



**AN ASSESSMENT ON THE KNOWLEDGE AND PERCEPTION ON THE USE OF
SELECTED PHARMACIST-ONLY OTC MEDICINES AMONG SELECTED RESIDENTS
IN SITIO WAWA, RODRIGUEZ, RIZAL**

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ABSTRACT

The aim of this study is to assess the knowledge, perception, and use of the 10 selected Pharmacist-Only OTC Medicines with safety and abuse issues, and their willingness to receive patient counseling prior to dispensing. The study took place at Sitio Wawa, San Rafael, Rodriguez, Rizal. A descriptive design was utilized in the study. Moreover, with the total population of 902, sample size was computed using Slovin's formula after gathering the number of qualified residents with ages 18-59 years old. It resulted in 239 study participants. Participants selection was done through random sampling technique. Data was gathered with the use of survey questionnaires that was given to the respondents through the barangay healthcenter. Data gathered was statistically treated with the use of frequency, weighted mean, tally/rank, and percentage. It was found in the study that respondents have average knowledge regarding POMs, with a score of 71.95%. In addition, respondents' perception has a neutral score of 3.39, a result of their varying perceptions regarding the use of POMs. Furthermore, upon assessment on their use of 10 selected POMs, it was found that most of the respondents are correct in the usage and does not exceed the recommended dose and time frame. However, a number of respondents who were misusing POMs and were underdosed based on their responses. The survey results also show respondents' trust among pharmacists, their willingness to receive patient counseling prior to POMs dispensing, and their high regards in complying to pharmacists' advice.

KEYWORDS: Assessment, Knowledge, Patient Counseling, Perception, Pharmacist-only OTC Medicine.

INTRODUCTION

As a prescription or non-prescription drug category, the drug classification system has been utilized as a regulatory strategy to ensure patient safety. Different drug categories, such as prescription and over-the-counter (OTC) drugs, lead to other drug access, drug distribution channels, and permitted advertisement (Leelavanich, et al., 2020). Prescription medications are only available with a prescription written by a physician for appropriate diagnosis. OTC medicines are available for everyone and have been deemed safe for self-medication; patients have the autonomy to choose which is suitable for symptomatic relief.

OTC drugs are commonly used by patients and are perceived to be safe and effective even without using a prescription in purchasing at a drugstore. OTC medicines' ubiquitous nature enables consumers to take responsibility for their health and offers convenience and choice (Avery et al., 2020).

However, pharmacist intervention is needed before dispensing OTC medicines with safety and abuse issues. Based on American Society of Health-System Pharmacists (ASHP) policy and guidance, the pharmacist as a drug expert provides knowledge that informs and influences the customer's purchasing decision, assess which drug is appropriate for the patient, give information regarding the drug, and teach the patient about the proper usage of drugs. This is to ensure the efficient, effective, and safe outcomes of OTC medicines. Also, for it not to be subjected to misuse, abuse, worsen complications, and cause adverse drug events. This will improve the quality of life of the patients and the patient-pharmacist relationship.

Republic Act 10918 or the Philippine Pharmacy Act states in its Article IV Section 30, that the Pharmacist-only OTC medicines (POMs) shall be dispensed only by a duly licensed pharmacist except for emergency cases. In this law, some of the over-the-counter (OTC)

medicines were reclassified into POMs due to the potential clinical risks and abuse it may entail. Since its implementation in 2016, some people are still unaware of this law's existence and the reclassification of selected drugs.

A study by Emmerton in 2009 states that the purpose of restricting OTC medicines reclassified under POMs availability is to facilitate greater clinical control over the distribution of higher-risk medications available without a prescription. With this, the researchers selected 10 OTC medicines that are reclassified under POMs as an example of drugs that have safety issues and abuse potentials. These selected drugs need proper patient counseling before dispensing because they may possess different risks. Thus, the study aims to assess the (1) knowledge (2) perception, (3) use of the ten selected Pharmacist-only OTC medicines, and (4) the willingness of the residents to receive patient counseling before medication dispensing in Sitio Wawa, San Rafael, Rodriguez, Rizal.

METHODS

Study Design

The study design used was descriptive, a systematic way of analyzing associations to the study variables, namely: (1) knowledge, (2) perception of the respondents regarding selected POMs, (3) use of the selected OTC medicines with safety and abuse issues, and (4) their willingness to receive patient counseling before OTC dispensing.

Survey Questionnaire

A printed researcher-made survey questionnaire was used to gather the needed data from the respondents. It consists of close-ended questions to obtain quantitative data. It was drawn out based on the researchers' readings, previous studies, professional literature, and published thesis relevant to the study. Also, the survey-questionnaire was validated by five professionals which are 2 statisticians, a pharmacist, and 2 psychometricians before it was laid on the study to ensure that the items are correct, reliable, clear, and understandable for the respondents. A reliability testing was administered to 15 respondents, Cronbach's Coefficient Alpha was used to measure its reliability coefficient. In terms of the questionnaire on perception about selected pharmacist-only OTC medicines (POMs), there is a reliability coefficient of 0.770 (high reliability). In terms of the questionnaire on patient counseling, there is a reliability coefficient of 0.904 (high reliability). With this, the instrument was authorized to obtain valid responses from the respondents.

Sample Size and Sampling Technique

The study's target respondents were the residents of Sitio Wawa, Barangay San Rafael, Rodriguez, Rizal which has a total population of 902. After receiving the list of qualified residents based on age, ranging from 18-59 years old from the barangay, the researchers obtained 239

respondents by calculating sample size using Slovin's formula. The study utilized a probability sampling technique, particularly random sampling, that gives all the qualified residents equal opportunities.

Data Collection Procedure

The total population was obtained from the barangay health center and got the qualified respondents based on the age criteria ranging from 18-59 years old. The survey questionnaire was given to obtain valid responses for the study. Assistance was asked from the health center in Sitio Wawa to distribute the survey questionnaires to limit face-to-face interaction between the researchers and the respondents due to the COVID-19 pandemic. The safety-protocols were ensured during the distribution, such as social distancing and face masks and face shields. After the collection process, the privacy of the data and results was ensured.

Statistical Treatment of Data

With the assistance of the statisticians, the collected data was tallied, tabulated, and analyzed quantitatively. Furthermore, the following statistical treatment was used such as (1) frequency, (2) tally/rank, (3) weighted mean, and (4) percentage.

Ethical Considerations

The research protocol gained approval from Centro Escolar University Institutional Ethics Review Committee (IERC) after a thorough evaluation by the committee members.

RESULTS AND DISCUSSION

Demographic Profile

The highest number of respondents belongs to the age bracket of 18-24. The majority of the 239 respondents are female, which constitutes 62.80%. Most of the respondents finished grade school, which has a percentage of 28.45% from the 68 respondents. Comparing the results gathered, the researchers can infer that respondents are almost equally distributed from different educational levels with a score of 22.18% and 25.52% in high school and bachelor's degrees, respectively. A monthly income of 5,000 to 9,000 had the highest count of 92 (38.49%). While respondents with 50,000 and above monthly income have the lowest count of 2 (0.84%). Respondents who are working as a freelancer have the highest count of 58 or 24.27%. While respondents working in the government have 17 or 7.11%, which had the lowest count.

Respondents' knowledge on the use of Pharmacist-only OTC Medicines (POMs)

Table 1.

Statements	Number of Responses with Correct Answers	Number of Responses with Incorrect Answers	Percentage (%)
Aspirin (Aspilet) is used to reduce fever and relieve mild to moderate pain from conditions such as headaches and swelling.	183	56	76.57
Bisacodyl (Dulcolax) is a laxative that can help empty bowels if a person has a constipation.	202	37	84.52
Diphenhydramine (Benadryl, Benadrex) is used to temporarily relieve symptoms due to hay fever, upper respiratory allergies, or the common cold, such as runny nose and sneezing.	203	36	84.94
Ibuprofen (Advil, Medicol) is used for fever reduction and pain related to trauma, arthritis, menstrual cramps, and sickle cell disease.	184	55	76.99
Loperamide (Diatabs, Imodium, Lomotil) is used to stimulate bowel movement.	76	163	31.80
Loratadine Hydrochloride (Allerta, Claritin) is used for muscle pain and reduces headache.	181	58	75.73
Mefenamic Acid (Dolfenal, Ponstan) is used to relieve mild to moderate pain, including menstrual pain.	187	52	78.24
Naproxen Sodium (Skelan, Flanax) is used for allergies, common colds, and cough.	198	41	82.85
Aside from being a nasal decongestant, Phenylpropanolamine + Chlorphenamine maleate + Paracetamol (Decolgen, Cynosal, Nafarin A) can also reduce fever.	194	45	81.17
Phenylephrine + Chlorphenamine Maleate + Paracetamol (Neozep, Bioflu) is used to relieve nasal discomfort caused by colds, allergies, and hay fever.	171	68	71.55
First dose of loperamide (Diatabs, Imodium, Lomotil) is 2 capsules.	56	183	23.43
The next dose of loperamide (Diatabs, Imodium, Lomotil) should be taken after 4 hours.	118	121	49.37
The following drugs can make you feel sleepy after taking: Loratadine Hydrochloride (Allerta, Claritin), Diphenhydramine (Benadryl, Benadrex), and Paracetamol + Chlorphenamine Maleate + Phenylephrine HCl (Neozep, Bioflu)	196	43	82.01
Drinking milk can affect you when taking bisacodyl (Dulcolax).	164	75	68.62
Medicines containing phenylpropanolamine (Decolgen, Cynosal, Nafarin A) can cause hemorrhagic stroke when abused.	129	110	53.97
Mefenamic acid (Dolfenal, Ponstan) can damage your liver.	190	49	79.50
You can combine Paracetamol + Chlorphenamine Maleate + Phenylephrine HCl (Neozep, Bioflu) and Paracetamol (Biogecic, Tempra) in one take.	193	46	80.75
If suspected side effects occur, report to a doctor or pharmacist.	203	36	84.94
OTC medicines are still safe to use one month after their expiry date.	204	35	85.36
OTC medicines may affect or interact with some prescription drugs.	145	94	60.67
I can share my OTC medicines with people having the same condition as mine.	191	48	79.92
Naproxen Sodium (Skelan, Flanax) is applicable to those who have an ulcer and digestive problems.	194	45	81.17
Taking aspirin (aspilet) daily will help your heart to become healthy.	110	129	46.03
It is okay to take ibuprofen (Advil, Medicol) for patients with hypertension medicines.	209	30	87.45
Taking mefenamic (Dolfenal, Ponstan) every day is okay.	218	21	91.21
Grand Mean			71.95

Respondents' knowledge on the use of POMs has an average score of 71.95%, an average understanding of the medication they are using based on the classification of the knowledge level of clinmed journals. The question about taking mefenamic acid every day got the highest correct score which obtained 218 correct answers. This means that respondents know that there is a possible risk associated with constant mefenamic acid use. Even though the average score of knowledge is 71.95%, some

respondents still don't have enough knowledge about the selected medications that could lead to potential risks and abuse. For instance, the first dose of loperamide with 2 capsules as priming dose got the lowest score from only 56 respondents. This shows an underdose of the specific drug, which affects the drug efficacy. According to Mayo Foundation for Medical Education and Research (MFMER), the usual dose for adults and teenagers of loperamide is 4 mg (2 tablets) after the first loose bowel movement, and 2 mg (1 tablet) after each loose bowel movement after the first dose has been taken. It is stated that no more than 8 mg (4 tablets) should be taken in any 24- hour period.

Respondents' perception on the use of Pharmacist-only OTC Medicines

Table 2.

Table 6
Respondent's Level of Perception Regarding Pharmacist-only OTC Medicines

Statements	SA (5)	A (4)	N (3)	D (2)	S (1)	Mean	Interpretation
1. It is not safe for me to take otc medicine for long periods of time.	122	76	28	12	1	4.28	Agree
2. When using an OTC medicine, you should be careful with it.	123	88	23	5	0	4.38	Agree
3. OTC medicines rarely cause side effects.	15	55	56	101	12	2.83	Neutral
4. Reading instructions included in the OTC medicine (leaflet/inserts) will help me understand the medication.	139	73	23	2	2	4.44	Agree
5. It's dangerous to use certain OTC medicines if you also have certain medical conditions.	88	91	45	5	10	4.01	Agree
6. It is generally safe to take several OTC medicines at a time.	12	26	49	93	59	2.33	Disagree
7. If I can buy medicines without a prescription, that means they are safe to use beyond recommended doses.	11	26	39	105	58	2.28	Disagree
8. Generally, I find OTC medicines to be less effective than prescription medicines.	19	75	51	67	27	2.97	Neutral
9. Asking relatives for advice when buying an OTC medicine will be beneficial for me.	37	55	46	68	33	2.98	Neutral
Grand Mean						3.39	Neutral

Legend: SA (5): Strongly Agree, A (4): Agree, N (3): Neutral, D (2): Disagree, SD (1): Strongly Disagree.

The highest level of perception is on reading instructions included in the OTC medicine, such as leaflet and inserts, which help the respondents understand the medication, with an average score of 4.44 or interpreted as agreed. It demonstrates that respondents show importance on the additional knowledge they will gain in reading package inserts or leaflets. While the lowest level of perception is if they can buy medicines without a prescription, that means they are safe to use beyond recommended doses with an average score of 2.28 or interpreted as disagree. This puts respondents at risk of possible overdose and misuse because medicines can only be used at specific time frames.

Overall, it has a grand mean of 3.39 or interpreted as neutral due to respondents' varying degrees of perception. Some may have a positive perception regarding the use and knowledge about POMs, while others show a low score for this, resulting in neutrality. Though some perceived it right, others may still be at risk for not knowing what is right about their medications.

Commonly Used of Pharmacist-only OTC Medicines among respondents

Top 10 POMs used by Respondents

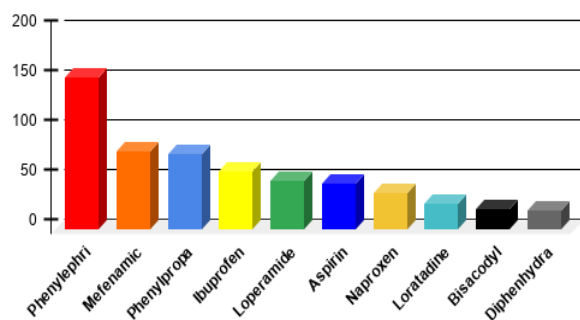


Figure 1.

The Paracetamol + Chlorpheniramine Maleate + Phenylephrine HCl (Neozep, Bioflu) ranks first in the most commonly used POMs with 64%. This is because this drug is an analgesic / antipyretic / antihistamine / nasal decongestant medication, making it one of people's first-line remedies when they feel pain and flu-like symptoms. It is followed by Mefenamic Acid (Dolfenal, Ponstan) with 33%, ranking as the second most commonly used POMs. Mefenamic Acid is a pain reliever. This drug is widely associated with alleviating several symptoms such as pain, fever, inflammation, and menstrual pain. Phenylpropranolamine + Chlorphenamine Maleate + Paracetamol (Decolgen, Cynosal, Nafarin A) obtained the third rank with 32%. Like the previous medicine, this is also a nasal decongestant / analgesic / antipyretic signifying that medications with this indication are the most commonly used POMs in Sitio Wawa, Rodriguez, Rizal.

Practice on the use of Pharmacist-only OTC Medicines among respondents according to dose selection, frequency, and duration of use.

Dose Selection, Frequency of Use, and Duration of Use of Aspirin

Table 3

Dose Selection, Frequency of Use, and Duration of Use of Aspirin

Selected POMs	Dose Selection	F	Frequency of Use	F	Duration of Use	F
Aspirin (Aspilet)	80 mg	20	Once a day	17	1 day	27
			Twice a day	10	2 days	10
	100 mg	15	Thrice a day	3	3 days	4
			More than thrice	0	4 days	1
	300 mg	10	Few Times a week	1	1 week	2
			When I feel pain or discomfort	14	Others	1

Legend: F = Frequency

Most of the respondents often take a dose of Aspirin (Aspilet) 80 mg and take the drug once in 1 day. Also, 2 respondents take this drug for 1 week. This posed some of the residents a potential risk because according to Huang in 2011, in the article entitled Long Term Use of Aspirin and the Risk of Gastrointestinal Bleeding, regular and continuous use of aspirin is linked with gastrointestinal bleeding and salicylism. Several respondents are taking the 80 mg aspirin, which is the antipyretic dose for children, wherein the usual dose of aspirin as antipyretic in adults is 300 mg. Based on MIMS Ph. in 2020, if the respondents use it as antipyretic, the advisable dose is 300-900 mg. If respondents from Sitio Wawa use aspirin as antipyretic, then there is a possible underdose compromising the drug efficacy. Physician consultation is advisable before starting on aspirin therapy, for there are many things to consider. Aspirin is used as an anticoagulant and the prevention of heart attack. If most of the respondents belong to a young age, they must be using this drug (as preventative) measure to the said condition. Also, frequent aspirin use without supervision from a professional, based on Mayo Clinic, may lead to bleeding disorders such as in the gastrointestinal tract, stomach ulcers, allergies, rebound effect when stopped, adverse drug interactions when taken concomitantly with other drugs such as nonsteroidal anti-inflammatory drugs or NSAID s, and a possible heart attack.

Dose Selection, Frequency of Use, and Duration of Use of Bisacodyl

Table 4

Dose Selection, Frequency of Use, and Duration of Use of Bisacodyl

Selected POMs	Dose Selection	F	Frequency of Use	F	Duration of Use	F
Bisacodyl (Dulcolax)	5mg	20	Once a day	7	1 day	10
			Twice a day	3	2 days	6
			Thrice a day	2	3 days	2
			More than thrice	0	4 days	1
			Few Times a week	1	1 week	0
			When I feel pain or discomfort	7	Others	1

Legend: F = Frequency

Results show that bisacodyl (Dulcolax) was taken by the respondents only when they feel pain or discomfort, and some answered once a day. This might become a potential risk because Bisacodyl is not for pain but rather a laxative. Also, some respondents take this drug twice and thrice a day, signifying an overdose. This could result in severe stomach/abdominal pain and persistent nausea/vomiting/diarrhea. This is incorrect, because according to Lawrensia and Raja (2020), bisacodyl should only be taken once a day at bedtime so that the therapeutic effect will occur in the morning.

Dose Selection, Frequency of Use, and Duration of Use of Diphenhydramine

Table 5 Dose Selection, Frequency of Use, and Duration of Use of Diphenhydramine

Selected POMs	Dose Selection	F	Frequency of Use	F	Duration of Use	F
Diphenhydramine (Benadryl, Benadrex)	25 mg	11	Once a day	8	1 day	11
			Twice a day	6	2 days	3
			Thrice a day	0	3 days	0
			More than thrice	2	4 days	2
	50 mg	7	Few Times a week	0	1 week	0
			When I feel pain or discomfort	2	Others	2

Diphenhydramine (Benadryl, Benadrex) was taken by most respondents at the dose of 25 mg and took this drug once in only one day. This means that after the alleviation of allergic reactions, people stop taking the medication. Also, 2 respondents answered that they use it when they feel pain or discomfort. It might have potential risks because diphenhydramine is used for allergies or an antihistamine medication and not for pain or discomfort.

Dose Selection, Frequency of Use, and Duration of Use of Ibuprofen

Table 6 Dose Selection, Frequency of Use, and Duration of Use of Ibuprofen

Selected POMs	Dose Selection	F	Frequency of Use	F	Duration of Use	F
Ibuprofen (Medicol, Advil)	200 mg	38	Once a day	8	1 day	29
			Twice a day	14	2 days	16
			Thrice a day	10	3 days	7
			More than thrice	2	4 days	1
	400 mg	20	Few Times a week	0	1 week	1
			When I feel pain or discomfort	24	Others	4

Legend: F = Frequency

Results show that most respondents use Ibuprofen (Medicol, Advil) 200 mg, and answered that they take this drug whenever they experience pain or discomfort. This means that the respondents do not exceed the required milligram intake per day of Ibuprofen which is 1200 mg which makes them less exposed to ibuprofen's harmful effects (Ekern, 2016). Moreover, 24 respondents took ibuprofen for pain and discomfort, a correct use for this drug since it is a pain reliever and anti-inflammatory.

Dose Selection, Frequency of Use, and Duration of Use of Loperamide

Table 7 Dose Selection, Frequency of Use, and Duration of Use of Loperamide

Selected POMs	Dose Selection	F	Frequency of Use	F	Duration of Use	F
Loperamide (Diatabs, Imodium, Lomotil)	2 mg	49	Once a day	9	1 day	29
			Twice a day	19	2 days	14
			Thrice a day	4	3 days	2
			More than thrice	2	4 days	0
			Few Times a week	0	1 week	0
			When I feel pain or discomfort	15	Others	4

Legend: F = Frequency

The table shows that most of the respondents take Loperamide (Diatabs, Imodium, Lomotil) twice a day. According to RxList (2020), it is an advisory that the recommended initial or priming dose is 4 mg (two capsules) followed by 2 mg (one capsule) after each unformed stool. The daily dose should not exceed 16 mg (eight capsules). 9 respondents answered that they only take loperamide once a day, signifying that not all respondents know about the priming dose required to reach a particular drug concentration on the first drug intake. Moreover, 15 respondents said that they only take this drug when they feel pain or discomfort. This could be a risk because loperamide is not an analgesic but rather an antidiarrheal medication.

Dose Selection, Frequency of Use, and Duration of Use of Loratadine HCl

Table 8 Dose Selection, Frequency of Use, and Duration of Use of Loratadine HCl

Selected POMs	Dose Selection	F	Frequency of Use	F	Duration of Use	F
Loratadine hydrochloride (Allerta, Claritin)	10 mg	25	Once a day	9	1 day	14
			Twice a day	7	2 days	2
			Thrice a day	2	3 days	3
			More than thrice	0	4 days	2
			Few Times a week	1	1 week	1
			When I feel pain or discomfort	6	Others	3

Legend: F = Frequency

This table presents that loratadine hydrochloride (Allerta, Claritin) was taken by most of the respondents once in 1 day and some respondents who use this medication twice a day. According to the United Kingdom National Health Service in their article entitled Medicines A to Z, you may take loratadine for a short time, one dose if you react to an insect bite for a day or two and it is okay to take it every day if you're having allergy symptoms occasionally. Therefore, most of the respondents correctly used this medication following its regimen. Also, 6 respondents answered that they only take this drug when they feel pain or discomfort. It is best to know that loratadine is not an analgesic drug but relatively an antihistamine.

Dose Selection, Frequency of Use, and Duration of Use of Mefenamic Acid

Table 9 Dose Selection, Frequency of Use, and Duration of Use of Mefenamic Acid

Selected POMs	Dose Selection	F	Frequency of Use	F	Duration of Use	F
Mefenamic Acid (Dolfenal, Ponstan)	250 mg	78	Once a day	13	1 day	47
			Twice a day	8	2 days	16
			Thrice a day	7	3 days	7
			More than thrice	3	4 days	4
			Few Times a week	0	1 week	1
			When I feel pain or discomfort	47	Others	3

The table shows that most of the respondents take mefenamic acid (Dolfenal, Ponstan) only when they feel pain or discomfort for a length of only one (1) day. Also,

it showed one respondent who answered a duration of one (1) week. According to Mayo Foundation for Medical Education and Research, the recommended doses of mefenamic acid are 2 capsules of 250mg for the first dose and after that 1 capsule of 250 mg for mild to moderate pain for 2 to 3 days only, shall not exceed one week as determined by your doctor. This might be a potential risk of central nervous system (CNS) toxicity, especially convulsions for the respondents who take it longer than recommended.

Dose Selection, Frequency of Use, and Duration of Use of Naproxen Sodium

Table 10

Dose Selection, Frequency of Use, and Duration of Use of Naproxen Sodium

Selected POMs	Dose Selection	F	Frequency of Use	F	Duration of Use	F
Naproxen Sodium (Skelan, Flanax)	275 mg	36	Once a day	3	1day	18
			Twice a day	2	2 days	10
			Thrice a day	1	3 days	6
			More than thrice	2	4 days	1
			Few Times a week	0	1 week	0
			When I feel pain or discomfort	28	Others	1

Legend: F = Frequency

Most of the respondents took naproxen sodium (Skelan, Flanax) whenever they felt pain or discomfort, having 28 out of 36 respondents. One tablet should be taken every 8 to 12 hours as needed with a maximum dose of 1250 mg per day on immediate-release tablets and 1500 mg on delayed-release tablets or taken as directed by the doctor article from healthline.com entitled “Naproxen, Oral Tablet.” According to a Medical News Today article with the title “What to Know About Naproxen,” published in 2021, the maximum recommended time frame is between 3-5 days for the pain and no more than 3 days for fever. Therefore, the respondents did not abuse this medication. However, they must be well informed with the proper frequency and duration of use of naproxen sodium.

Dose Selection, Frequency of Use, and duration of Use of Phenylpropranolamine

+ Chlorphenamine maleate + Paracetamol

Table 11

Dose Selection, Frequency of Use, and Duration of Use of Phenylpropranolamine + Chlorphenamine maleate + Paracetamol

Selected POMs	Dose Selection	F	Frequency of Use	F	Duration of Use	F
Phenylpropranolamine + Chlorphenamine maleate + Paracetamol (Decolgen, Cynosal, Nafarin A)	25 mg/2 mg/ 500mg	76	Once a day	7	1 day	34
			Twice a day	8	2 days	25
			Thrice a day	7	3 days	10
			More than thrice	2	4 days	3
			Few Times a week	0	1 week	0
			When I feel pain or discomfort	52	Others	4

Legend: F = Frequency

The table shows that respondents use phenylpropranolamine + chlorphenamine maleate + paracetamol (Decolgen, Cynosal, Nafarin A) when they feel pain or discomfort. Aside from being a pain

reliever, it can also be used for cough and colds. As for the duration of use, most respondents answered that they take this medicine for a day. The recommended dose of this drug is one (1) tablet for every four (4) to six (6) hours, and the maximum daily dose is 4000 mg a day or 8 tablets for no more than seven (7) days. Based on the result, abuse of this drug is not evident, but respondents should be responsible enough in taking this medicine to avoid unwanted risks and adverse effects (Brutzkus et al, 2020).

Dose Selection, Frequency of Use, and Duration of Use of Phenylephrine HCl + Chlorphenamine maleate + Paracetamol

Table 12

Dose Selection, Frequency of Use, and Duration of Use of Phenylephrine HCl + Chlorphenamine maleate + Paracetamol

Selected POMs	Dose Selection	F	Frequency of Use	F	Duration of Use	F
Phenylephrine HCl + Chlorphenamine maleate + Paracetamol (Neozep, Bioflu)	10 mg/ 2mg/ 500 mg	153	Once a day	22	1 day	59
			Twice a day	14	2 days	57
			Thrice a day	24	3 days	19
			More than thrice	6	4 days	5
			Few Times a week	0	1 week	5
						When I feel pain or discomfort

Legend: F = Frequency

Phenylephrine HCl + chlorphenamine maleate + paracetamol (Neozep, Bioflu) was taken by most respondents whenever they felt pain or discomfort. Also, they mostly answered in a duration of only 1-2 days. This medicine is used as a nasal decongestant, antihistamine, analgesic, and antipyretic. As stated on the website of UNILAB. (2013)., the manufacturer of Neozep and Bioflu, the maximum daily dose of this drug is 4 000 g or 8 tablets which means that respondents did not exceed the maximum daily dose which makes them less exposed to the risks associated with the use of this medicine.

Respondent’s level of trust to the pharmacist, willingness to do patient counselling, and adherence to pharmacists’ advice

Table 13

Patient Counselling	Most likely to do (4)	Likely to do (3)	Unlikely to do (2)	Least likely to do (1)	Mean	Interpretation
Will you trust the pharmacist's knowledge regarding OTC medicines?	109	121	8	1	3.41	Likely to do
Are you willing to have patient counseling with the pharmacist regarding your OTC medicines?	106	128	5	0	3.42	Likely to do
Will you comply with the information given by the pharmacist?	104	108	6	1	3.40	Likely to do

Based on the results most of the respondents trust the pharmacists' knowledge with a mean score of 3.41, interpreted as likely to do. Most are likely to do patient counseling regarding the POMs, with a mean score of 3.42. Lastly, a mean of 3.40 was gathered for the respondents who said that they will comply with the information given by the pharmacists.

According to Sudulaguntla *et al.* (2018), counseling is an important role of the pharmacist which gives correct information to the patients about the purchased medicines whether it is prescription, non- prescription drugs, or Pharmacist-only OTC medicines. The pharmacist also ensures that the patient understands the information and uses the medicines effectively. Moreover, it will deliver the proper and rational use of medications to reduce side effects or unknown risks. Thus, the counseling process if properly maintained, will result in improved patient understanding, increased patient compliance and safety, and improved job satisfaction for pharmacists.

CONCLUSIONS

Results show that people have average regard for knowledge (71.95%) about medications. The survey indicates that a significant number of people are knowledgeable about the medications they are taking and have varying perceptions resulting in a neutral score of 3.39. Although not everyone has a piece of high knowledge and positive perception about Pharmacist-only OTC Medicines (POMs), this may mean that there are people who may still be at risk for potential harm.

Most drugs were used correctly by the respondents, it was found that they take these drugs in the right dose, frequency, duration, and right purpose. These drugs are the following: Mefenamic acid (Dolfenal, Ponstan), Naproxen sodium (Skelan, Flanax), Phenylpropranolamine + Chlorphenamine Maleate + Paracetamol (Decolgen, Cynosal, Nafarin A), and Phenylephrine HCl + Chlorphenamine maleate + Paracetamol (Neozep, Bioflu). Furthermore, when it comes to the practice on the use of POMs, most of the respondents answered that they use the drug only when they feel pain and stop taking the drug after the pain is alleviated. Medicines such as Aspirin (Aspilet), Bisacodyl (Dulcolax), Diphenhydramine (Benadryl, Benadrex), and Loperamide (Diatabs, Imodium, Lomotil) and Mefenamic acid (Dolfenal, Ponstan) and Phenylephrine HCl + Chlorphenamine maleate + Paracetamol (Neozep, Bioflu), were used by the respondents for only once a day, or whenever they feel pain and/or discomfort. However, this could be a cycle of repeated concealing of pain, not knowing if the concentration and duration of drug effect in their body enough to completely heal them, or there is an underlying condition behind this symptom that needs to be addressed.

Medication misuse was noted in the following selected POMs included in the study. For instance, aspirin was taken by a number of respondents at 80 mg dose, which if used as antipyretic is underdose, because the adult dose for aspirin as antipyretic is 300 mg. Moreover, other misused drugs in the selection are Bisacodyl (Dulcolax), Diphenhydramine (Benadryl, Benadrex), Loperamide (Diatabs, Imodium, Lomotil), and Loratadine hydrochloride (Allerta, Claritin) for the reason that respondents answered that they take these drugs when they feel pain or discomfort when in fact, these drugs are not indicated for usage in pain and discomfort.

For drug abuse, some respondents abused bisacodyl by taking twice and thrice a day, signifying an overdose. Wherein the recommended dose for this drug once a day at bedtime. In addition, there is no potential abuse identified in the general population of the study. Only a number of residents were found to be abusing POMs based on their answered dose selection, frequency, and duration which exceeded the maximum recommended regimen.

Lastly, given the positive knowledge and perception of the respondents, they are still willing to receive patient counseling prior to POMs dispensing. Also, the respondents show trust among the pharmacists and are said to be complying with the advice given by the pharmacist. This shows that people are still willing to learn more about their medications.

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