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Patients sometimes celebrate adverse effects as evidence of potency and efficacy in Africa

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Statement of the Problem: Drug choice and dose management are often tailored towards minimizing unwanted drug effects. Prescription writing also involves careful education of the patients on possible adverse effects, flags and what to do. In Africa, probably due to high level of health illiteracy, such information may be considered alarmist and undesirable by most patients. Meanwhile, most patient translates self-identifiable changes in the body as evidence of haven taken a 'good' drug. This study was designed to establish the extent of such unusual attitude to adverse drug effects in Northwestern Nigeria.

Methodology & Theoretical Orientation: Questionnaire was designed using the modified Delphi protocol and validated. After ethical approval, multi-staged, cluster sampling technique was used to select local government regions, districts, and households for interviews. Only adults (>18yrs) who consented were interviewed. The domains of interest were demographics, expectations from drug treatments, knowledge, and attitudes towards common adverse effects of drugs.

Findings: Two hundred and thirty-five (235) persons were interviewed. Male female ratio was 7:3. Eighty three percent (83%) had no education beyond primary school level, while 53.4 percent has no western education at all. Seventy-eight percentage frequently combines orthodox and herbal medicine in any illness. Sixty percent would rather classify herbal agents as 'strong' rather than just 'effective'. Forty three percent strongly believed that at least one of the following were evidence of potency of any orthodox drug: pain at injection site, dizzy spells, occasional vomiting, elation, stinging taste, bitter taste. Sixty seven percent of respondents were highly unlikely to complete more than 2 days' dose of drugs that had no self-identifiable effect to suggest potency.

Conclusion & Significance: There appear to be high rate of health illiteracy in the studied population about adverse drug effects. This may have been due to translation from experiences with herbal agents. Such patients' expectations should be factored into counselling.

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