

# Drug utilization pattern and pharmacoeconomic analysis in geriatric medical in-patients of a tertiary care hospital of India

Sir,

I read the study entitled “Drug utilization pattern and pharmacoeconomic analysis in geriatric medical in-patients of a tertiary care hospital of India” by Jhaveri *et al.*<sup>[1]</sup> with great interest. The drug utilization surveys are very important to know the drug prescription pattern and to make drug formulary and prescription guidelines for the hospitals. I really appreciate the great work by the Jhaveri *et al.*<sup>[1]</sup> However, I do have certain concerns about the study conclusions which are as follow:

1. The study was conducted at a single hospital of Gujarat. Therefore, the data may not be generalized for the other government hospitals across India
2. Second, the authors have found that usage of ranitidine, metoclopramide and deriphyllin are high among geriatric patients which may not be safer drugs in this subset of patients and may increase the incidence of adverse drug reactions. I completely agree with the authors. However, it should be kept in mind that in government hospitals, the number of drugs available is restricted. Although, there are safer alternative drugs available in the market but not available in the hospital pharmacy hence, the doctors in the government hospitals may not be able to prescribe those drugs. This point is very important and should have been discussed in the discussion
3. Third, the admission in the government hospitals

are bit complicated, graver and may have multiple comorbidities. This may be the reasons for the polypharmacy prescriptions in the government hospitals. In addition, most of the patients are poor and may not be able to afford the costly but safer alternative drugs. Though, it is theoretically irrational to prescribe a particular drug for the particular ailment but may make sense to prescribe the same irrigational drug in government hospitals considering all these points and limitations of doctors working in government hospitals.

To my mind, all these points need a discussion at length.

Thank you

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## REFERENCE

1. Jhaveri BN, Patel TK, Barvaliya MJ, Tripathi CB. Drug utilization pattern and pharmacoeconomic analysis in geriatric medical in-patients of a tertiary care hospital of India. *J Pharmacol Pharmacother* 2014;5:15-20.

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