

TOWARDS MORE RATIONAL PRESCRIBING

The articles in JUMMEC deal with a wide variety of issues; foremost amongst them, is the discussion on the rational use of drugs in treating many illnesses and medical conditions.

Certainly, drug therapy is critical for the treatment of many illnesses and conditions but in the present climate of rising cost of care and limited resources, we should ask ourselves if we are getting value for our money; in other words, there should be more rational use of drugs. Antibiotics are amongst one of the more frequently prescribed drugs. In fact, it had been reported to account for as much as 50% of some hospital pharmacy budgets. The widespread use of antibiotics had led to the emergence and spread of microbes, that are resistant to cheap and effective "first-line" drugs.

Resistance to antimicrobials is a natural biological phenomenon – a case of survival if you like. Factors that contribute to this emergence of drug resistance include human practices ranging from poor prescribing, unnecessary or not indicated use, under-dosing or using for too short a duration, poor compliance on the part of the patient, as well as veterinary prescribing in animal husbandry.

As seen from the paper on antimicrobial susceptibility of *Pseudomonas aeruginosa*, susceptibility of this organism to the newer, more expensive antimicrobials has already been compromised. Fortunately, community-acquired *Pseudomonas aeruginosa* infections are still 100% susceptible. That being the case, every effort should be made to prevent further emergence of more drug-resistant organisms.

This problem of antimicrobial resistance has reached an alarming stage of global importance, that in September 2001, WHO launched the first global strategy to combat the problem of drug resistance. The University of Malaya Medical Centre should be commended for having developed an antibiotic guideline for use in the hospital – to enhance and encourage more rational antibiotic prescribing.

Besides drug resistance, drug cost is also a matter of huge concern in any health care organization. Here again, it is timely that efforts have been made to relook at the cost of drugs. An original article compared the use of risperidone with olanzapine in the treatment of schizophrenia.

Besides cost being the underlying principle in drug prescribing, efficacy and safety should be important considerations as well. While steroids would seem a less expensive choice as an agent for immunosuppression after renal transplantation, there are other alternatives, albeit more expensive, which would be safer, less toxic and more efficacious. In the review article, discussion was centred on the withdrawal or avoidance of use of steroids after renal transplantation.

Complementary medicine is currently in vogue although much of it has not been well understood nor has it been scientifically studied. Substances that are ingested, either supplements or remedies, have not been subjected to the same rigorous processes that new drugs have to undergo when seeking registration. The paper on cytoprotective effect of honey with extracts of *Chromolaena odorata* L. a herb, is certainly worth further reading. Obviously for such herbs to be deemed efficacious and of medicinal value would require well-designed, blinded randomized-control trials performed on humans.

Cardiovascular disease (CVD) is very prevalent in Malaysia. It is still the number one cause of medically certified deaths in our country. Interest in aetiological factors, one of which is obesity, is being extensively studied. It is interesting to note in the paper, "Body fat comparison between basketball and netball players in Malaysia" that even amongst national athletes, in particular, female basketball and netball players, their average percentage of body fat, is higher than the desired average for elite sportsmen.

Angina is one of the presenting symptoms of coronary heart disease. However, trying to reach a diagnosis of angina could be quite complicated and fraught with uncertainties. The use of simple neural network architecture to diagnose angina was discussed in some detail in this issue.

While CVD is the number one killer in Malaysia, deaths due to road traffic accidents (RTA) are not far behind. In fact, year after year, we read about the large number of RTA deaths. There could be many contributing factors to this, and poor visual acuity is certainly a possible cause. It would appear from the paper on visual defects amongst commercial vehicles drivers that indeed visual defects are under-diagnosed. Greater efforts should be made to detect visual defects, not only amongst commercial vehicle drivers but all drivers, too.

Finally, it is encouraging to note that maternal mortality in Malaysia had declined very significantly over the last 50 years. However, this is no reason to rest on our laurels. It had been discussed in "Measuring maternal mortality in Malaysia" that we should be looking at the lifetime risk of maternal mortality and not at maternal mortality ratio alone. More importantly, the question is, could maternal mortality be further reduced. And now, with more interest in maternal mortality and so many clinical trials being conducted that include a significant number of women, it can be said that the era of women, has finally arrived.

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