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*General practitioners' opinions on the intake
of painkillers among patients*

Non-narcotic painkillers, anti-inflammatory and antipyretic medicines constitute one of the groups of pharmacotherapeutics that are most frequently used in medical treatment. The majority of them are available without prescription. According to the data concerning the sale of medicaments, painkillers, vitamins, strengtheners, anti-cold and stomach-intestine medicines are among the medications whose consumption is the greatest worldwide as well as in Poland.

Using medicines without GPs' prescription is an essential element in human behaviour that may pose a threat to his health. In our country such a use of medicines is, in fact, not difficult to explain. The access to health care institutions is not always easy, which is connected with registration, queuing and, at times, with high payments for examination and treatment. Among indirect reasons incorrect recognition or pharmacological treatment should be mentioned. Moreover, patients happen to be determined to deal with their ailments on their own (3–6).

OBJECTIVES

The goal of this paper is to evaluate the consumption of painkillers among patients on the basis of the opinions of general practitioners.

METHODS

This paper draws on the information about painkillers intake among the national health service patients collected by means of the survey research among doctors. The survey was carried out in the first half of 2000 in the Rural Medicine Institute in Lublin

among the participants of the professional development training as well as of the testimonial training in the specialty of family medicine. The voluntary opinions of 140 doctors employed in the health care institutions were collected.

RESULTS AND DISCUSSION

The problems evaluated by 140 GPs included issues connected with the cases of diseases with pain symptoms as well as suitable therapeutic actions in these instances. The subjects included doctors employed in the Lublin region, mainly in health care institutions, i.e. local general practices (58.7% of the subjects) or family doctors (30%). The remaining ones were employed as specialists in clinics or hospitals. The large majority of the doctors under the survey have had work experience of many years. 41.4% of them have been working for 10-19 years, whereas 24.3% – for more than 20 years.

In their practice they have come across various health problems of their patients. Nearly 1/3 of all the patients, however, applied for their consultation because of pain symptoms. The most frequent ailments including pain symptoms were the cases of long-continued pain (64.3%); less frequent were acute pain syndromes in the course of a disease (35.7%). Acute pain ailments were most frequently observed in the course of diseases of muscular-osseous system (70.0%), cardio-vascular (57.2%) and alimentary systems (almost the same figure – 57.1%). It happened much more rarely that the acute pain ailments came from respiratory, urinary-sexual and nervous systems.

The therapeutic process in diseases with pain syndromes includes not only casual but also symptomatic treatment mainly through the application of painkillers. The therapy most frequently used medicines of weaker effectiveness, i.e. medicines of Paracetamol type, Pyralgin, which were available and not limited in sale without prescription at the pharmacies and other sales spots. Therefore, the actual intake of these medicines was difficult to evaluate by GPs. According to the available data their sale was widespread and they were used without medical control. Since a relatively short period of time, i.e. the beginning of 2001, a new regulation has been introduced which allows only prescription sale of the painkillers, so far commonly used, but not indifferent to our health, such as Pyralgin, Pabialgina.

Another group of medicines combining painkillers' and anti-inflammatory effects were medicines of non-steroid anti-inflammatory drugs such as Diclofenac, Majamil, Piroxicam, Relifex, Voltaren etc. About 29% of GPs write out the average of 5 prescriptions for this type of medicaments weekly, 12.9% write out 6-9 prescriptions, 11.4% – 10-15 prescriptions and 47.2% – more than 15 prescriptions a week.

Strong painkillers reckoned among narcotic, operating centrally, are definitely used more rarely. A half of the subjects claimed that, on the average, they prescribe these medicines once a week or even less frequently. 34.3% of the subjects prescribe the average of 1-5 prescriptions for narcotic painkillers weekly, 5.7% of the GPs prescribe 6-9

prescriptions, whereas 8.6% – 10-15 prescriptions a week. Medicines of this group included in the third stage of the analgesic ladder should be used in the cases exempt from treatment by means of the previously discussed medicines used in monotherapy or combined therapy. They are usually used in the cases of neoplasm with very strong protracted pains or in other acute pain circumstances for other reasons. On the basis of the observation it should be stated that the doctors, however, most frequently use the medicines of this type, synthetic narcotics, such as Tramal, Tramadol, not always after the exploitation of all opportunities of analgesic treatment. Painkillers of all the groups discussed above are applied in the form of pills (82.9%) and suppositories (14.3%), rarely in the form of injection (2.8%).

As it was mentioned above, general practitioners' consultations are much more frequently concerned with long continued rather than acute pain disorders. Undoubtedly, it is connected with the older age of the patients who constitute the major group of the general practices. Epidemiological examinations confirm the observation made by the doctors under the survey indicating greater frequency of pain occurrence among elderly people. It is concerned with longlasting pain that is the result of sclerosis, osteoarthritis, osteoporosis, peripheral neuropathy or neoplasm. Thus, painkillers were most frequently prescribed to the patients above 40, especially in the age group including people between 56 and 70. Among younger patients, 30% of the painkillers were prescribed in the cases of diseases with acute pain symptoms. It happened most frequently that medical consultations concerning coping with long-continued pain involved, according to the subjects, mainly: muscular and osseous pains (54.3%), headaches (27.1%), abdominal pains (7.1%). Among less frequent results there were neoplasms (4.3%) and injuries (1.4%).

Since pain is a complex phenomenon, it is necessary to remember about the factors that breed "this unpleasant sensual and emotional feeling connected with existing or approaching tissue lesion" (definition according to the International Association for the Study of Pain). There are two essential elements of pain: somatic and mental. A good example of the efficiency of this kind of approach is introducing psychotropic drugs in some cases (1, 2). More than a half of the subjects (61.4%) claimed that in the cases of pain ailments that are accompanied by symptoms of depression, psychotropic medicines are applied as an addition, including antidepressants (derivatives of benzodiazepine, Meproamat, Hydroxizina). In such cases nearly ¼ of the GPs (24.3%) do not make a decision on their own, sending a patient to the specialist for consultation and possibly – the treatment. The remaining subjects (12.9%) increase doses of psychotropic drugs or introduce other, stronger medicaments without taking mental components into consideration. Thus, the effects of the therapy cannot be fully satisfactory.

From the psychosocial point of view, in elderly people there are numerous factors that intensify pain experiences. Pain may be the reason for a physical disorder forcing them to search for help, and pain behaviours can be conducive to the search for signals of love and understanding of the people who surround them. The suffering of these people is becoming more intense if their family and associates as well as the environment

including health service do not pay enough attention to their suffering. Thus, the role of psychosocial factors is extremely important (2). This aspect was noticed in the survey by most of the subjects. 70% of the GPs claimed that elderly people showed inclinations to pain behaviours and conversations concerning pain, which resulted from alienation and isolation as well as the desire to receive some attention and support. 25.7% of the subjects were convinced that such behaviours resulted only from real physical feelings of pain. The remaining 4.3% of the subjects maintain that they do not investigate this type of problems but focus primarily on pharmacotherapy. Such attitude is not a holistic approach that the doctors should follow. Therefore, the results of the therapy are expected to be below expectations of the patients.

International Association for the Study of Pain recommends multidisciplinary treatment of patients with long-continued pain, with attention paid not only to the physical (somatic) needs, but also the need of psychological, social and recreational approaches in such cases. Apart from pharmacological treatment, programmes of rehabilitation, behavioural therapy and supportive techniques should be taken into account (1). Such a strategy of treatment is actually beneficial not only for the elderly patients. It can limit the undesirable effects of pharmacological polypragmatism, which is usually applied. The doctors' attitudes towards this issue are probably stimulated by the opportunities of their medical centers as well as the knowledge and time they are able to devote, for example, to the education of the patients. In the cases of long-continued pain, 65.7% of the subjects reduce pharmacotherapy and include physiotherapy. 58.6% of the GPs considered the application of behavioural therapy (e.g., avoiding behaviours that release pain while favouring supportive behaviours: health-diet, movement etc.) to be the most beneficial form of treatment that enables the limitation of the amount of medicines used. The question is how to transfer the information on this subject to the patient and how to apply it in the real life. 52.3% of the GPs who tried the application of psychological therapy in long continued pain treatment evaluated it in a positive way, however, adding that the essential obstructions in its realization were time limits and the lack of access to professional psychotherapy. On the other hand, 5.7% of the subjects claimed that only well-selected pharmacological treatment was the way to treat long-continued pain in elderly people, which, as we know, is not the right attitude.

Long lasting use of various types of painkillers is not beneficial and it can cause many side-effects, as well as lead to drug addiction. This is the problem observed by the GPs. Over a half of them (67.1%) have come across the problem of painkiller addiction. In practice it happens that the patients often try to extort prescriptions for a given type of medicines, not necessarily needed in a current therapy, from the GPs. 38.6% of doctors claim that it occurs frequently, whereas 50% regard such situations as occasional. The remaining subjects (11.3%) have never come across such problems. Among the painkillers most frequently used excessively by the patients were: headache tablets, commonly called "pills with a cross", Tramal, Bunondol, Paracetamol as well as medicaments included in the group of non-steroid painkillers. According to the observations made by the

subjects the element that contributed to this phenomenon was an easy access to some painkillers (pills with a cross, Paracetamol). Their use by the patients could not have been controlled by the doctors as they were available without prescription at pharmacies and other sales spots. Such an attitude was expressed by 78.6% of the GPs. However, such a situation will no longer exist. Since the beginning of 2001 selling selected painkillers (Pyralgin, Pabialgina), whose consumption had been substantial, will be possible only on the basis of prescriptions. It is designed in order to limit self-treatment with medicines that are not indifferent to our health in the cases of pain syndromes, especially the long-continued ones.

CONCLUSIONS

1. The phenomenon of the excessive use of painkillers among patients with long-continued pain syndromes, usually at the elderly age, is observed by the GPs. Uncontrolled self-treatment is possible owing to an easy access to this type of medicaments.

2. The excessive use of analgesic medicines in therapy frequently results from the lack of simultaneous application of other methods of pain treatment, which is necessary for efficient conduct. The reason for it is often the lack of such opportunities e.g., in physiotherapy, psychotherapy as well as improper behaviours of the patients or insufficient knowledge of the GPs.

3. The consequence of excessive painkillers' intake is addicting of patients to them, which, in fact, happens quite frequently. Therefore, there is a need to introduce proceedings that would reduce self-treatment since in many cases it cannot grow to be an alternative against the controlled, professional medical care.

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SUMMARY

The goal of this paper is to evaluate the consumption of painkillers among patients on the basis of the opinions of general practitioners. The most frequent ailments including pain symptoms were the cases of long-continued pain (64.3%); less frequent were acute pain syndromes in the course of a disease (35.7%). The phenomenon of the excessive use of painkillers among patients with long-continued pain syndromes is observed by the GPs. Uncontrolled self-treatment is possible owing to an easy access to this type of medicaments. The excessive use of analgesic medicines in therapy frequently results from the lack of simultaneous application of other methods of pain treatment e.g., in physiotherapy, psychotherapy. Long lasting use of various types of painkillers can lead to drug addiction. This problem is observed by over a half of the GPs (67.1%).

Opinie lekarzy pierwszego kontaktu na temat spożycia leków przeciwbólowych przez pacjentów

Celem pracy była ocena spożycia leków przeciwbólowych przez pacjentów na podstawie opinii lekarzy pierwszego kontaktu. W ich praktyce wśród stanów chorobowych przebiegających z dolegliwościami bólowymi dominowały przypadki z bólem przewlekłym (64,3%), zdecydowanie rzadsze były ostre stany bólowe w przebiegu chorób (35,7%). Ankietowani lekarze dostrzegają zjawisko nadużywania leków przeciwbólowych przez pacjentów przewlekle chorych. Niekontrolowane samoleczenie jest możliwe dzięki wciąż łatwej dostępności do tego typu leków. Nadmierne stosowanie w terapii leków analgetycznych wynika często z braku równoczesnego stosowania innych metod leczenia bólu, np. z zakresu fizykoterapii, psychoterapii. Ponad połowa badanych lekarzy (67,1%) dostrzega negatywne konsekwencje w postaci uzależnienia od specyfików przeciwbólowych.