

Counting the costs: Comparing depot medroxyprogesterone acetate and norethisterone oenanthate utilisation patterns in South Africa

ABSTRACT

It is not suitable or cost-effective to provide IPCs based on age. The rationale for using these products should consider the cost of prescribing one over another.

INTRODUCTION

The Harvard Medical Practice Study (HMPS) conducted a study in 1984 that examined the epidemiology of iatrogenic injuries caused by unintended adverse reactions and medical care complications, known as "adverse events". The study recruited patients from hospitals in New York state and found that 3.4% of patients underwent medical management due to adverse events. The death rate for these individuals was 14%. In addition, the HMPS data has been utilized to estimate rates for the US population as a whole, which is problematic due to the possibility of inaccurate population estimates. A recent study in hospitals in Utah and Colorado found that the adverse event rate after hospitalization was 2.9%. The authors' calculations based on this data were lower than those derived from HMPS. Using cross-sectional data from a nationwide survey of US adults, we present the results of self-reported complications of medical care. We aimed to estimate the population's prevalence of these complications and examine the association of those self reported complications with selected socio-demographic variables.

CONCLUSION

Cisapride reduces the risk of gastric contents being aspirated in patients who are semirecumbent and intubated, according to our research. Cisapride's ability to prevent gastric content aspiration is not fully matched by traditional protective measures such as semirecumbent position and regular checking of cuff leaking. Further studies are needed to determine whether this drug truly prevents ventilator-associated pneumonia, bronchitis, or pulmonary constriction.