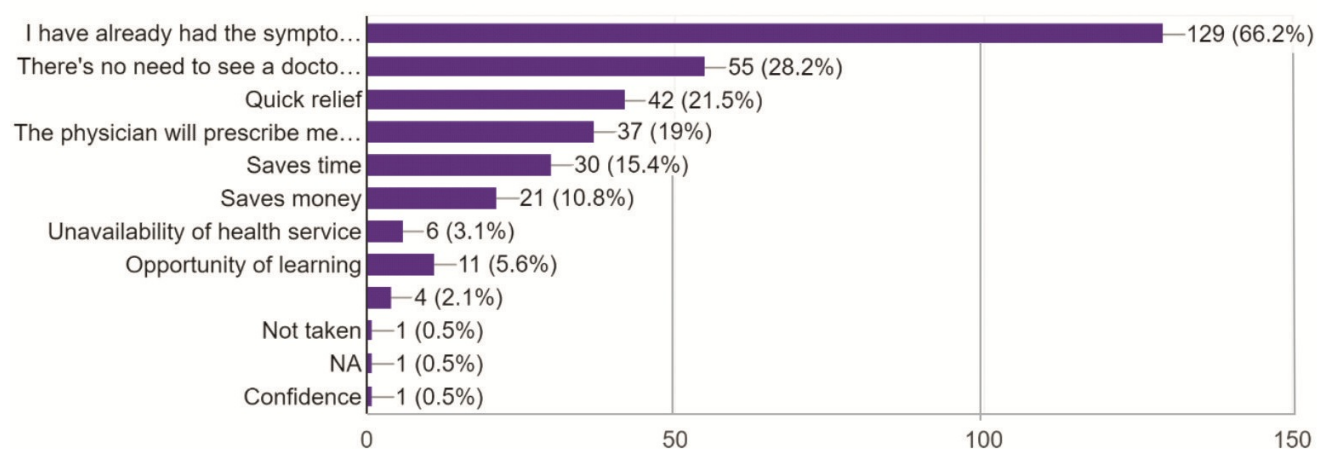
Which type of medicines do you use?

195 responses

**Figure 3:** Types of medicines used by participants for self-medication (branded, generic, or unknown).

Reasons of self-medication (in case you have taken medicine without seeing a doctor)

195 responses

**Figure 4:** Reasons reported by participants for practicing self-medication without consulting a doctor (Multiple responses were permitted).

What is your prime source of information about medicines?

195 responses

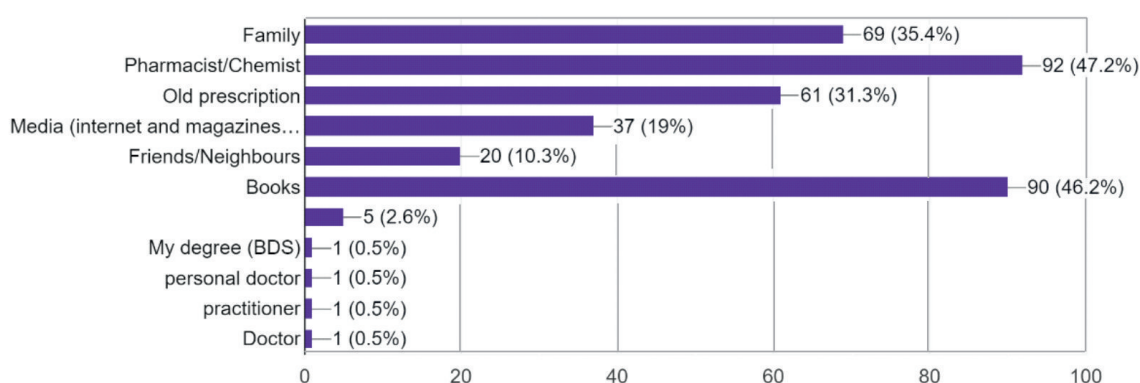


Figure 5: Primary sources of information about medicines among the study participants (Multiple responses were permitted).

Primary condition for which you take medicine on your own

195 responses

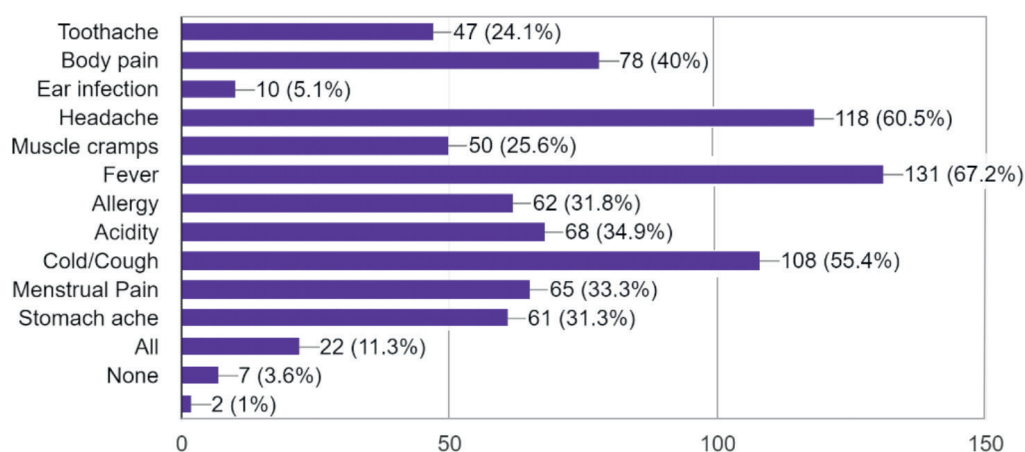


Figure 6: Common health conditions for which participants practiced self-medication (Multiple responses were permitted).

Medicines that you frequently use on your own

195 responses

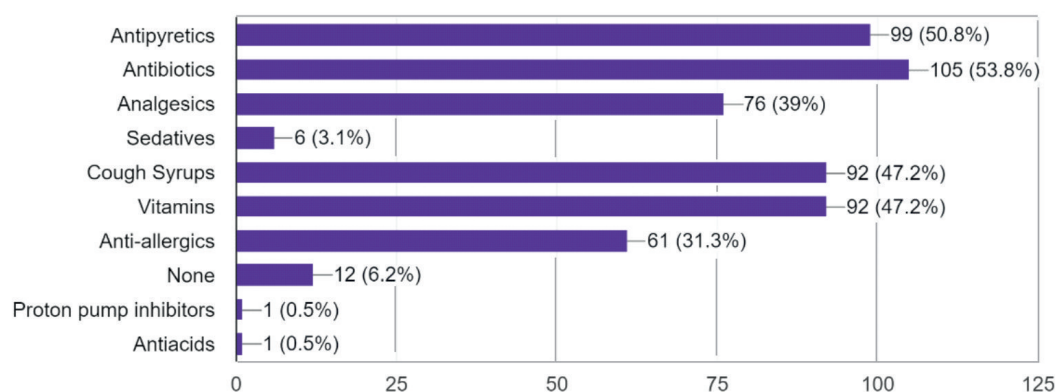


Figure 7: Types of medicines most frequently used by participants for self-medication (Multiple responses were permitted).

The practice of self-medication was analyzed in relation to various factors, including age, gender, education level (BDS I–IV year and internship), the distance to a nearest medical store, the last visit to a physician and type of medicine. This analysis was conducted using the Chi-square test to determine any significant associations. The analysis found no statistically significant differences in self-medication practices on comparing age, gender, the distance to a nearest medical store and the last visit to a physician (p -value > 0.05). More participants in BDS III year used generic medicines compared to BDS I year ($p = 0.011$), participants in BDS III year, BDS IV year and internship knew more about drug interactions than BDS II year ($p < 0.001$).

4. Discussion

This study reveals that 50.8% of dental students engage in self-medication, which is consistent with the study conducted in 40.9% in Pune⁴, 57.05% in West Bengal¹⁸, 65% in Kolkata.²⁴ The respondents' higher educational and literacy levels may contribute to this lower rate, suggesting they are more informed about the potential risks of self-medication. Our findings for the prevalence were lower as compared to other studies: 98% prevalence in Palestine,¹¹ 83.3% in Kathmandu²⁵ and 76.9% in Bahrain.²⁶ These consistent results across various populations indicate a widespread practice of self-medication, highlighting the need for educational interventions to address its potential risks and promote responsible health-seeking behaviors among students. However, a direct comparison of percentages is challenging because the cited studies primarily involved medical students and healthcare professionals. There is limited data available specifically from studies focusing on dental students, making it difficult to draw robust conclusions about self-medication practices across these different groups. More research is needed within the dental student population to better understand their self-medication behaviors and to enable more accurate comparisons.

The age of study participants ranged from 19–26 years. Notably, the study found no gender-based differences in the practice of self-medication, indicating that both male and female dental students equally engaged in the habit of taking medications independently. This suggests that self-medication is a prevalent behaviour among dental students, regardless of gender.

53.8% of individuals in this survey reported using antibiotics as their most common medication. Similar findings were reported in research carried out in China by Pan et al., which reported a prevalence of 47.8%.²⁷ This underscores a significant tendency among dental students to self-medicate with antibiotics, raising concerns about potential misuse as antibiotic abuse not only leads to wastage of medical resources, but also contributes to the emergence of multi-drug resistant pathogens.^{27–29} In comparison to this study, lower rates of antibiotic use were reported in other regions, with 21.2% in North India¹² and 19.9% in Palestine¹¹. Additionally, Abay and Amelo³⁰ reported a notably low usage rate of 4.8%.

Our findings show that the second most frequently used

drug among participants was antipyretics, with a prevalence of 50.8%. This is consistent with findings from studies by James et al.,²⁶ which indicated that paracetamol was frequently used for self-medication. In Western Nepal, Shankar et al.,³¹ reported that paracetamol was the most commonly used drug at 43%, followed by other analgesics at 23%. These similarities reinforce the prevalence of antipyretics like paracetamol in self-medication practices across different regions.

As observed in this study, fever was the major indication for self-medication, reported by 67.2% of participants, followed by headache at 60.5% and cold/cough at 55.4%. Fever was a common indication for self-medication in other studies.^{24,32,33}

The most common reason for not seeing a doctor was that participants had previously experienced the symptoms and knew what to "take," with 66.2% citing this reason. This was followed by 28.2% who believed there was no need to see a doctor for a simple disease. Previous studies have indicated that saving time and reducing costs are also common motivations for self-medication,³⁴ highlighting the various factors that influence individuals' decisions to manage their health independently.

The main sources of information about medicines in this study were pharmacists/chemists (47.2%), followed closely by books (46.2%) and family (35.4%). In a study by Gutema et al.,³⁵ self-decision was the primary guiding source at 64%, with family and friends at 31.25%, media and reading materials at 14.1%, and pharmacists at 9.4%. In contrast, a study involving Gondar University students found that reading materials were the major source of information, accounting for 30.5%.³⁰ The practice of self-medication needs to be founded in reliable medical information; otherwise, drug abuse can lead to resource waste, heightened pathogen resistance, and major health risks such as drug side effects and extended illness rates. Although the use of media, such as television and the internet, for obtaining information about drugs was low in our study (19%), there is still a need for strict regulations regarding pharmaceutical advertising aimed at the youth. Ensuring that young individuals are not exposed to misleading or inappropriate advertising is essential to promote safe and informed medication practices.

In this study, 89.7% of students stored medicines at hostel/room. The presence of home pharmacy is associated with self-medication as storage of medication at home with free access, and easy visualization of the products is a risk factor for self-medication.³⁶

This study has several limitations. The data were collected exclusively from students at Himachal Institute of Dental Sciences in Paonta Sahib, making it difficult to generalize the findings to a broader population. Additionally, self-reported data may be subject to recall bias, potentially leading to under- or over-reporting of self-medication practices. There may also be mutual influence among students that could affect their responses. Furthermore, the study did not include data from students with chronic diseases, which are often more closely associated with self-medication

behaviors.

5. Conclusion

The majority of students engaged in the practice of self-medication, despite having inadequate knowledge about its benefits and risks. This behaviour is particularly common for treating clinical conditions that are perceived as simple or those that the students have previously experienced. This underscores the need for enhanced education on safe self-medication practices to better inform students about potential risks and promote responsible health management.

6. Authors Contribution

1. **Dr. Sahil Gupta:** Data curation, investigation, methodology, project administration, supervision.
2. **Dr. Mukesh Kumar:** Investigation, supervision.
3. **Dr. Geetika Gupta:** Conceptualization, resources.
4. **Dr. Priya Verma:** Formal analysis.
5. **Dr. Mahvish Iftkhar:** Formal analysis.
6. **Dr. Sagarika Surya:** Data curation, writing – review editing.

7. Source of Funding

None.

8. Conflict of Interest

None.

9. Ethical Approval

The study was approved by Institutional Ethics Committee of Himachal Institute of Dental Sciences, Paonta Sahib, Himachal Pradesh, India (Ref. No. HIDS/PAO/).

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