

THE NEED FOR A PRESCRIPTION BY FAMILY DOCTORS

Ablakulova Munisa Khamrakulovna
Assistant at the Department of General Practice /
Family Medicine, Samarkand State Medical Institute, Uzbekistan

Khakimova Leyla Rafikovna
Assistant at the Department of General Practice /
Family Medicine, Samarkand State Medical Institute, Uzbekistan

Abdukhamidova Dilshoda Khalimovna
Assistant at the Department of General Practice / Family Medicine,
Samarkand State Medical Institute, Uzbekistan

Ahmedova Mahbuba Mahmudovna
Samarkand State Medical Institute, Department of Pediatrics,
Faculty of Advanced Training for Doctors

ANNOTATION

The article presents data on the rational prescription of drugs in the primary health care sector and the relevance of prescribing.

Keywords: rational treatment, prescription, extract, evidence-based medicine.

INTRODUCTION

Proper prescription of medications requires the development of strong analytical and decision-making skills. Having mastered these skills, family doctors will be able to rationally prescribe medications. Transitioning primary care physicians will be able to adjust their skills to solve therapeutic tasks that they have not previously encountered [2].

Improper use of medicines can lead to ineffective and unsafe treatment, worsen the course of the disease, lead to a loss of the effectiveness of medicines (for example, resistance to antibiotics, antihypertensive drugs), and also hit the pocket of patients if the patient pays for his treatment independently or it is paid by a "third party" (the government or an insurance company) [1]. When drug therapy is required, the prescription prescribed by the doctor must be justified. In many countries, including the Republic of Uzbekistan, this process is regulated by the List of Essential Medicines (EML). The EDL is a jointly developed list of generic medicines that are approved for use in the relevant country. EDL meets 90-95% of the requirements and includes medicines that are both safe and effective and are available at a relatively low price. [5]. Using these drugs, doctors can guarantee that a fairly large number of patients can be cured at the expense of a limited budget, or, in other words, much can be done without additional funding. The processes used to determine EDL are called cost-benefit analysis and cost minimization. [3].

We need the pharmaceutical industry to produce medicines of acceptable quality and develop new or improved methods of treating diseases, although the budget is limited in all countries. Therefore, it is fair to say that some new drugs may not be available when effective, old and cheap drugs are available that will work without excessive side effects. [eight].

Market control is not suitable for controlling the pharmaceutical market, since medicines are not common items of trade. They are provided by highly qualified medical professionals to people who do not have sufficient educational opportunities to determine the most appropriate treatment in terms of effectiveness, safety and cost. This is a huge responsibility for a medical professional, who must be absolutely independent in making decisions when shifting responsibility to the patient, the employer institution and the person who pays the cost of the drug. [6] There is often no need for medication, as the conditions may be self-limiting or caused by a virus that cannot be cured with antibiotics. If one patient is prescribed too many medications, then he will not be able to withstand a complex dosage.

Doctors need to know the classes or "families" of drugs that they use. To do this, you need to prescribe a medicine according to its generic name. This is the name of the drug itself, and not a catchy brand name. Branded drugs are more expensive than generic analogues, so it is more reasonable to choose a generic drug. Many doctors have a limited group of medications that they regularly prescribe to patients. Very rarely, their number exceeds 100, and usually we are talking about 40-60 different drugs. The list of medications can be described as personal or preferred medications (P-medications), but the list cannot be compiled in a logical order. The process of intelligent assignment is logical and simple:

to find out the patient's problem, the problem is not always a diagnosis.

to determine what therapeutic target to determine whether drug-free or drug used in the treatment, if the medication is, the choice is based effectively (how well does it work?), security (can there be side effects?), fitness (are there any contraindications, and does this medication with existing treatment?), cost (what is the cost to the patient or the government? Is it available?) начните лечение выпишите правильное, точное назначение, дайте пациенту правильные инструкции, ответьте на вопросы пациента.

* observe the progress of treatment, examine the patient during the next visit (after the initial examination in the SVP, YOU must personally examine the patient during the next visit). Explain what is happening to the patient

Drug therapy includes the class of medicine; the actual medicine selected according to the analysis; dosage (amount in mg); dosage regimen; form (tablets, capsules, medicine, injections, etc.); duration of treatment. In our country, there are standards of treatment for primary care doctors under certain conditions. When prescribing drug therapy, doctors should write out a prescription. Think for a moment about what a recipe really is. Many textbooks say that this is an instruction from a doctor to a pharmacist, but it is often interpreted by a nurse, a health care worker or another medical professional who does not have the same deep knowledge about medicines as a pharmacist. For various reasons, some recipes have to be redone or even "corrected" after they are written. For these reasons, we should think about the prescription as a means of communication between a doctor and a medical professional (not just a pharmacist), which will be explained by this person in the absence of a doctor. The prescription increases the doctor's responsibility to the patient, will force the doctor to open the pharmacological reference book once again and study the "work" of the drug.

The recipe must be correct, accurate and, of course, legible. But we still see that many recipes are written illegibly or incorrectly. When this happens, you need to contact your doctor in order to clarify the situation. Even in countries that have an undeveloped legislative system of human protection, it is obvious that the doctor is obliged to take care of the patient, and this also applies to the correct, accurate, legible appointment. Illegible assignment can also be considered as negligence.

The names of medicines should be written in full, and they should never be abbreviated. The generic name should be used in such a way that there is no confusion. do not write L-Dopa when you want to write left-Dopa, and do not write M-Dopa when you want to write methyl dopa. Poorly written abbreviations can be misinterpreted, and the patient may receive the wrong medicine. This will be your mistake.

Recipes should be written on special forms, not on scraps of paper. This means that the Ministry of Health must guarantee a sufficient number of forms for issuing prescriptions. They should be stored in a secure, lockable place, since they are the medicinal equivalent of an empty receipt.

Recipes should be written in ink so that sections are not crossed out or changed. It would be really very dangerous to try to write recipes with a pencil.

It is necessary to treat each patient as a person. Never write one prescription for the whole family. Make sure that a separate prescription is written for each family member, including children and infants.

Specify the dose in mg or grams, and not as one or two tablets. This is necessary, since the effect of tablets/capsules may vary. When prescribing the medicine, specify the dosage in mg/ml or mg/5ml. Some medicines (especially antibiotics) are available in more than one composition. Always use milliliters (ml) for medicines and never cubic centimeters (cc) .

If you have to use a dot in a decimal fraction, make sure that the zero is in front of the decimal fraction. This means, for example, that you need to write 0.5 G, and NOT. 5G, which can be interpreted incorrectly [5].

If you prescribe insulin, always write the words in full and never shorten them as "U". A poorly written " U " was interpreted as a zero, and as a result, patients received a tenfold dose of insulin.

It is a good practice to write recipes in a logical sequence. After the prescription is written out, you should check the recipe and then you will easily see if something is missing. [4].

Do not try to cram many items into one recipe, as this may make it unreadable. The following example is a prescription for a patient for whom a course of a standard thiazide diuretic and a potassium supplement is repeated along with a course of amoxicillin for a bacterial infection.

Treat the patient according to evidence-based medicine and according to the principles of rational treatment!

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