
International Perspectives

Self-Care and Self-Medication

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Over the world, health providers are sharing common problems and dilemmas and striving to achieve common goals.

Increasing public demands, fueled by a medical profession that is oriented towards science, technology, and specialization, have created unmet expectations.

In spite of all our science and technology the true facts of life are that still we can "cure" only sometimes but at least now we can "relieve" often and "comfort" always. As a profession we must face up to the realities of unfulfilled hopes and of frustrations over non-cures. We must become more honest and humble towards our patients and state the limitations as well as the achievements of modern medicine.

The paradoxical dilemmas that have been created are health care costs that seem to be racing towards infinity, but which must be harnessed and controlled by someone. Personal care is at a premium because consideration for the individual has been lost in the technological medical jungle. There is less satisfaction with care both by receivers (patients) and providers (physicians). There seems to be less value for all the monies spent on health care.

Within every health care system there are certain essential and inevitable levels of care, each with its own roles and responsibilities—self-care, primary professional care, general specialist care, and subspecialist care.

Self-care is a neglected but important level of care.

Self-Care

As family physicians we must serve our patients as guides, teachers, and instructors. It should be our responsibility to teach our patients their responsibilities in health maintenance, disease prevention, self-care, and self-medication.

We must motivate our patients to learn and to apply the basic rules of health and disease prevention. Instructing the public in health maintenance should start in childhood and should be an important part of the practical curriculum at schools, and should be continued in public media throughout their lifetimes.

We should expect and teach our patients to manage their own minor illnesses by self-care and self-medication. More than three out of four common illnesses can be self-managed.

We must involve those patients of ours with chronic disorders in mutual cooperation and collaboration in caring for their acute episodes and in their long-term care.

Self-Medication

Self-medication is part of human life everywhere. All human societies enjoy the challenges of self-medication in attempts at controlling unpleasant symptoms. The extent of self-medication is remarkable. On any day it is likely that 60 percent of persons in the United States and the United Kingdom are taking medicines. Of this 60 percent, 27 percent are taking prescribed medicines and 33

percent, self-prescribed, OTC (over-the-counter) drugs.¹ The most popular OTC drugs with adults are analgesics, vitamins, cough medicines, skin preparations, and drugs for gastrointestinal disorders.

In the study by Kohn and White, wide differences in national patterns of self-medication were found:

For *vitamins* the highest consumers were in Finland (29 percent taking them on any day) and the lowest were Yugoslavs (2 percent).

For *analgesics* the highest were Yugoslavs (69 percent) and the lowest, Finns (33 percent).

For *cough medicines* the highest were Finns (16 percent) and the lowest, Brazilians (8 percent).

For *skin preparations* the highest users were Canadians (18 percent) and the lowest, Brazilians (3 percent).

For *laxatives* the highest were British (16 percent) and the lowest, Yugoslavs (2 percent).

These differences are unlikely to be results of any differences in local morbidity. Much more

likely, they are demonstrations of local and national customs and habits in self-medication.

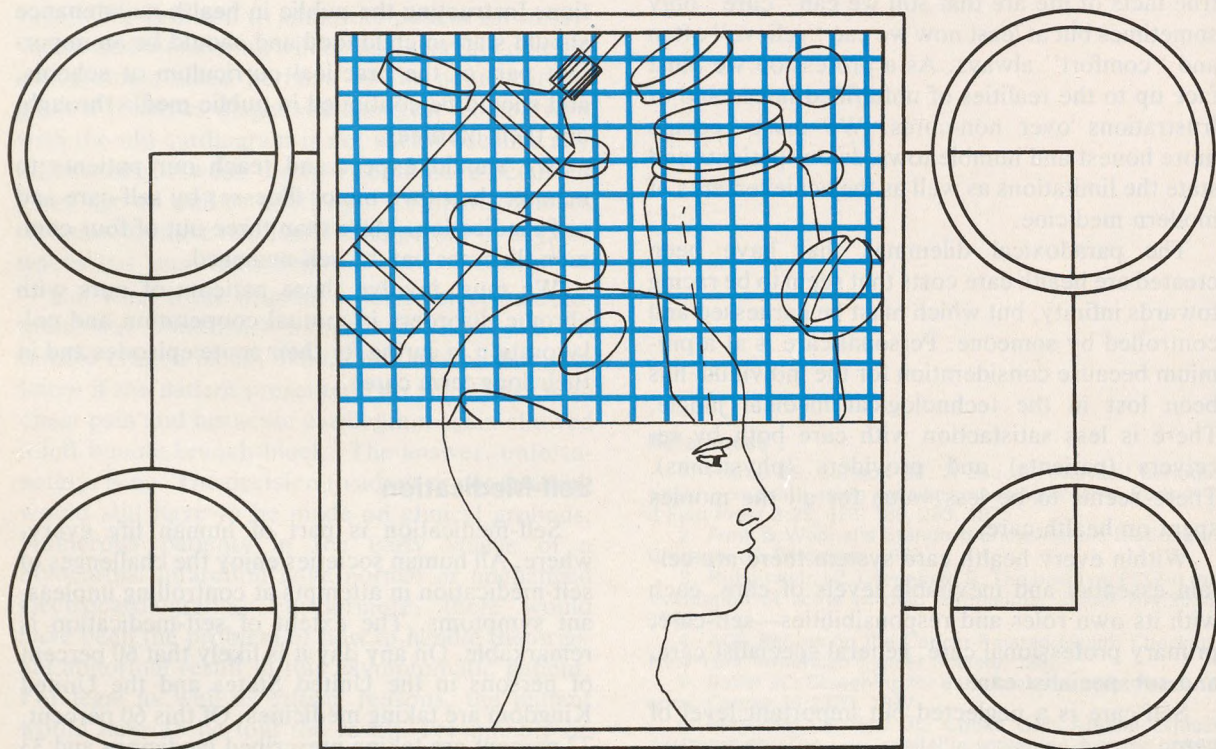
Future Needs

As family physicians providing continuing care to the community, we must pay more attention to self-care and self-medication. We need much more research into what our patients do for themselves, how they do it, for what purposes and reasons, and with what outcomes.

We need to develop methods of teaching and instructing our patients and we should take note of the use of algorithms.²

References

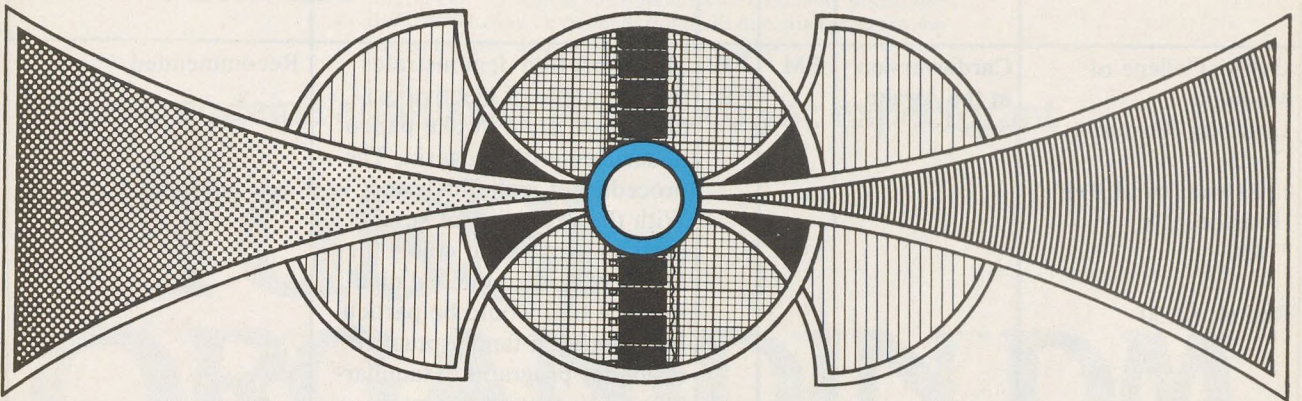
1. Kohn R, White KL (eds): Health Care. New York, Oxford University Press, 1976
2. Smalls SA: Could algorithms help patients take care of themselves? Update 20:903, 1980



Reviews of Audiovisual Materials

The following audiovisual materials have been reviewed by the Audiovisual Review Committee, an *ad hoc* group of the Education Committee of the *Society of Teachers of Family Medicine*. Membership: John P. Geyman, MD, Chairman (University of Washington, Seattle), Richard M. Baker, MD (University of North Carolina, Chapel Hill), Thomas C. Brown, PhD (University of California, Davis), Herbert Fendley, MD (University of Tennessee, Memphis), Laurel G. Case, MD (University of Oregon Medical School, Portland), James L. Grobe, MD (Phoenix, Arizona), Warren A. Heffron, MD (University of New Mexico, Albuquerque), Brian K. Hennen, MD (Dalhousie University, Halifax, Nova Scotia), Thomas L. Leaman, MD (Pennsylvania State University, Hershey), John Lincoln, MD (University of Washington, Seattle), Donald C. Ransom, PhD (Sonoma Community Hospital, Santa Rosa, California), Philip L. Roseberry, MD (York Hospital, York, Pennsylvania), Robert Smith, MD (University of Cincinnati, Cincinnati, Ohio), William L. Stewart, MD (Southern Illinois University, Springfield), John Verby, MD (University of Minnesota, Minneapolis), Raymond O. West, MD (Loma Linda University, Loma Linda, California). Reviews of each type of media were carried out by subgroups of the committee.

AUDIENCE	
FP	Family physician
FR	Family practice resident
FA	Family nurse practitioner/Medex
MS	Medical student
MEDIA	
ST	Slide-tape
FM	16 mm film
VT	Videotape
ML	Models



SOURCE	PROGRAM	MEDIA		COMMENTS	OVERALL APPRAISAL
		VT	AUDIENCE		
Multi Media Educational Program 4530 West 77th St Minneapolis, MN 55435 3-day preview: \$10 Purchase: \$250 per program	Emergency Management: The First 30 Minutes: Drug Over-dose	VT	FP FR FA MS	This videotape deals with various causes of drug overdose, and stresses a practical clinical approach to early diagnosis and immediate management of this problem. The roles of emetics and lavage in treatment are addressed and lavage is illustrated. Complications of drug overdose are reviewed, including hypotension, arrhythmias, and hypothermia. Although this program is of good technical quality, much of its content could have been presented in written form, and some of its content should be supplemented by group discussion in a teaching conference.	Recommended

SOURCE	PROGRAM	MEDIA		COMMENTS	OVERALL APPRAISAL
		VT	FR MS		
Learning Resources Center SB-56 University of Washington Seattle, WA 98195 Purchase: \$75 Preview: \$7.50	Arthrocentesis of the Knee	VT	FR MS	This videotape first reviews the signs of knee effusion, then presents the technique of arthrocentesis of the knee. The procedure is clearly described, then illustrated in an actual patient. The program is of good technical quality, and would be of particular value in family practice teaching programs.	Highly Recommended
Baylor College of Medicine Learning Resource Center 1200 Moursund Ave Houston, TX 77030 Rental: \$7.50	Cardioversion in the Awake State	FM	FP FR	This short film demonstrates the technique of elective cardioversion in an awake patient under Demerol analgesia. The procedure is well illustrated. With the exception of several portions with faded color, the film is of good technical quality. The film would be particularly useful in family practice residency programs to familiarize residents with this procedure.	Recommended
American Medical Association Marketing Services Division 535 N Dearborn St Chicago, IL 60610 Purchase: \$600 Rental: \$45 for members, \$60 for nonmembers	The Neurological Examination	VT	FA MS	This is an integrated self-learning unit including 5 one-hour videotapes and a 111-page Study Guide. The Study Guide contains pre- and post-test questions, an answer key, references, and an illustrated outline of the neurological history, mental status examination, cranial nerve systems, motor system evaluation, sensory system, reflexes, evaluation of communication disorders, and other related diagnostic and problem solving material. The program is well done, and could be very useful for initial learning of the subject although this approach is quite time consuming.	Of Some Value

TUSSI-ORGANIDIN™
TUSSI-ORGANIDIN™ DM

Before prescribing, please consult complete product information, a summary of which follows: **INDICATIONS AND USAGE:** For the symptomatic relief of irritating, nonproductive cough associated with respiratory tract conditions such as chronic bronchitis, bronchial asthma, tracheobronchitis, and the common cold; also for the symptomatic relief of cough accompanying other respiratory tract conditions such as laryngitis, pharyngitis, croup, pertussis and emphysema. Appropriate therapy should be provided for the primary disease. **CONTRAINDICATIONS:** History of marked sensitivity to inorganic iodides; hypersensitivity to any of the ingredients or related compounds; pregnancy; newborns; and nursing mothers. The human fetal thyroid begins to concentrate iodine in the 12th to 14th week of gestation and the use of inorganic iodides in pregnant women during this period and thereafter has rarely been reported to induce fetal goiter (with or without hypothyroidism) with the potential for airway obstruction. If the patient becomes pregnant while taking any of these products, the drug should be discontinued and the patient should be apprised of the potential risk to the fetus. **WARNINGS:** These products contain an antihistamine which may cause drowsiness and may have additive central nervous system (CNS) effects with alcohol or other CNS depressants (e.g., hypnotics, sedatives, tranquilizers). Discontinue use if rash or other evidence of hypersensitivity appears. Use with caution or avoid use in patients with history or evidence of thyroid disease. **PRECAUTIONS: General**—Antihistamines may produce excitation, particularly in children. Iodides have been reported to cause a flare-up of adolescent acne. Children with cystic fibrosis appear to have an exaggerated susceptibility to the goitrogenic effects of iodides. Dermatitis and other reversible manifestations of iodism have been reported with chronic use of inorganic iodides. Although these have not been a problem clinically with Organidin formulations, they should be kept in mind in patients receiving these preparations for prolonged periods. **Information for Patients**—Caution patients against drinking alcoholic beverages or engaging in potentially hazardous activities requiring alertness, such as driving a car or operating machinery, while using these products. **Drug Interactions**—Iodides may potentiate the hypothyroid effect of lithium and other antithyroid drugs. MAO inhibitors may prolong the anticholinergic effects of antihistamines. **Carcinogenesis, Mutagenesis, Impairment of Fertility**—No long-term animal studies have been performed with Tussi-Organidin or Tussi-Organidin DM. **Pregnancy**—Teratogenic effects: Pregnancy Category X (see CONTRAINDICATIONS). **Nursing Mothers**—Tussi-Organidin or Tussi-Organidin DM should not be administered to a nursing woman. **ADVERSE REACTIONS:** Side effects with Tussi-Organidin and Tussi-Organidin DM have been rare, including those which may occur with the individual ingredients and which may be modified as a result of their combination. **Organidin**—Rare side effects include gastrointestinal irritation, rash, hypersensitivity, thyroid gland enlargement, and acute parotitis. **Codeine**—(Tussi-Organidin only): Nausea, vomiting, constipation, drowsiness, dizziness, and miosis have been reported. **Dextromethorphan**—(Tussi-Organidin DM only): Rarely produces drowsiness or gastrointestinal disturbances. **Chlorpheniramine**—The most common side effects of antihistamines have been drowsiness, sedation, dryness of the mucous membranes, and gastrointestinal effects. Less commonly reported have been dizziness, headache, heartburn, dysuria, polyuria, visual disturbances, and excitation (particularly in children). Serious adverse effects are rare. **DRUG ABUSE AND DEPENDENCE** (Tussi-Organidin only): **Controlled Substance**—Schedule V. **Dependence**—Codeine may be habit-forming. **The following sections are optional: OVERDOSAGE:** There have been no reports of any serious problems from overdosage with Tussi-Organidin nor Tussi-Organidin DM. **DOSAGE AND ADMINISTRATION Adults:** 1 to 2 teaspoonfuls every 4 hours. **Children:** 1/2 to 1 teaspoonful every 4 hours. **HOW SUPPLIED: Tussi-Organidin Elixir**—clear red liquid, in bottles of one pint (NDC 0037-4811-10) and one gallon (NDC 0037-4811-20). **Tussi-Organidin DM Elixir**—clear yellow liquid, in bottles of one pint (NDC 0037-4711-10). Storage: Store at room temperature; avoid excessive heat. Keep bottle tightly closed.

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scalp disease, nail disease, and entities affecting the oral cavity.

In summary, here is a practical textbook which increases the physician's diagnostic skill in dermatology by catalyzing the systematic arrival of a differential diagnosis of a lesion and then placing the physician in a position to consider effective therapy. The text as a successful educational tool makes use of ample cross references to a given lesion from a variety of clinical presentations.

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Manual of Otolaryngology: A Symptom-Oriented Text. Raymond P. Wood, II, Jerry L. Nothorn (eds). Williams & Wilkins, Baltimore, 1979, 240 pp., \$15.95 (paper).

Feeling that family physicians and other primary care specialists receive inadequate training for otolaryngology in both medical school and residencies the authors have written this book to provide supplementary instructions on common otolaryngologic complaints. The text is organized with the problem oriented approach to assure a more orderly process for arriving at the diagnosis and treatment of specific disorders.

The book broadly covers the field of otolaryngology, dealing with anatomy, physiology, neurology, specific disease entities, abnormalities of speech, and trauma about the head and neck.

There are 17 contributing authors who present a broad range of knowledge in a well-organized fashion. Most of the information lends itself exceedingly well to the problem oriented approach but there is some

inconsistency in the use of the approach by different authors. In general, this book's style is very helpful for either quick reference or a comprehensive review. An in-depth study of the topics is not the object of the book.

While pictures in the section on facial skin disorders would be helpful, the anatomic sketches, graphics, charts, and algorithms are very effectively used. Moreover, fine descriptions of the many tests related to otolaryngology are an important part of this book.

I find the *Manual of Otolaryngology* to be one of the most useful otolaryngology references I have seen.

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Cardiac Emergency Care (2nd Edition). Edward K. Chung (ed). Lea & Febiger, Philadelphia, 1980, 475 pp., \$25.00.

The editor and his co-workers have produced an excellent book which should be of immediate interest and use to all who work with cardiac patients. For the non-cardiologist, it provides an up-to-date, but concise, consideration of several clinical conditions which require urgent decisions. Family physicians should find it a handy, quick guide to difficult problems. It is resplendent with well-devised tables. A new chapter related to nursing aspects of this topic should be a useful guide to cardiac nurses and their units. Another new chapter reviews proper use of x-ray study in cardiopulmonary emergencies. Overall, this is a most useful, smoothly edited, well-constructed book which I plan to recommend to

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