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A comparison of prescribing practices for the treatment of malaria in public and private health facilities in southeast Nigeria

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Background:

Drug use problems such as polypharmacy and irrational prescription of antimalaria and injections are indications of irrational prescribing practices and may lead to drug resistance. The prescribing practices in the public and private health facilities in the treatment of malaria is not well known in Nigeria. Therefore this study set out to determine the prescribing practices for the treatment of malaria in public and private health facilities in an urban area of south east Nigeria.

Method:

Treatment records from Primary health centers were randomly selected retrospectively and prescriptions from the private clinics were collected prospectively using surrogate patients. 100 prescription records were collected from 4 health centers, and four prescriptions each were collected from 10 private clinics in Enugu urban, south east Nigeria. These prescriptions were analyzed to know the % of drugs appropriately prescribed; % injection prescriptions; % antibiotics prescriptions and average number of drugs/case.

Results:

Prescriptions were significantly poorer in the private health facilities compared to the public. More chloroquine injections (87.7 vs 45.6%) and more antibiotics (64.3 vs 23.4%) were prescribed in private than public health facilities ($p < 0.05$). Polypharmacy and irrational prescription of vitamins and other combination preparations was common in both public and private facilities. However, the public health centers had an average 6.2 drugs per prescription against 3.2 in the private facilities.

Policy considerations:

Prescribing practices by both private and public health workers are highly irrational and more with the private. This calls for strategies to ensure appropriate and rational drug prescribing among health workers in both private and public health facilities.