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Patterns of laxative use in the Yeoville area

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CHAPTER 6 CONCLUSIONS & RECOMMENDATIONS

The results of this study show that a large proportion of the respondents to the questionnaire are misusing or abusing laxative products. Participants are utilizing these drugs, which are perceived by the public to be innocuous, for a number of purposes other than those for which they are legally registered e.g. detoxification of the body, bile, loss of appetite, fatigue, dyspepsia, indigestion.

With the curriculum at schools now having "life orientation" as a compulsory subject, laxative use and abuse should be included into the school curriculum as part of health education. This is especially relevant due to the westernization of our population and the increased prevalence of eating disorders.

A program should be instituted by the Department of Health to educate the public that regular use of laxatives leads to colonic atony and tolerance requiring further and greater dosing schedules. The Department should also embark on an awareness program for the public, clarifying the fact that bowel movements need not be daily or even on alternate days, and that less frequent is absolutely normal and does not require drug intervention. This could be done with posters and brochures supplied to the clinics to educate the lay person as to "normal" bowel habits.

For a large proportion of respondents who find it necessary to ingest doses in excess of those recommended by the package insert, legislation should be enforced on the manufacturers to clearly state on the package as well as on the insert, that *"it is extremely dangerous to exceed the recommended dose"*. Certain product manufacturers do at this stage print this on their containers but this is currently in very fine print and not particularly noticeable. It would also be of benefit to state *"for short term use only"* or "*do not use for more than 5 days without consulting your doctor or pharmacist"*. Legislation should also prevent printing statements like: *"Drink your medicine on a regular basis"* It ought to be legislated that the advertising of these products should be controlled by the Medicines Control Council (MCC), preventing manufacturers from

marketing the *"perfect weight"* and *"perfect body"* which the greater majority of the public constantly strive to achieve.

A major problem that remains is that as long as these products are available for sale on the free market, the efforts of pharmacists and other medical professionals in limiting their sale will be in vain. The MCC should reconsider the scheduling of these products to Schedule 1 drugs which should be under the control of the health professions as stated in Act 101 of 1965. This states that these products should not be sold by any person other than a pharmacist, pharmacy intern or pharmacy assistant under a pharmacist's supervision, a medical practitioner or dentist, a veterinarian or a nurse or person registered under the Health Professions Act of 1974. Such rescheduling would control their sale as well as giving the public the opportunity to seek professional advice.

It was encouraging to find that with appropriate education a number of patients were willing to try an alternative for their condition which was more appropriate treatment. Patients should be encouraged to establish a relationship with their medical professionals and to be educated that their healthcare professionals are available for advice regarding all their medical condition and the treatment thereof.