

ABSTRACT

Introduction:

Use of multiple drugs (polypharmacy) is a common as most of the diseases befall endemic. This has been expedited by lack of guide to the number or extent of drugs that is agreed upon to be prescribed to an individual at a time. Thus, drug effects have been stated; however, there is paucity of data on the lever of knowledge, attitude and practices of polypharmacy. The main objective was to assess the level of knowledge, attitude and practices of polypharmacy in Hoima Regional hospital, located in Hoima district. The specific objectives were: (i) to assess the level of knowledge of a clinicians in Hoima Regional hospital, (ii) to establish the attitude of clinicians in Hoima Regional hospital, and (iii) to establish the practice of clinicians in Hoima Regional hospital, Hoima district towards poly pharmacy.

Methodology:

I conducted a hospital-based cross-sectional survey using a questionnaire and adopted a sample size of $(136/138 \times 100)$ 98.6%. We sampled prescribes: namely, clinicians, nursing officer, midwives and pharmacists who work with Hoima hospital. The variables were: level and knowledge, Attitude towards polypharmacy prescription, Prescribing practice and modalities of Uganda clinical guidelines (UCG). Data was entered, analyzed and presented as tables.

Results:

We enrolled 138 participants, composed of clinicians and paramedical workers. Of these, 136 accepted and responded to the questionnaire, giving a response rate of 98.6%. Overall, participants had sufficient level of knowledge on polypharmacy, its effects and possible adverse drug events. Further, the drugs had the potential to interact with others in the treatment regimen, all combinations had a benefit effect, and where side effects were anticipated, a medicine was given to counteract this. It was also found that a disproportionate number (4.4%) condition (s) could be averted without a drug. Their practice indicated that over-prescription occurred in 8.8%, duplicates and repetitions were seen in 2.2 and 2.9%, respectively.

Conclusion:

Based on these, our prescribers require support to improve and enhance rational drug use. It requires a formal, tailored and frequent training in form of continuous medical education (CMEs) to clearly define polypharmacy, its effects and how to avoid them. Taken together, and with the knowledge base of formal training, the perceived attitude would bring a lot of health benefits to the communities.