HYPERTENSIVE DIABETIC PATIENTS IN MELAKA WERE NOT MANAGED ACCORDING TO GUIDELINES

Chan GC. Type 2 diabetes mellitus with hypertension at primary healthcare level in Malaysia: are they managed according to guidelines? Singapore Med J. 2005;46(3):127-31

Hypertension is an extremely common co-morbid condition in diabetes, affecting about 20-60% of patients with diabetes. Control of hypertension is dramatically effective in reducing cardiovascular events and mortality. The availability of clinical practice guidelines (CPG) raises an important question: are these guidelines being followed by the primary care doctors? This is a matter of great interest and importance and addressed in this cross sectional study involving 517 type 2 diabetes at primary healthcare level in Melaka Tengah district. About 62% of them were female with mean age of 59 and mean duration of diabetes of 7.1 years.

Two-thirds of these diabetic patients had hypertension (26% of them had microalbuminuria). Only 11 of them (3.1%) achieved target blood pressure of less than 130/80 mmHg. For those who had not achieved target goal, about 39.5% of them were not on any antihypertensive drugs; 38.6% were on monotherapy and only 21.8% were on two or more antihypertensive drugs. Only 18.3% of them were prescribed with angiotensin-converting enzyme inhibitors (ACEI) and 0.3% with angiotensin receptor blockers (ARBs). Among those hypertensive diabetics with microalbuminuria, only 14.1% of them were prescribed with ACE inhibitors.

This study showed that a significant proportion of diabetic patients were associated with hypertension but they were not managed optimally according to the guidelines. This could be due to the primary care doctors did not follow the guidelines strictly in managing diabetes. The poor adherence may be due to lack of awareness about guidelines. In addition, some doctors are perhaps aware of CPG but do not implement acquired knowledge into their everyday practice. Therefore, remedial measures should be taken such as promotion and adoption of practice guidelines in primary care doctors' everyday practice as well as improvement of comprehensive programme on hypertension management.

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PARENTAL MISCONCEPTIONS ABOUT URTI AETIOLOGY AND TREATMENT ARE COMMON

Chan GC, Tang SF. Parental knowledge, attitudes and antibiotic use for acute upper respiratory tract infection in children attending a primary healthcare clinic in Malaysia. Singapore Med J. 2006;47(4):266-70

Most children have about 4 to 6 acute upper respiratory tract infections (URTIs) each year. The majority of acute URTIs is caused by viruses and usually self-limiting. Improper use of antibiotic is associated with bacterial resistance and waste of health care resources. The inappropriate use could be partly due to mistaken belief of parents therefore their knowledge, attitudes and antibiotic use for acute URTIs in children are the main concern of this study.

This cross-sectional study involved 421 parents, using an interviewer-administered questionnaire, at Batu 9 Health Clinic of Hulu Langat district. Malay parents formed over half of the respondents followed by Chinese and Indian with mean age over 33 years old.

Approximately 59% of parents believed that weather was the main cause of acute URTIs of their children, 13% thought it was due to food and only about 27% by germ. The majority of parents (88-76%) believed that antibiotic was helpful in treating common cold, cough and fever. Twenty-nine percent of parents who thought that their child needed an antibiotic were not prescribed with any. On the other hand, 17% believed that an antibiotic was unnecessary when prescribed. Twenty-eighth percent requested for an antibiotic and majority received what they asked for. About 31% of parents did not request any antibiotics but private general practitioners habitually prescribed them. The antibiotic compliance was poor with only 74% completing the entire course; 85% stopped once they improved symptomatically. Fifteen percent of parents gave a “left over” antibiotic; 24% gave a “shared” antibiotic, and 5.5% bought antibiotics without consultation.

This study illustrated that parents generally have misconception and inappropriate use of antibiotics. This could be caused by lack of proper explanation and education. Besides this, past experience, traditional cultural and food belief also play a part here. Consequently, effective educational interventions ought to be given to parents such as clinic-based patient education, mass media and public relations campaign. Strict enforcement of over-the-counter sale is important and clinical practice guidelines should be established to help diminish unnecessary antibiotic prescription and antimicrobial resistance in the community.

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