ASSESSMENT OF PRESCRIBING PATTERNS OF ANTIHYPERTENSIVE USED IN THE TREATMENT OF HYPERTENSION IN PREGNANCY IN A TEACHING HOSPITAL

INTRODUCTION: Hypertension occurs in 5% to 10% of pregnancies, though information on the safety of antihypertensive medication use during pregnancy is limited. Anti-hypertensive medications are used to prevent serious maternal and fetal complications, however, there is no consensus on when to treat mild-to-moderate hypertension. Although treatment with medication might benefit the mother, it carries potential risk to the fetus. The study of prescribing pattern is a component of medical audit which seeks monitoring, evaluation and necessary modifications in the prescribing practices of the prescribers to achieve rational and cost effective medical care. The present study was undertaken to assess the prescription pattern of antihypertensive used in the treatment of hypertension in pregnancy at a tertiary care hospital.

OBJECTIVE & METHODOLOGY: A hospital based prospective study was conducted for a period of 9 months at Basaveshwar teaching and general hospital with an objective of analyzing prescription pattern of antihypertensive among pregnant women. Hypertensive patients were enrolled by considering study criteria. Required data was collected in a suitably designed data collection.

RESULTS: A total of 155 pregnant women were enrolled in the study, among them 55 (35.5%) pregnant women were in the age group of 23-27. Majority of pregnant women had mild hypertension. Pharmacotherapy revealed that out of 155 patients 102 (65.8%) patients were treated with monotherapy, followed by 53 (34.19%) combination therapy. Nifedipine was the drug of choice in monotherapy while the combination of methyldopa and labetalol was the most preferred combination therapy. For eclamptic patients the combination therapy of magnesium sulphate+ methyldopa+ labetalol was preferred.

CONCLUSION: The study concludes that, there is no standard approach to treat hypertension in pregnancy. Prescribers are not following guidelines like NISE, Midwives, State-wide, JNC and NHBPEP nor they have their own set of guidelines lines. The treatment guidelines can be established by the hospital in collaboration with clinical pharmacist that may be useful tool for the effective management of the hypertension in pregnancy.

Keywords: Anti-hypertensive, hypertension, pregnancy, prescription