KNOWLEDGE, ATTITUDE, PRACTICE REGARDING OVER-THE-COUNTER (OTC) DRUGS MISUSE AMONG THE POPULATION IN SAUDI ARABIA

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<u>Abstract</u>

Background: Over-the-counter (OTC) drugs are commonly used for self-medication, often leading to risks associated with misuse. In Saudi Arabia, rates of self-medication among the population are reported between 35% and 97.8%. Objective: This study aimed to assess the knowledge, attitudes, and practices regarding OTC drug misuse among the Saudi Arabian population, providing insights relevant to public health and education. Methods: A cross-sectional study was conducted in 2024 using an electronic survey that gathered data from 962 participants aged 18 and older across Saudi Arabia. The survey comprised 33 questions divided into four sections covering demographic information, knowledge about OTC drug safety, attitudes towards self-medication, and actual practices regarding drug use. Results: The mean age of participants was 34.5 years, with 65.7% being female. Approximately 58.2% engaged in self-medication, predicated more on personal judgment than professional advice. While 82.8% acknowledged that all medications could lead to side effects, 42.4% were unaware that self-medication might mask disease symptoms. The study revealed a significant skepticism toward the universal safety of OTC medications, with 64.9% expressing concerns. Notably, only 6.2% exhibited high adherence to recommended guidelines for OTC use, illustrating a pronounced gap in the practice versus knowledge. Conclusion: The findings indicate a high prevalence of selfmedication and significant awareness of potential risks among Saudi Arabian individuals. Despite high levels of knowledge, poor adherence to safe practices was alarming, highlighting the urgent need for targeted educational initiatives to enhance understanding and responsible use of OTC drugs. This research underscores the necessity for public health interventions to address the gaps in knowledge and promote safer self-medication practices in the Saudi population.

Keywords: Knowledge, attitude, practice, over-the-counter drugs, Saudi Arabia.

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Introduction:

Over-the-counter (OTC) medicine is more frequent than prescription drug use globally [1]. All medications legally accessible for purchase without requiring a prescription from an authorized medical professional are referred to as non-prescription drugs or OTC medications. OTC medications are typically used to treat illnesses that require no close monitoring or medical attention [2].

There have been reports of an increase in OTC drug self-medication worldwide [3]. Patients frequently underestimate the possible risks of easily acquired over-the-counter drugs because they believe them to be not harmful [4]. The frequency of SM in Arab nations, including Saudi Arabia, varies from 35% to 92% [5]. An even more significant finding was shown by a Kuwaiti study that indicated 97.8% of people self-medicated [6].

A study was carried out locally to determine the prevalence of non-prescription drugs use in a population sample of 306 individuals in Al Madina city, as well as the impact this practice has on the quality of healthcare in Saudi Arabia. There was no discernible difference between the proportions of men and women who reported using non-prescription drug (72.5%) and those who reported experiencing adverse effects (24.3%). Analgesics were the most commonly prescribed class of drugs [7]. A study conducted in Saudi Arabia (SA) found that 81.3% of participants utilized self-medication; of those, 11.47% had negative side effects and problems [8]. According to a study measuring the prevalence of OTC pharmaceutical misuse among Saudi female university students, the lifetime prevalence of misuse was found to be 29.1%; the most commonly misused medications were diphenhydramine and paracetamol, with the primary claimed causes being pain alleviation and inducing sleep [9].

Because of a shortage of relevant investigations in these specific areas, statistics are currently inadequate. There is a lack of research on the experiences and opinions of Saudi community pharmacists regarding inappropriate prescription and over-the-counter drug usage. The study intends to assess knowledge, attitude and practice level of OTC drugs in the population of Saudi Arabia.

Materials and Methods:

Study design:

This cross-sectional study was conducted by Saudi Arabian individuals in 2024 using an electronic survey to obtain data on practices, knowledge, and attitudes related to over-the-counter medications misuse in KSA. Men and women in Saudi Arabia's general population who were willing to participate in the study and who were at least 18 years old were included.

Sample size:

From July 2024 to December 2024 was the beginning of data collection. Data collection involved a target sample of 384 patients (confidence level: 95%; margin of error: 5%). The sample size was estimated using the formula:

 $n = P(1-P) * Z\alpha 2 / d 2$ with a 95% confidence level.

n: Calculated sample size.

Z: The z-value for the selected level of confidence (1 - a) = 1.96.

P: An estimated prevalence of knowledge.

Q: (1 - 0.50) = 50%, i.e., 0.50.

D: The maximum acceptable error = 0.05.

Therefore, the calculated minimum sample size was: $n = (1.96)2 \times 0.50 \times 0.50 / (0.05) = 384$.

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Method for data collection and instrument (Data collection Technique and Tools):

An organized survey was employed as a research instrument. This instrument was employed from a recent Saudi Arabian study [8,10–12]

The final version of the questionnaire consisted of 33 with 4 sections. Section 1, starts with a brief description of the demographic characteristics of respondents' variables. Section 2, Respondents' Knowledge About the Safety and Use of OTC. Section 3. Assessment of people's attitudes about self-medication. 4. Practices of the population on self-medication.

Scoring system:

Overall, 33 statements were used to assess the level of knowledge, attitude, and practice. 10 statements for demographics, 6 for knowledge, 6 for attitude, and 11 for practices. One point is given for the correct answer, and zero points are given for the incorrect answer, or I don't know.". For scoring, we utilized Likert scales (dichotomous, three-point, and quality scales). The maximum score was 37 and divided as follows: the original Blooms cut-off points were 80.0%-100.0%, 60.0%-79%, and 59.0%. The participants divided into three groups based on their score.

Knowledge score:

Varied from 0 to 6 points and was classified into three level as follows: those with score of 3 or below (≤ 3) were classified having a low level of knowledge. Those with score 4 as having a moderate level of knowledge and those with scores 5 or above (≥ 5) as a high level of knowledge.

Attitude score:

Varied from 0 to 6 points and was classified into three level as follows: those with score of 3 or below (≤ 3) were classified having a low level of Attitude. those with score 4 as having a moderate level of Attitude and those with scores 5 or above (≥ 5) as a high level of Attitude.

Practice score:

Varied from 0 to20 points and was classified into three level as follows: those with score of 12 or below (≤ 12) were classified having a low level of Practice. those with score between 13-15 as having a moderate level of Practice. And those with scores 16 or above (≥ 16) as a high level of Practice.

Pilot test:

We requested twenty people to complete the questionnaire after it was given to them. In order to assess the feasibility of the study and the ease of use of the questionnaire, this was done. The final data of the study did not include the data from the pilot trial.

Analyzes and entry method:

The data was inputted into the computer using the "Microsoft Office Excel Software" Windows (2021). Data was then transferred to the Statistical Package of Social Science Software (SPSS) application, version 20 (IBM SPSS Statistics for Microsoft Windows, Version 21.0.) to be statistically analyzed.

Results:

Table (1) displays various demographic parameters of the participants with a total number of (962). The age distribution is relatively diverse with a mean age of 34.5 (sd = 14.1), with 19.0 % falling within the 29 - 40 years group. There is a skew to gender with females predominating at 65.7%; Date's analysis

suggests that the demographic potential also lags. The largest share (42.8%) of the participants is in the Southern region, and the Central region (25.2%) corresponds to the geographic regional difference. Interestingly, the response shows that most respondents (50.2%) are married, while a significant percentage have remained single (45.3%). Most educational attainment is at the bachelor's degree level (63.8%), and while only a tiny proportion has postgraduate qualifications (8.8%), they seem to be educated. Both occupationally and students form by far the greatest group (38.6 per cent, resp.), and a large part (30.7 per cent) are students. In terms of income distribution there is a duality of 34.1% earning more than 10,000 SAR and the same proportion (33.6%) with an income of less than 1,000 SAR showing inequity. In addition, 27.8% of participants report chronic diseases, particularly diabetes mellitus, the most common (21.0%).

Parameter		<i>No</i> .	Percent (%)
Age	Less than 21 years	132	13.7
(Mean: 34.5, STD: 14.1)	21 to 23	176	18.3
	24 to 28	155	16.1
	29 to 40	183	19.0
	41 to 50	162	16.8
	more than 50	154	16.0
Gender	Female	632	65.7
	Male	330	34.3
Residential region	Northern region	35	3.6
	Southern region	412	42.8
	Central region	242	25.2
	Eastern region	70	7.3
	Western region	203	21.1
Marital status	Single	436	45.3
	Married	483	50.2
	Divorced	29	3.0
	Widowed	14	1.5
Educational level	Primary school	4	.4
	Middle school	10	1.0
	High school	152	15.8
	Diploma	95	9.9
	Bachelor's degree	614	63.8
	Postgraduate degree	85	8.8
	Uneducated	2	.2
Occupational status	Student	295	30.7
	Employee	371	38.6
	Unemployed	190	19.8
	Retired	106	11.0
Nationality	Saudi	922	95.8
	Non-Saudi	40	4.2
Monthly income in SAR	Less than 1000	323	33.6

 Table (1): Sociodemographic characteristics of participants (n=962)
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	1000 to 3000	122	12.7
	3001 to 7000	78	8.1
	7000 to 10000	111	11.5
	More than 10000	328	34.1
Chronic diseases	No	695	72.2
	Yes	267	27.8
<i>If yes, state the disease (n=267)</i>	Respiratory diseases	25	9.4
	Hypertension and heart diseases	38	14.2
	Liver diseases	2	0.7
	Renal diseases	4	1.5
	Diabetes mellitus	56	21.0
	Others	142	53.2

As shown in figure 1, A substantial majority, 58.3%, in positive with the fact that 560 people affirmatively engage in self-medication which indicates a common practice which may reflect a growing penchant to self-medication as opposed to following professional medical advice. On the other hand, 28.9 percent (278 respondents), all deny having taken part in participating in self-medication, thus raising concerns about the impact of this on public safety and education of hygiene. Additionally, 12.9% (124) remain uncertain regarding their practices.

Figure (1): Illustrates self-medication definition among participants.



Table (2) shows important insights into the knowledge and perceptions around over the counter (OTC) drug misuse that feedback from a cohort of 962 respondents presents data in Table 2. More notably, a large majority, 58.2, follow in the practice of the self-medication, which means a broad trust in personal judgment rather than that of a professional medical advice. This inclination is tempered by great awareness of dangers inherent to medications, as shown by 82.8 percent agreeing that all medications

can cause side effects and 89.7 percent aware of risk in changing dosage without the advice of healthcare professional. The data also shows a very strong consensus around the need to report adverse reactions, with 93.1 percent agreeing to do so. But worryingly, many of these (around 42.4 percent) were unaware that self-medication can mask disease symptoms.

Parameter		No.	Percent
			(%)
Self-medication is the practice of using medication on oneself	No	278	28.9
without a doctor's instructions?	Yes	560	58.2
	I don't	124	12.9
	know		
Do all medications, whether prescribed or over the counter,	No	92	9.6
have side effects?	Yes	797	82.8
	I don't	73	7.6
	know		
Do you think that changing a medication's dosage without	No	49	5.1
talking to a doctor or pharmacist is dangerous?	Yes	863	89.7
	I don't	50	5.2
	know		
If there any adverse reactions, you should inform your doctor	No	20	2.1
or pharmacist?	Yes	896	93.1
	I don't	46	4.8
	know		
Using medications containing unknown substances in people	No	47	4.9
with liver and kidney problems is harmful?	Yes	810	84.2
	I don't	105	10.9
	know		
Certain diseases' alert signs and symptoms can be masked by	No	408	42.4
self-medication?	Yes	218	22.7
	I don't	336	34.9
	know		

Table (2): Parameters related to knowledge regarding over the counter (OTC) drugs misuse (n=962).

As shown in figure (2), Of 962 people sampled, a majority of people (6 of 962, 65%) agreed that OTC medications are not safe and effective. For comparison, however, only 21.8 percent (210 participants) affirmed safety and effectiveness, 13.3 percent (128 individuals) claimed uncertainty, and 11.3 percent (92 individuals) hadn't yet formed an impression.



Figure (2): Illustrates safety and efficacy of OTC medications according to participants.

Table 3 contains data which suggests some interesting angles to participants attitudes towards the misuse of over the counter (OTC) drugs and focuses on important considerations in the safety, understanding, and responsible use of medications. However, over 64.9% of them do not feel that OTC medications are universally safe and effective, implying that they have a certain level of skepticism and that they might engage in such cautious OTC consumption as might be expected. Additionally, 82.7% state that a fundamental knowledge about drug action is needed to order self-medication, confirming that education is a key to prevent misusing. The high 80 percent disapproval of OTC medication sharing endorses an understanding of the risks of shared use. They are also aware of the requirements of the prescription, with 79.8% saying they know what these prescriptions are used for and only 61% are aware of how much they should take and what could be the adverse effects of their nonprescriptions to pharmacists is responsible in the manner of the medication management that clearly shows the inclination to take proactive health care steps.

Table (3): particij	pants attitude rega	arding over the	counter (OTC)	drugs misuse	(n=962).

Parameter		No.	Percent
			(%)
Are OTC medications all safe and effective in your	No	624	64.9
opinion?	Yes	210	21.8
	I don't know	128	13.3
Do you believe that in order to self-medicate, a	No	85	8.8
fundamental understanding of drug action is necessary?	Yes	796	82.7
	I don't know	81	8.4
Is it appropriate to share over-the-counter medications	No	770	80.0

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with others?	Yes	135	14.0
	I don't know	57	5.9
Are you aware of the prescription needed for the	No	117	12.2
medication you recently got?	Yes	768	79.8
	I don't know	77	8.0
Are you aware of the dosage, administration method, and	No	274	28.5
any adverse reactions of the medication you got without a	Yes	584	60.7
prescription?	I don't know	104	10.8
Do you tell the pharmacist know about any additional	No	197	20.5
prescriptions you take at home when you get a drug	Yes	690	71.7
without a prescription?	I don't know	75	7.8

Table 4 offers great insights into the practice of over-the-counter drug misuse among participants and regarding prevalence and risk of self-medication. Notably, 57.3% respondents report self-medication over recent six months, and almost half (52.7%) purchased medication from pharmacies without prescriptions at least once. OTC medications in this study were most common and while this type of medication is essential for managing pain, its misuse and dependency is a troublesome trend that should be addressed. Moreover, while large 62.5 of participants agreed that certain medications required prescriptions, 22.6 of respondents were even unaware, signalling a gap in the public's knowledge of drug regulations. The data also shows a reliance on pharmacies acting as the primary source for self-medication, with 93 per cent of participants purchasing medications via this channel.

Table (4): participants' practice i	regarding over the counter	(OTC) drugs	misuse (n=962).
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Parameter		No.	Percent
			(%)
In the past six months, have you used self-	No	411	42.7
medication?	Yes	551	57.3
In the past six months, how frequently often did	1	507	52.7
you go to the pharmacy to buy medications for	2	260	27.0
yourself without a prescription?	≥3	195	20.3
In the past six months, which medication did	Painkillers	711	73.9
you take without a prescription? *	Antibiotics	99	10.3
	Antipyretics	292	30.4
	Antihistamines	75	7.8
	Cold and flu preparations	212	22.0
	Antiacid drugs	139	14.4
	Others	95	9.9
	None	113	11.7
In the past six months, what indication have	Headache	596	62.0
you taken over-the-counter drugs for? *	Common cold	415	43.1
	Fever	260	27.0
	Allergy	210	21.8
	Digestive system disorder	160	16.6
	Acne/skin diseases	76	7.9

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	Menstrual problems	188	19.5
	Other	76	7.9
	None	121	12.6
Are you know if the medications you use need	No	217	22.6
a prescription?	Yes	601	62.5
	I don't know	144	15.0
Where do you get your knowledge about taking	Relatives	97	10.1
medication on your own?	Friends	28	2.9
	Internet	204	21.2
	Television	3	.3
	Advised by doctors but	175	18.2
	sold without prescription		
	Pharmacist	455	47.3
Are you aware of any potential adverse	No	263	27.3
reactions from the medication you have been	Yes	536	55.7
using for self-medication?	I don't know	163	16.9
If you decide to self-medicate, where do you get	Pharmacy	895	93.0
the medication?	Street market	10	1.0
	Herbal store	34	3.5
	Friend	23	2.4
What is the main reason for your self-	To save money	126	13.1
medication? *	To save time	498	51.7
	Privacy Urgency	72	7.5
	No healthcare facility	95	9.9
	nearby		
	Health problem not	547	56.9
	serious		
	Embarrassed of	68	7.1
	discussing own symptom.	750	70.0
Have you experienced the adverse effects of	No	758	78.8
self-medication?	Yes	204	21.2
If yes what was it? * (n=204)	Drug side effects	99	48.5
	Disease recurrence	64	31.4
	Development of drug	42	20.6
	resistance		
	Drug-drug interactions	42	20.6

*Results may overlap

Table 5 presents some of the data on the varying levels of knowledge about misuse of over the counter (OTC) drugs among the surveyed population. 49.0% of respondents (reported 48.8%) possessed a high knowledge, noting a great understanding of the risk OTC drug misuse, as nearly half of respondents had a high level of knowledge. On the flip side, the results show that 31.4 per cent enjoyed a moderate level of knowledge, while 19.6 per cent understand of a low degree.

	Frequency	Percent
High Level of knowledge	471	49.0
Moderate knowledge level	302	31.4
Low knowledge level	189	19.6
Total	962	100.0

Table (5): Shows knowledge regarding over the counter (OTC) drugs misuse score results.

Table 6 presents the data showing insights into how the population surveyed felt about over the counter (OTC) drugs being used in ways they should not be. Of note, a large proportion of these (55.4%) express high levels of concern with regards to potential misuse of OTC drugs via inducing a feeling of high while likely unaware of how dangerous it can be. On the other side, 23.4% of respondents showed a moderate attitude which may mean that some of the issues are understood or recognized, others are not. A minority of only 21.2% showed a very low level of concern, perhaps because they did not know or because they were too much in the dark about the consequences of misuse.

Table (6): Shows attitude regarding over the counter (OTC) drugs misuse score results.

	Frequency	Percent
High level of attitude	533	55.4
Moderate attitude	225	23.4
Low attitude	204	21.2
Total	962	100.0

The data in Table 7 presents a full picture of the over the counter (OTC) drug misuse practice levels found in the dataset and exposes some concerning trends. Results show significant gap in awareness or adherence to recommended guideline because 93.3% of the participants demonstrated low level of practice concerning OTC drug misuse. However, not only do only 6.2% of people show moderate practice, but only 0.4% manage a high level of practice.

	Frequency	Percent
High level of practice	4	.4
Moderate practice	60	6.2
Low practice level	898	93.3
Total	962	100.0

Table (7): Shows practice regarding over the counter (OTC) drugs misuse score results.

Table (8) shows that knowledge level regarding over the counter (OTC) drugs has statistically significant relation to age (P value=0.0001), marital status (P value=0.004), educational level (P value=0.007), and nationality (P value=0.038). It also shows statistically insignificant relation to gender, residential region, occupational status, monthly income and chronic diseases.

Parameters		Level of knowledge		Total	Р
		High Level of	Moderate or low	(N=962)	value*
		knowledge	knowledge		
Gender	Female	313	319	632	0.628
		66.5%	65.0%	65.7%	
	Male	158	172	330	
		33.5%	35.0%	34.3%	
Age	Less than 21	41	91	132	0.0001
	years	8.7%	18.5%	13.7%	
	21 to 23	91	85	176	
		19.3%	17.3%	18.3%	
	24 to 28	71	84	155	
		15.1%	17.1%	16.1%	
	29 to 40	99	84	183	
		21.0%	17.1%	19.0%	
	41 to 50	99	63	162	
		21.0%	12.8%	16.8%	_
	more than 50	70	84	154	_
		14.9%	17.1%	16.0%	
Residential	Northern	12	23	35	0.112
region	region	2.5%	4.7%	3.6%	
	Southern	203	209	412	
	region	43.1%	42.6%	42.8%	
	Central region	118	124	242	
	6	25.1%	25.3%	25.2%	
	Eastern region	28	42	70	
	0	5.9%	8.6%	7.3%	
	Western region	110	93	203	
	i estern region	23.4%	18.9%	21.1%	
Marital status	Single	192	244	436	0.004
	~	40.8%	49.7%	45.3%	
	Married	260	223	483	
		55.2%	45.4%	50.2%	
	Divorced	16	13	29	
	Divoleta	3.4%	2.6%	3.0%	
	Widowed	3	11	14	
		0.6%	2.2%	1 5%	
Educational level	Primary school	1	3	4	0.007
Lancanonan ne rel	i iiiiai y seiteoli	0.2%	0.6%	0.4%	0.007
	Middle school	3	7	10	_
	initiale sentool	0.6%	1 4%	1.0%	_
	High school	63	80	1.070	
		05	07	134	

Table (8): Relation between knowledge level regarding over the counter (OTC) drugs and sociodemographic characteristics.

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		13.4%	18.1%	15.8%	
	Diploma	45	50	95	
		9.6%	10.2%	9.9%	
	Bachelor's	303	311	614	
	degree	64.3%	63.3%	63.8%	
	Postgraduate	56	29	85	
		11.9%	5.9%	8.8%	
	Uneducated	0	2	2	
		0.0%	0.4%	0.2%	
Occupational	Student	134	161	295	0.137
status		28.5%	32.8%	30.7%	
	Employee	195	176	371	
		41.4%	35.8%	38.6%	
	Unemployed	97	93	190	
		20.6%	18.9%	19.8%	
	Retired	45	61	106	
		9.6%	12.4%	11.0%	
Nationality	Saudi	445	477	922	0.038
		94.5%	97.1%	95.8%	
	Non-Saudi	26	14	40	
		5.5%	2.9%	4.2%	
Monthly income	Less than 1000	145	178	323	0.168
in SAR		30.8%	36.3%	33.6%	
	1000 to 3000	57	65	122	
		12.1%	13.2%	12.7%	
	3001 to 7000	35	43	78	
		7.4%	8.8%	8.1%	
	7001 to 10000	57	54	111	
		12.1%	11.0%	11.5%	
	More than	177	151	328	
	10000	37.6%	30.8%	34.1%	
Chronic disease	No	349	346	695	0.209
		74.1%	70.5%	72.2%	
	Yes	122	145	267	
		25.9%	29.5%	27.8%	

*P value was considered significant if ≤ 0.05 .

Table (9) shows attitude level regarding over the counter (OTC) drugs has statistically significant relation to gender (P value=0.007). It also shows statistically insignificant relation to age, residential region, marital status, educational level, occupational status, nationality, monthly income and chronic diseases.

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Parameters		Level of Attitude		Total	Р
		High attitude level	Moderate or low	(N=962)	value*
Gender	Female	370	262	632	0.007
		69.4%	61.1%	65.7%	
	Male	163	167	330	
		30.6%	38.9%	34.3%	
Age	Less than 21	61	71	132	0.077
	years	11.4%	16.6%	13.7%	
	21 to 23	102	74	176	
		19.1%	17.2%	18.3%	
	24 to 28	83	72	155	
		15.6%	16.8%	16.1%	
	29 to 40	96	87	183	
		18.0%	20.3%	19.0%	
	41 to 50	102	60	162	
		19.1%	14.0%	16.8%	
	more than 50	89	65	154	
		16.7%	15.2%	16.0%	
Residential region	Northern region	15	20	35	0.083
		2.8%	4.7%	3.6%	
	Southern region	223	189	412	
		41.8%	44.1%	42.8%	
	Central region	127	115	242	
		23.8%	26.8%	25.2%	
	Eastern region	40	30	70	
		7.5%	7.0%	7.3%	
	Western region	128	75	203	
		24.0%	17.5%	21.1%	
Marital status	Single	241	195	436	0.701
		45.2%	45.5%	45.3%	
	Married	268	215	483	
		50.3%	50.1%	50.2%	
	Divorced	18	11	29	
		3.4%	2.6%	3.0%	
	Widowed	6	8	14	
		1.1%	1.9%	1.5%	
Educational level	Primary school	1	3	4	0.576
		0.2%	0.7%	0.4%	
	Middle school	6	4	10	
		1.1%	0.9%	1.0%	
	High school	82	70	152	

Table (9): Attitude level regarding over the counter (OTC) drugs in association with sociodemographic characteristics.

-					
		15.4%	16.3%	15.8%	
	Diploma	50	45	95	
	-	9.4%	10.5%	9.9%	
	Bachelor's	346	268	614	
	degree	64.9%	62.5%	63.8%	
	Postgraduate	48	37	85	
	0	9.0%	8.6%	8.8%	
	Uneducated	0	2	2	
		0.0%	0.5%	0.2%	
Occupational status	Student	163	132	295	0.981
		30.6%	30.8%	30.7%	
	Employee	208	163	371	
	1	39.0%	38.0%	38.6%	
	Unemployed	103	87	190	
	1 2	19.3%	20.3%	19.8%	
	Retired	59	47	106	
		11.1%	11.0%	11.0%	
Nationality	Saudi	510	412	922	0.785
		95.7%	96.0%	95.8%	
-	Non-Saudi	23	17	40	-
		4.3%	4.0%	4.2%	
Monthly income in SAR	Less than 1000	175	148	323	0.676
		32.8%	34.5%	33.6%	
	1000 to 3000	67	55	122	
		12.6%	12.8%	12.7%	
	3001 to 7000	42	36	78	_
		7.9%	8.4%	8.1%	
	7001 to 10000	7.9% 57	8.4% 54	8.1% 111	-
	7001 to 10000	7.9% 57 10.7%	8.4% 54 12.6%	8.1% 111 11.5%	-
-	7001 to 10000 More than	7.9% 57 10.7% 192	8.4% 54 12.6% 136	8.1% 111 11.5% 328	-
	7001 to 10000 More than 10000	7.9% 57 10.7% 192 36.0%	8.4% 54 12.6% 136 31.7%	8.1% 111 11.5% 328 34.1%	-
Chronic disease	7001 to 10000 More than 10000 No	7.9% 57 10.7% 192 36.0% 385	8.4% 54 12.6% 136 31.7% 310	8.1% 111 11.5% 328 34.1% 695	0.992
Chronic disease	7001 to 10000 More than 10000 No	7.9% 57 10.7% 192 36.0% 385 72.2%	8.4% 54 12.6% 136 31.7% 310 72.3%	8.1% 111 11.5% 328 34.1% 695 72.2%	0.992
Chronic disease	7001 to 10000 More than 10000 No Yes	7.9% 57 10.7% 192 36.0% 385 72.2% 148	8.4% 54 12.6% 136 31.7% 310 72.3% 119	8.1% 111 11.5% 328 34.1% 695 72.2% 267	0.992

*P value was considered significant if ≤ 0.05 .

Table (10) shows that practice level regarding over the counter (OTC) drugs has statistically significant relation to gender (P value=0.003), educational level (P value=0.010), and chronic diseases (P value=0.008). It also shows statistically insignificant relation to age, residential region, marital status, occupational status, nationality, and monthly income.

Parameters		Practice level		Р
	High or moderate	Low practice	(N=962)	value*
	practice	level		
Female	53	579	632	0.003
	82.8%	64.5%	65.7%	
Male	11	319	330	
	17.2%	35.5%	34.3%	
Less than 21	7	125	132	0.151
years	10.9%	13.9%	13.7%	
21 to 23	13	163	176	
	20.3%	18.2%	18.3%	
24 to 28	12	143	155	
	18.8%	15.9%	16.1%	
29 to 40	16	167	183	
	25.0%	18.6%	19.0%	
41 to 50	13	149	162	
	20.3%	16.6%	16.8%	
more than 50	3	151	154	
	4.7%	16.8%	16.0%	
Northern region	0	35	35	0.533
e	0.0%	3.9%	3.6%	
Southern region	27	385	412	
	42.2%	42.9%	42.8%	
Central region	17	225	242	
	26.6%	25.1%	25.2%	
Eastern region	4	66	70	
C	6.3%	7.3%	7.3%	
Western region	16	187	203	
L C	25.0%	20.8%	21.1%	
Single	30	406	436	0.510
U U	46.9%	45.2%	45.3%	
Married	29	454	483	
	45.3%	50.6%	50.2%	
Divorced	3	26	29	
	4.7%	2.9%	3.0%	
Widowed	2	12	14	
	3.1%	1.3%	1.5%	
Primary school	2	2	4	0.010
	3.1%	0.2%	0.4%	
Middle school	0	10	10	
	0.0%	1.1%	1.0%	
High school	8	144	152	
	Female Male Less than 21 years 21 to 23 24 to 28 29 to 40 41 to 50 More than 50 Northern region Southern region Central region Eastern region Eastern region Western region Single Married Divorced Widowed Primary school Middle school	Practice level High or moderate practice Female 53 82.8% Male 11 17.2% Less than 21 7 years 10.9% 21 to 23 13 20.3% 24 to 28 12 18.8% 29 to 40 16 25.0% 13 20.3% 20.3% 41 to 50 13 20.3% 20.3% more than 50 3 4.7% 0 Northern region 0 0.0% 0.0% Southern region 17 26.6% 2 Eastern region 16 25.0% 2 Single 30 46.9% 46.9% Married 29 45.3% 2 Divorced 3 3.1% 3.1% Middle school 0 0.0% 11%	Practice level High or moderate practice Low practice level Female 53 579 82.8% 64.5% Male 11 319 17.2% 35.5% Less than 21 7 125 years 10.9% 13.9% 21 to 23 13 163 20.3% 18.2% 24 to 28 12 143 18.8% 15.9% 29 to 40 16 167 25.0% 18.6% 41 to 50 13 149 20.3% 16.6% more than 50 3 151 4.7% 16.8% Northern region 0 35 0.0% 3.9% 25.1% Eastern region 4 66 6.3% 7.3% 20.8% Single 30 406 46.9% 45.2% 2.9% Married 29 454 45.3% 50.6%	Total High or moderate practiceTotal ($N=962$)Female53579632S5357963282.8%64.5%65.7%Male1131933017.2%35.5%34.3%Less than 217125132years10.9%13.9%13.7%21 to 231316317620.3%18.2%18.3%24 to 281214315518.8%15.9%16.1%29 to 401616718325.0%18.6%19.0%41 to 501314916220.3%16.6%16.8%more than 5031511544.7%16.8%16.0%Northern region035350.0%3.9%3.6%Southern region1722524226.6%25.1%25.2%25.2%Eastern region466706.3%7.3%7.3%7.3%Married2945448345.3%50.6%50.2%21.1%Single3040643646.9%45.2%45.3%Married2945448345.3%50.6%50.2%Divorced326294.7%1.3%1.5%Primary school2243.1%1.3%1.5%Primary school2

Table (10): Relation between practice level regarding over the counter (OTC) drugs and sociodemographic characteristics.

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		12.5%	16.0%	15.8%	
	Diploma	3	92	95	
		4.7%	10.2%	9.9%	
	Bachelor's	47	567	614	
	degree	73.4%	63.1%	63.8%	
	Postgraduate	4	81	85	
		6.3%	9.0%	8.8%	
	Uneducated	0	2	2	
		0.0%	0.2%	0.2%	
Occupational	Student	17	278	295	0.105
status		26.6%	31.0%	30.7%	
	Employee	31	340	371	
		48.4%	37.9%	38.6%	
	Unemployed	14	176	190	_
		21.9%	19.6%	19.8%	
	Retired	2	104	106	
		3.1%	11.6%	11.0%	
Nationality	Saudi	61	861	922	0.826
		95.3%	95.9%	95.8%	
	Non-Saudi	3	37	40	
		4.7%	4.1%	4.2%	
Monthly income in	Less than 1000	20	303	323	0.719
SAR		31.3%	33.7%	33.6%	
	1000 to 3000	7	115	122	
		10.9%	12.8%	12.7%	
	3001 to 7000	6	72	78	
		9.4%	8.0%	8.1%	
	7001 to 10000	5	106	111	
		7.8%	11.8%	11.5%	
	More than	26	302	328	
	10000	40.6%	33.6%	34.1%	
Chronic disease	No	37	658	695	0.008
		57.8%	73.3%	72.2%	
	Yes	27	240	267	
		42.2%	26.7%	27.8%	

**P* value was considered significant if ≤ 0.05 .

Discussion:

Over-the-counter medications are therapeutic products that are sold directly to consumers by pharmacies or retail outlets, in contrast to prescription medications, which require a valid prescription from a physician [13]. OTC drugs play a significant role in the prevention and treatment of various minor health issues, such as headaches, the common cold, musculoskeletal pain, allergies, and heartburn. Regulatory agencies typically select OTC medications based on their safety and efficacy

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profiles [14]. Important facets of consumer medication practices include non-adherence, drug sharing, and self-medication. Self-medication refers to individuals acquiring medications to address their symptoms without seeking advice from healthcare professionals. The World Health Organization (WHO) states that self-medication is generally recognized as a vital component of healthcare, benefiting from ongoing improvements in public knowledge, education, and socioeconomic conditions [15]. Selfmedication is a form of self-care where individuals can promptly identify their symptoms and often manage them with easily accessible medications, such as OTC drugs. Reports indicate that university students have misused various pain relievers, vitamins, and sedatives, with OTC drug misuse becoming increasingly prevalent among young adults. As these individuals age, they must make independent decisions regarding the acquisition and use of medications for their health. Inappropriate medication use stemming from self-medication can arise from insufficient knowledge, potentially leading to incorrect usage for unintended purposes and incorrect dosages [16]. Thus, we aimed in this study to assess knowledge, attitude, and practice level of OTC drugs misuse in the population of Saudi Arabia In our study, we found a significant prevalence of self-medication, with 58.2% of participants engaging in this practice, which aligns closely with prior research highlighting varying rates of self-medication among different populations. For instance, Wuraola Akande-Sholabi et al. [17] report a self-medication prevalence of 76% in their cross-sectional study, while studies in Serbia and India noted similar figures at 79.9% and 78.6%, respectively [18,19]. In contrast, a concerningly high prevalence was observed in Kuwait, where self-medication rates reached 97.8% [20]. Our results indicated a considerable awareness of the risks associated with medications, with 82.8% acknowledging potential side effects. This awareness is mirrored by findings from Judith P. Kelly et al., who established that 85% of participants were aware of safe dosing guidelines for over-the-counter (OTC) antipyretics [21]. However, despite this knowledge, 42.4% of our respondents were unaware that self-medication can mask disease symptoms, highlighting a gap in understanding similar to that reported by Yan Zhang et al. [22], where knowledge levels averaged 57.17% across various dimensions, including attitudes towards selfmedication. Our study demonstrates skepticism towards the universal safety of OTC drugs, with 64.9% expressing concerns. This finding contrasts with Bahrin Dzulkharnain et al.'s study, which reported a majority (92.9%) of participants demonstrating a positive attitude towards OTC medicine use [23], suggesting cultural or educational influences on attitudes toward self-medication practices. Furthermore, while our study revealed that 82.7% of participants believe that understanding drug actions is essential for responsible self-medication, adherence to recommended usage guidelines is notably low, with 93.3% demonstrating insufficient compliance. The findings from the Aga Khan University study further elucidate this issue by indicating that 83.7% of respondents practiced good handling of OTC drugs, despite some gaps in knowledge, as only 56.1% had good knowledge of drug

classification as OTC [24]. This discrepancy emphasizes the need for educational interventions in our study population to bridge the gap between knowledge and practice. In terms of demographic correlations, our findings showed significant associations between knowledge levels and participants' age, marital status, educational level, and nationality. This aligns with Sivasakthi et al. (2020) [25], who highlighted access factors that may influence self-medication behaviors. Additionally, our report of 22.6% of participants lacking awareness of prescription requirements indicates a notable deficit in understanding the regulatory framework surrounding medications, a finding that merits further investigation. With nearly half (49.0%) of our participants demonstrating high awareness of OTC drug misuse, concerns about potential misuse leading to harmful effects are clearly prevalent; however, 21.2% of respondents reported low concern regarding such issues. This low concern among a segment of the population raises important questions about the effectiveness of current educational campaigns on the risks of self-medication.

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Conclusion:

In conclusion, our study reveals a significant prevalence of over-the-counter (OTC) drug misuse among the population in Saudi Arabia, with 58.2% of participants reporting self-medication practices. While there is notable awareness of the risks associated with OTC medications, as evidenced by 82.8% of respondents acknowledging potential side effects, a substantial gap exists in understanding the implications of self-medication, specifically its capacity to mask underlying health conditions. Despite a strong consensus on the necessity for informed self-medication practices—highlighted by 82.7% of participants endorsing the importance of understanding drug actions—adherence to safe usage guidelines remains alarmingly low, with 93.3% demonstrating inadequate practices. Our findings suggest an urgent need for targeted educational interventions to enhance public knowledge regarding the safe and effective use of OTC drugs, as well as to address prevalent misconceptions that contribute to misuse. Ultimately, addressing these issues is crucial for improving healthcare outcomes and minimizing potential risks associated with unregulated self-medication in Saudi Arabia.

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Ethical approval:

After fully explaining the study and emphasizing that participation is optional, each participant gave their informed consent. The information gathered was safely stored and utilized exclusively for study.

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Conflict of interests:

The authors declare no conflict of interest.

Informed consent:

Written informed consent was acquired from each individual study participant.

Data and materials availability:

All data associated with this study are present in the paper.

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