ANALYSIS OF HOUSEHOLD MEDICINE CHESTS: A SIGNIFICANT LEARNING EXPERIENCE FOR NURSING STUDENTS

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ABSTRACT: This is an observational, descriptive, cross-sectional study in which 214 nursing students from the University of Barcelona participated, in order to examine and assess the state and management of their household medicine chests. A semi-structured questionnaire specifically prepared for the study was used to collect data. The results showed that only 18.2% of the medicine chests examined contained all the recommended dressing materials and medicines. Inspection frequency was less than 12 months in 66.4% of the cases. A high percentage of the nursing students' homes stored medications in unsuitable locations and held on to them beyond their expiration dates or without their package. In contrast, knowledge about the use of the medications and the habit of recycling was better. Carrying out an analysis of their own medicine chest can help nursing students improve their competences in this area.

INTRODUCTION

Self-care and people’s independence are important elements to be considered from the perspective of a global concept of health. Within the scope of primary health care (PHC), the educational role that nurses play is decisive for promoting independence, co-responsibility and the safety of users.

Specifically in the home care context, special attention must be given to domestic hazard prevention measures, which includes proper management and consumption of medicine within the household environment, in response to different health situations.

One of the activities performed by PHC nurses is education for people’s health in aspects related to self-medication, as well as compliance with drug prescriptions.

The household or family medicine chest is where medications and first aid material is kept. Its purpose is to provide material for treating minor household accidents, in addition to having on hand the necessary medicines for treating certain symptoms, such as fever or pain, and also for storing regularly consumed medications.

Different professional health sciences associations and some health institutions have made certain recommendations on the content of household medicine chests, which, oddly enough, do not coincide with each other. When no one is responsible for its upkeep, medicine chests are liable to become storage places for previously prescribed medications.

Over time, most of the medicines expire or no longer have their packaging and insert, which contributes to using them incorrectly. For this reason, it is recommended that PHC nursing professionals make household visits and conduct educational programs on the proper use and management of the household medicine chest. Through such programs, nurses also promote ecological disposal of medications, to avoid containers and leftover medicine from being mixed with other household waste and, as often occurs, going to the garbage or down the drain, contaminating lakes and rivers.

If people want to know about drug consumption, it is also useful to regularly inspect the medicine chest, given the high use of medications in our country, as reflected in a study presented at the Conference on Health Economics in Barcelona (2005), where it was noted that every patient surveyed took an average of 6.4 drugs per day.

As far as their storage, a study conducted in Murcia found that 67.4% of the patients surveyed stored medicine in inappropriate places in the home, 45.6% felt that the drugs they kept were unnecessary and 16.4% never inspected their medicine chest. These aspects demonstrate improper use and management of medications.

In this regard, it would be beneficial to teach proper drug use and management in the educational stage of Health Sciences students. To achieve this, in the 2010-11 academic year, students from the School of Nursing of the University of Barcelona, during their period of community clinical practices, performed an analysis of their own household medicine chests, based on recommendations from the Departament de Salut de la Generalitat de Catalunya.

The intent of this exercise, on the one hand, was for students to engage in a significant learning experience through reflecting on the task, by carrying it out in a real context, as clinical practices are, and on the other hand, learn about the content and way in which the household medicine chest is managed.

Of the studies conducted with Health Sciences students, those related to drug consumption are worth noting, but few studies have been found which examine how household medicine chests are managed in the homes of Health Sciences students. In two previously documented experiences, in one, the median of expired drugs was 19 in each medicine chest and in the other, it was found that 9.5% of the medications were likewise expired.

The primary objective of this study was to analyze and study the state and management of household medicine chests of nursing students from the University of Barcelona.

MATERIAL AND METHODS

This is an observational, descriptive, cross-sectional study which involved the participation of third year students from the community practicum course of the School of Nursing of the University of Barcelona (UB). The data was collected between the months of April and June 2011.

The study population was comprised of the students taking the community practicum course during the study period (n=250). The inclusion criterion was that the student had access to the household medicine chest, and excluded those living in student residences or flats without access to this chest.

The study variables were: location of the medicine chest, access safety, contents, knowledge of the person responsible for use of its contents, inspection frequency and management of expired drugs. The
following sociodemographic variables in reference to the person responsible for the household medicine chest were also included: age, gender, relationship to the student and education in the public health field, as well as the number and age of the persons living in the household.

To collect the data, a semi-structured questionnaire specifically prepared for the study was used, comprised of two parts: the first to collect information of a general and personal nature about the family and person responsible for the medicine chest; and the second part consisting of questions related to the study variables. The questions were for the most part closed-ended (dichotomous and multiple choice), with only one open-ended question about the medications contained in the medicine chest.

In February 2011, a test pilot was performed to assess whether the questions needed any adjustments; the experience indicated that it would be helpful to make some changes in the design of the questions, which then resulted in the final version.

After the students were informed of the study objectives and gave their consent, they received the questionnaire and instructions via a virtual platform for the course. After completing the questionnaire, 214 students returned it by email, representing an 85.6% response rate.

To describe the information obtained and according to the adjustment in the measurement scale for the variables, the analysis performed was univariate and descriptive in nature. Frequency tables and the multiple choice procedure were used for the multiple choice questions. The statistical software used to perform this analysis was PASW V18.

The study obtained financial assistance from the research committee of the School of Nursing of the University of Barcelona. In addition, to conduct this research, the recommendations contained in the good research practices code of the University of Barcelona were followed, such as: anonymity of the participants, confidentiality of the data recorded and ensuring students that there would be no adverse consequences for declining to be part of the study. An approval certificate was also received from the Bioethics Committee of the University of Barcelona (IRB00003099).

RESULTS

The place or room of the house where the medicine chest was most often kept was first the bathroom, followed by the kitchen, a bedroom and other locations. As far as the latter, the most cited was the dining room, with the remaining locations (in the minority) scattered among places such as the hallway, study, parking lot and pantry, among others (Table 1).

<table>
<thead>
<tr>
<th>Room</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td>88</td>
<td>31.9</td>
</tr>
<tr>
<td>Bathroom</td>
<td>110</td>
<td>39.9</td>
</tr>
<tr>
<td>Bedroom</td>
<td>32</td>
<td>11.6</td>
</tr>
<tr>
<td>Other (dining, hall, etc.)</td>
<td>46</td>
<td>16.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>276</td>
<td>100</td>
</tr>
</tbody>
</table>

The information provided about the medicine chest indicated that 61.2% of the medications and dressing materials were found in one single location in the household, and in 38.8% of the cases, it was divided between different places. Regarding the place of storage, the most common was a cupboard (57.8%), followed by a drawer (31%), a shelf (8.7%) and lastly, other places (2.5%), such as a plastic box or container which the families regarded as the medicine chest (Table 2).

<table>
<thead>
<tr>
<th>Place</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drawer</td>
<td>86</td>
<td>31</td>
</tr>
<tr>
<td>Cupboard</td>
<td>160</td>
<td>57.8</td>
</tr>
<tr>
<td>Shelf</td>
<td>24</td>
<td>8.7</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>277</td>
<td>100</td>
</tr>
</tbody>
</table>

In terms of free access to the medicine chest, in 73.5% of the cases only one responsible adult person could access the medications and dressing materials, whereas in the remaining 26.5% anyone could access them.

In the analysis of the medications found, there were: painkillers, anti-inflammatories, stomach-related drugs, antacids, creams, medicines for treating respiratory conditions and antibiotics. The results refer to the answers from 214 students, but since they tended to have more than one medication in their medicine chests, the data is more thoroughly examined after Table 3.
Table 3 - Medications in household medicine chests (n=214). Barcelona, Spain, 2011

<table>
<thead>
<tr>
<th>Medications</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Painkillers</td>
<td>202</td>
<td>94.4</td>
</tr>
<tr>
<td>Anti-inflammatories</td>
<td>196</td>
<td>91.6</td>
</tr>
<tr>
<td>For respiratory conditions</td>
<td>137</td>
<td>64</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>101</td>
<td>47.2</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>76</td>
<td>35.5</td>
</tr>
<tr>
<td>Antihistamines</td>
<td>69</td>
<td>32.2</td>
</tr>
<tr>
<td>Anxiolytics</td>
<td>45</td>
<td>21</td>
</tr>
<tr>
<td>Corticosteroids</td>
<td>25</td>
<td>11.7</td>
</tr>
<tr>
<td>Laxatives</td>
<td>24</td>
<td>11.2</td>
</tr>
<tr>
<td>Antipsychotics and antidepressants</td>
<td>23</td>
<td>10.7</td>
</tr>
<tr>
<td>Antianemics, iron</td>
<td>20</td>
<td>9.3</td>
</tr>
<tr>
<td>Eye drops</td>
<td>20</td>
<td>9.3</td>
</tr>
<tr>
<td>Oral antidiabetics</td>
<td>18</td>
<td>8.4</td>
</tr>
<tr>
<td>Vitamins and mineral supplements</td>
<td>14</td>
<td>6.5</td>
</tr>
<tr>
<td>Opioids</td>
<td>12</td>
<td>5.6</td>
</tr>
<tr>
<td>Contraceptives</td>
<td>8</td>
<td>3.7</td>
</tr>
<tr>
<td>Ear drops</td>
<td>8</td>
<td>3.7</td>
</tr>
<tr>
<td>Antineoplastics</td>
<td>7</td>
<td>3.3</td>
</tr>
<tr>
<td>Antithrombotics</td>
<td>7</td>
<td>3.3</td>
</tr>
<tr>
<td>Homeopathy</td>
<td>7</td>
<td>3.3</td>
</tr>
<tr>
<td>Insulin</td>
<td>1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

In the medicine chests examined, there were also very high percentages (between 92% and 98%) of gauze, adhesive bandages, alcohol, antiseptics, thermometers, analgesics, antipyretics and anti-inflammatories. In slighter lower percentages (between 77% and 83%), there was cotton, bandages and hydrogen peroxide. In lower percentages (from 49% to 68%), scissors, tweezers, antihistamines andointments for burns were found.

It was also noted that only 18.2% of the medicine chests examined contained all the medications and dressing materials recommended by the Departament de Salut de la Generalitat de Catalunya.13

In turn, 52.8% of the students reported that all the medications in their medicine chest were inside their packages and 63.7% were past their expiration date.

As far as the person responsible for the medicine chest, 81.3% were women and 18.7% men. The average age of these individuals, who were also responsible to periodically inspect it, was 45 years with a standard deviation of 11.91. 69.9% did not have any training in the field of health and 30.4% did. Of those who did have such training, the most common were: nursing students (49.2%), nursing assistants (12.3%) and registered nurses (18.5%).

In terms of the relationship between the student and the person responsible for the medicine chest, in 72.4% of the cases it was one of the parents (59.8% mothers and 12.6% fathers), in 23.4% another kinship was marked (mostly the students themselves), in 2.3% it was the student’s mate, in 1.4% a sister and in 0.5% the grandparents. Regarding the breakdown of the number of people living in the home and also looking at their ages, it was found that in 80% of the cases the students did not live with anyone from ages 1 to 15; in 41.1% of the cases, they lived with three people between the ages of 16 and 61; and in 90.2% they did not live with anyone over 65 years of age.

It is also worth noting that 90.6% of the people responsible for the medicine chest claimed to have adequate knowledge of the use of each medication.

In relation to the frequency with which the medicine chest is inspected, 66.4% did it within a period of 0 to 12 months, 13.6% within a period greater than one year and 20% checked it regularly.

In response to the question on what the home did with expired drugs, 80.3% said they took them to a recycling or specific pickup center and 19.7% threw them out in the normal trash.

DISCUSSION

As far as the location of the medicine chests, the results of this study coincide with other papers where the kitchen and bathroom are the most used rooms in the house for storing them.12,18-20 Other studies also indicated these same locations, referring to them as inappropriate.6,18 According to the recommendation of health institutions,13,21 medications should be stored away from light, moisture and heat; for this reason, kitchens and bathrooms are not suitable places for storing medications.

On the other hand, a study was found which stated that in 37% of the household medicines were stored in more than one room.22 In our study, 27% of the households also kept them in more than one room.

In this study, as in others,12,18-19 the places used as a medicine chest are primarily a drawer or cupboard.

In relation to safety, a risky location is considered to be one where medications are easily accessible to minors and people with dementia. In this study, in 26% of the homes surveyed, anyone could access the medicine chest. This percentage is slightly higher than one obtained in another study, which was 21%,18 in striking contrast with another...
In reference to the storage of drugs, in a study conducted in Bilbao\textsuperscript{22} it was found that 55.5\% of the households had some medicine outside its package, slightly higher than in this study, which was 47.2\%.

In terms of the profile of the person responsible for the medicine chest, no studies were found where this subject was directly addressed.

In our case, those responsible for the medicine chest were characterized, since more than half of them were connected to the health field, with the nursing students themselves being in charge of it. In other studies, despite not specifying who was responsible, they did mention that the people who participated in the study were mostly women, data which coincides with this study\textsuperscript{11,22}.

As far as the knowledge that those responsible for the household medicine chest have regarding the use of the medications contained therein, an article reveals a high level of ignorance concerning their use,\textsuperscript{11} contrary to the findings of this study in which 90.6\% of those responsible had adequate knowledge. This could be due to the fact that a high percentage of those responsible in this study were the nursing students themselves.

In relation to the frequency with which the medicine chest is inspected, in two papers it was found that 45.3\% and 31\% of the participants claimed to do it annually. These figures are lower than this study in which the maximum inspection frequency over the course of a year was 66.4\%. In these same two studies, 16.3\% and 29\% say they never inspect it,\textsuperscript{12,18} which is similar to this study where it was also found that 20\% do not regularly inspect it.

One study reported that 26\% of the homes surveyed threw drugs directly into the trash,\textsuperscript{18} whereas in this study 19.7\% did so. Both these percentages are much lower than the findings of another study.\textsuperscript{12} The main difference between these studies was that the study population in the case of those who recycled the most was Health Sciences students. There is another study where recycling was related to co-payment for the medications. That author found that people who paid a certain portion recycled more (23.1\%), in contrast to 11.8\% who received medications for free.\textsuperscript{19}

The very heterogeneous nature of the study populations represented a limitation for comparison of results. At the same time, there may have been a bias as to the accuracy of the responses of students to some of the questions, with a tendency to give the correct answer instead of the real one.
CONCLUSIONS

A high percentage of the nursing students’ homes store medications in inappropriate locations, do not follow the recommendations of health institutions regarding the composition of the household medicine chest and have expired drugs and medications without their packages, which indicates that students do not apply all their drug management knowledge in everyday practice. In contrast, knowledge on the use of the medications is higher in their homes and inspection frequency and the habit of recycling medication is more entrenched. Carrying out an analysis of their own medicine chests can help nursing students integrate their knowledge and improve their competences in this area.

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