Author reply

Sir,

We are thankful to the reader for his interest in our research article entitled "Drug utilization pattern and pharmacoeconomic analysis in geriatric medical in-patients of a tertiary care hospital of India."

The following points are for the clarification:

1. This study was conducted at Government Medical College, Bhavnagar, Gujarat between January 2010 and December 2010. There was no typographical error. We have mentioned in limitations that findings of this study can only be generalized to tertiary care teaching hospital in a developing country.[1] India is a vast country with socio-economic variability between different states. The pharmacoeconomic data of our center may change

with hospital formulary and practicing of generic drugs. More prospective studies from different regions of India are required in this field. However, we believe data of this study are more representative of developing country like India than any other western studies.

2. We discussed intravenously administered ranitidine as inappropriate.[1] It was prescribed in patients who were on other oral medicines. We agree that safer alternative of metoclopramide and deriphyllin may not be affordable to all patients. Factors promoting irrational prescription are many and one of the factors for it is lack of availability of medicine in hospitals. The present study was aimed to find out the drug utilization pattern and pharmacoeconomic analysis but not toward the factors affecting particular pattern of drug use. This type of study will identify the areas where efforts can be made to identify the safer alternatives. The further study can be conducted to find out the various factors responsible for irrational use of some drugs in the hospital.
3. We have already mentioned the multiple comorbidities as a reason of poly-pharmacy in geriatric patients in discussion. In government hospitals whenever medicines are not available which patient requires, clinicians advise them to purchase them from the medical store if the patient is willing to do so. We agree that majority patients come from poor socio-economic status. The generic prescriptions could be one of the practical solutions of this theoretical problem. Total 51.21% of the drugs were prescribed by the brand name in our study. We observed that diabetes mellitus increases the cost burden to the patients. Efforts should be made to available anti-diabetic drugs though hospital formulary or physician should prescribe the generic or branded generics for the same. There is a need to generate prescription guidelines, to identify the potentially inappropriate medications and their safer economical alternatives for the geriatric patients based on the drugs available on Indian market similar to the western countries.[2-5]