

# Pharmaceutical policy and data for social care indigent patients in Greece



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**I**n Greece, social security consists of public programmes intended to protect workers and their families from income losses associated with old age, illness, unemployment, or death. On the other hand, social care is a public service of support for all those who, for whatever reason, are not in the programme of social security and are unable to support themselves. This includes indigent people, uninsured Greek emigrants and repatriated Greeks. While the social security patient pays a nominal sum for each prescription, the social care patient does not pay anything and receives pharmaceutical care exclusively by the hospital pharmacies of the National Health System hospitals.

Patients under the coverage of social care constitute a significant sector of the population whose socioeconomic circumstances place particular demands on the health system. There is an ongoing programme (since 1995 and continuing) in Crete [1-6] that examines the data of these patients' prescriptions, their knowledge about the use of drugs, their compliance, their nutrition patterns, the cost of their medication, and the frequency of their diseases.

The sociodemographic profiles of the social care patients reveal an unemployment rate of 95% and an illiteracy rate of 21%. As regards marital status, 20% were single and 12% previously divorced. For children aged 6-18 years an illiteracy rate of 9.7% was reported. High school was attended by only 13.1% of children aged 12-18 years. The average number of visits to the hospital pharmacy by indigent social care patients is 3.5 visits per patient per year.

Based on a defined daily dose measure, the most common drug categories for drugs prescribed were for the cardiovascular system (30%), gastrointestinal system (17%), and nervous system (16%). The most common diagnosis was hypertension (10%) and the most common drugs were ranitidine (3%), diclofenac (3%), salbutamol (3%), and paracetamol (2%). The most expensive pharmaceutical products used were omeprazole and ranitidine.

A major problem reported is the lack of information on the drug prescription. The finding that 63% of the prescriptions do not have instructions for the drug doses and the fact that 53% of the patients have an incorrect understanding about the use of their drugs indicates that the instructions to the patients must be oral and written.

The majority of patients misunderstood the proper doses of their drugs, and eight to ten, in a sample of 551 social care patients, did not know when to stop taking their medication. Ten to twenty-five percent of patients received no instructions at all.

A similar study in Athens indicates that this is not a local phenomenon [7]. Lack of instructions for 25% of antimicrobial drug prescriptions was reported; written information was given on dosages in 35% of the Athen's patients' prescriptions; 40% did not know how to take their medicine; 58% could not remember the instructions; 22% said that they did not understand the instructions and 19% reported that the physician did not give any instruction at all. Written sources are not an adequate alternative, since many of these patients are unable

or unwilling to read the drug package leaflets [8]. These data indicate that every patient who visits a physician for a repeat prescription should receive both written and oral instruction on its use. Even if the patient has been taking the drug for an extended period, the physician cannot assume that the patient knows how to use the drug properly.

It is obvious that presently the role of the prescription is underestimated, and the authorities use the prescription only for the economic survey of drug use.

In conclusion, health training, with emphasis on the proper use of drugs and the relationship between disease state and nutrient status, must be the first priority in any healthcare delivery system. The pharmacist should play an important role in patient education and consultative programmes. In parallel, the continual education for health professionals must be extended, related to drug utilisation, the correlation between drugs and food, and primary prevention. The experience in Greece shows that the time given to social care indigent patients in particular is typically inadequate. This points to an immediate need for more information and advice regarding the proper use of drugs and the personal contact that this procedure involves.

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