

Discussion

The study was performed to identify the degree to which physicians confirm to guidelines for prescription writing during their clinical practice. A total of 1000 prescriptions were taken from Al Ashar area in Basra city were screened for the essential elements of prescriptions according to published WHO guidelines⁽⁴⁻⁷⁾.

This is the first study reviewing prescriptions from private clinics in Basra city.

Our observations showed that prescriptions were deficient in the information as following:

In concern prescriber related information; about 4.3% of the prescriptions contained the telephone number of the prescriber and only 74.8% had the prescriber address. These elements should be included according to WHO prescription writing guidelines⁽⁴⁾. These deficiencies indicate how things are made difficult for the dispensing pharmacist to contact the prescriber in case of any clarification.

Concerning patient information; our finding patient's name, age and weight in were found in 96.6%, 15.5% and 2.2% of prescriptions respectively. Inclusion of weight is recommended for patients at the extremes of age⁽⁴⁻⁷⁾, because of its implication on drug pharmacokinetics and pharmacodynamics. These finding differ slightly from another study like in Saudi Arabia that found 94.6%, 77.6% and 0.0% for patient's name, age, and weight⁽⁹⁾ respectively.

None of the prescriptions we reviewed contained the address and sex of the patient; which is similar finding in Saudi Arabia study. The address of the patient is among the elements that should be included in the prescription according to WHO⁽⁴⁾. Omission of patient address from prescriptions is a serious deficiency when problems in the prescription are discovered and the patient needs to be contacted to correct the problem. This is even more serious when the

name of the patient is also omitted. Our finding that less than half (44.9%) of prescriptions were not dated.

We found that more than one third (37.7%) of prescriptions did not include the strength of medication, this ratio was less than that reported in Saudi Arabia⁽⁹⁾ the dose units were not included in 39.2% and the quantity of medications was not included in 47.5% of prescriptions. Apparently, these parameters are left to the pharmacist to decide upon and the implications for the duration of therapy will be dependent on the individual pharmacist. The strength of medication is particularly needed when the pharmaceutical product exists in more than ones strength. We did not look at the proportion of drugs which are available in only ones strength.

We also found that the prescriptions were included instructions for patient use in about 36.1% (2.3% in Saudi Arabia)⁽⁹⁾, and about 34.5% contained only partial instructions, (90.7% in Saudi Arabia)⁽⁹⁾ a finding that certainly will affect the adequacy of therapy. Which differ from finding in Saudi Arabia which were

Our finding that the diagnosis was missing or unreadable in more than two third (85.2%) of prescriptions; Also our finding that about (16.3%) of prescriptions suffered from poor handwriting, this percentage of poor handwriting we found could be due to the fact we considered the presence even of a single unclear word or a dose unit as poor handwriting for the whole prescription. Poor handwriting is a serious problem that might lead to dispensing the wrong medication to the patient with serious or even fatal results⁽¹⁰⁾. Some reasons behinds prescription writing incompliance may include : Heavy load on physician specially the gynecologists, in addition to that; improper practice, by some physicians, like admission more than one patient in examination room, make physician hesitated in prescription writing , leading to poor hand writing, and / or errors or leads to missing of some information in