# A Study on Prescribing Patterns of Antihypertensive Drugs in a Tertiary Care Hospital

### SarathPNamboodry, ThamburuS, FarhanK, Sharath K N, Dr. Manikanta B D

Students pharmd, Assistantprofessor, Department of pharmacy practice, Mallige college of pharmacy, Bangalore, Karnataka - 560090

- Submitted: 25-09-2022 Accepted: 06-10-

2022

### **ABSTRACT**

### **BACKGROUND:**

This study assessed the prescription pattern of antihypertensive medications among hypertensive inpatients at Mallige Hospital, Bangalore, Karnataka in accordance with guidelines for pharmacotherapy of hypertension.

### **OBJECTIVES:**

Primary objective: To evaluate the prescribing patterns of antihypertensive drugs in hypertension. Secondary objectives: Association of hypertension with age, Body mass index, Type 2 diabetes and gender.

### METHODOLOGY:

This study was conducted at Mallige Hospital which is a multispeciality tertiary care Hospital with over 126 beds located in Bengaluru, the capital of Karnataka state of India. The study involved was Retrospective study and was conducted for 6 months. patients having the age 18 years and above, patient prescribed antihypertensive drugs and patient having known case of hypertension was taken for study. Statistical analysis was performed using Microsoft-excel.

#### RESULT:

More than 60% of the cases collected are having comorbidity diabetes mellitus and ischemic heart disease with hypertension. In antihypertensive therapy, 61% of drugs prescribed are diuretics and Calcium channel blocker. Average number of days of stay in Hospital was found to be 5 to 6 days and 50% of patients only stayed 1 to 5 days.CONCLUSION:

The prescribing pattern of antihypertensive drug moderately followed standard treatment guidelines for drugs prescribing for hypertension. In general monotherapy is the most frequently used followed by dual therapy and three drug combination. In monotherapy Calcium channel blocker is the most commonly prescribed drugs followed by diuretics

and beta blockers. Angiotensin receptor blocker + DIURETICS and Cal calcium channel blocker + BETA BLOCKERS are most prescribed drugs for treatment of hypertension.

#### I. INTRODUCTION

Hypertension is a non-contagious epidemic that affects millions of people and is a common risk factor of death throughout the world. Normal blood pressure of the person is 120/80 mm of Hg and the person whose reading is above 140/90 mm of Hg is considered as hypertensive. Hypertension is defined as the persistent elevation in the arterial blood pressure or condition that arises when the BP is abnormally high. It occurs when the body's small vessels narrows which cause the blood to exert excess pressure against the vessel walls forcing heart to work harder to maintain BP. This can lead to loss of elasticity or wear and tear of blood vessels and heart (hypertrophy) which will eventually lead to failure. Complications can be injury to kidneys, brain and eyes.<sup>1</sup>

There are many risk factors for high blood pressure such as Overweight, Age, Family history, excess alcohol intake, unhealthy diet, less physical activity, stress and many more. There is consistent increase in use of antihypertensive drugs worldwide. Mild to moderate Hypertension may be controlled by a single-drug regimen, although more severe cases often require a combination of drugs. The Joint National Committee (JNC-8) is considered the "gold standard" consensus guidelines for the management of hypertension. European guidelines suggest that unless a special indication exists, any of the five anti hypertensive classes can be used as first line treatment. Various lifestyle modifications include losing weight, quitting smoking, eating a healthy diet, exercising regularly, and limiting alcohol consumption.



#### II. **METHODOLOGY**

This study is going to be conducted in malligehospital. Mallige Hospital is a multispecialty tertiary care Hospital with over 126 beds conveniently located in the heart of Bengaluru, the capital of Karnataka state of India. In this study, prescribing patterns of Antihypertensive drugs in accordance with age, gender, comorbidities, BMI, Stages of hypertension, diet, period of stay in Hospital and the therapy prescribed for them. The result will be statistically analyzed using appropriate statistical method.

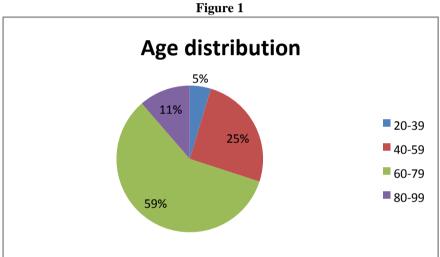
#### III. **RESULTS**

#### **GENDER**

- **❖** More than half of the patients included in the study were males.
- Males:77&females:73.

#### **AGE**

More than 50% of the cases were in between the age group 60-79.



#### BMI

### Surprisingly normal BMI cases were the most among the cases collected.

BMI RANGE	NO.of patients	Classification
<18.5	5	underweight
18.5-24.9	50	normal
25-29.9	41	overweight
30-34.9	16	obesity
>35	1	extremely obese
Bedridden	37	

Table 1

Volume 7, Issue 5 Sep-Oct 2022, pp: 870-875www.ijprajournal.com ISSN: 2456-4494

### STAGES OF HYPERTENSION

❖According to JNC8 guidelines of hypertension is classified into 4 and among then prehypertension cases were the most among the included cases

Table 2

Stages	BP range	No.of patients
Normal	<120/80	18
Prehypertension	120-139/80-89	49
Stage 1	140-159/90-99	44
Stage 2	≥160/100	37
Hypotension	<90/60	2

### COMORBIDITIES

- ❖ Diabetes mellitus was the most common comorbidity among the cases collected
- **43%** of the cases had Diabetes along with hypertension

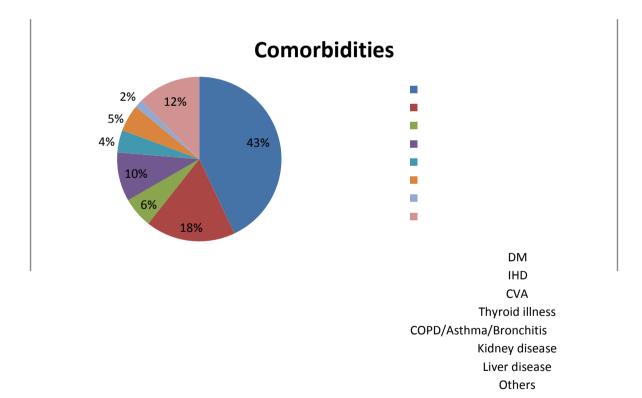


Figure 2

### **DRUGS PRESCRIBED**



Volume 7, Issue 5 Sep-Oct 2022, pp: 870-875www.ijprajournal.com ISSN: 2456-4494

# \*Antihypertensive medications used in monotherapy, dual therapy or multiple drug combinations Table

MONOTHERAPY	
CCB	35
D	22
BB	12
ARB	7
AB	1

Table 4

DUAL THERAPY	
CCB+D	13
ARB+D	8
BB+D	7
CCB+BB	6
CCB+CAA	4
ARB+CCB	4
ACEI+D	3
ACEI+CCB	3
ACEI+BB	1
CCB+AB	1

Table 5

Table 3	
MULTIPLE DRUG COMBINATIONS	
CCB+BB+D	5
ARB+CCB+D	3
AB+CCB+BB	2
D+CAA+BB	1
ARB+BB+AB	1
ABB+BB+D	1
AB+BB+CAA	1
ARB+CCB+BB	1
ARB+D+BB	1
CCB+CAA+D	1
D+CAA+BB	1
ARB+CCB+CAA+D	2
CCB+ARB+D+AB	1
D+CCB+BB+AB	1

Volume 7, Issue 5 Sep-Oct 2022, pp: 870-875www.ijprajournal.com ISSN: 2456-4494

### Therapy pattern

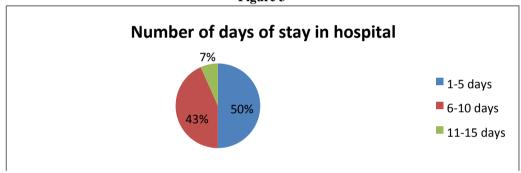
Table 6

MONOTHERAPY		77
COMBINATIONS	dual therapy	50
	three drug combo	18
	four drug combo	5

### PERIOD OF STAY IN HOSPITAL

❖ The average number of days of stay in Hospital was found to be 5-6days ❖ And 50% of patients only stayed 1-5 days

Figure 3



### DIET

## **❖** Most of the cases had normal diet

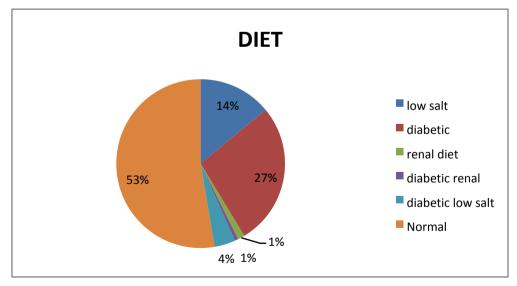


Figure 4

## IV. DISCUSSION

Our result reveals that the highest number of hypertensive patients, that is about 59% of the



cases

### **International Journal of Pharmaceutical Research and Applications**

Volume 7, Issue 5 Sep-Oct 2022, pp: 870-875www.ijprajournal.com ISSN: 2456-4494

cases were in between the age group 60 to 79 years. The 25% of the patients belongs to age of 40 to 59 years. The 45% of the collected cases were having blood pressure less than 150/90 mm of Hg and 25% of patients were having blood pressure more than 160/100 mm of Hg. Among the cases collected more than 60% of the cases is having comorbidity diabetes mellitus and ischemic heart disease with hypertension. In that diabetes mellitus was the most common comorbidity among the cases collected. 43% of the cases had diabetes mellitus along with hypertension. In antihypertensive therapy, 61% of drugs prescribed were diuretics and CCB. And in that most prescribed drugs were CCB. The average number of days of stay in Hospital was found to be 5 to 6 days and 50% of the patients only stayed 1 to 5 days. Out of 150 cases collected, most of the cases had normal diet, that is about 53% of the

### V. CONCLUSIONS

In general monotherapy is the most frequently used followed by dual therapy and three drug combination respectively. In monotherapy CCB is the most commonly prescribed drugs followed bv diuretics blockers respectively. In dual therapy CCB and diuretics is the most prescribed drug combination followed by ARB + DIURETICS and CCB + BLOCKERS respectively. In three combination, CCB + BETA BLOCKER + DIURETIC is most prescribed drugs followed by ARB + CCB + DIURETICS. The prescribing pattern of antihypertensive drug moderately followed standard treatment guidelines for drugs prescribing for hypertension.

#### **BIBLIOGRAPHY**

- [1]. William L. Winters. hypertension |
  Description, Causes, Symptoms, &
  Treatment | Britannica [Internet].
  Available from:
  https://www.britannica.com/science/hyper
  tension
- [2]. Suthar J, Patel A, Shelat B. Comparison of Safety and Efficacy of Different Class of Anti-hypertensive Drugs Prescribed in Patients with Hypertension. Indian J Pharm Pract. 2019;12(4):256–61.
- [3]. Butt DA, Harvey PJ. Benefits and risks of antihypertensive medications in the elderly. J Intern Med. 2015;278(6):599–626.
- [4]. kumar Ajay, Malhotra Apoorva, Malhotra Pavan MS. based study in outpatient department of a medical college in north India JMSCR Vol || 08 || Issue || 01 || Page 228-236 || January. 2020;08(01):228-36. Available from: https://jmscr.igmpublication.org/v8-i1/32 jmscr.pdf
- [5]. Jarari N, Rao N, Peela JR, Ellafi KA, Shakila S, Said AR, et al. A review on prescribing patterns of antihypertensive drugs. ClinHypertens [Internet]. 2015;22(1):1–8. Available from: http://dx.doi.org/10.1186/s40885-016-



Volume 7, Issue 5 Sep-Oct 2022, pp: 870-875www.ijprajournal.com ISSN: 2456-4494

- [6]. 0042-0 Gebreyohannes EA, Bhagavathula AS, Abebe TB, Tefera YG, Abegaz TM. Adverse effects and non-adherence to antihypertensive medications in University of Gondar Comprehensive Specialized Hospital. ClinHypertens. 2019;25(1):1–9. Kelly RK, Magnussen
- [7]. CG, Sabin MA, Cheung M, Juonala M. Development of hypertension in overweight adolescents: A review. Adolesc Health Med Ther. 2015;6:171–87.
- [8]. Ayyagari R, Xie J, Cheng D, Wu EQ, Huang XY, Chen S. A retrospective study evaluating the tolerability and effectiveness of adjunctive antihypertensive drugs in patients with inadequate response to initial treatment. J ClinHypertens. 2018;20(6):1058–66.
- [9]. ClinHypertens. 2018;20(6):1058–66.
  Abegaz TM, Tefera YG, Abebe TB.
  Antihypertensive drug prescription
  patterns and their impact on outcome of
  blood pressure in Ethiopia: a Hospitalbased cross-sectional study. Integr Pharm
  Res Pract. 2017;Volume 6:29–35.