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CHEMOTHERAPEUTIC MANAGEMENT OF MALARIA AT NAIROBI OUTPATIENT CENTRE BETWEEN FEBRUARY AND MARCH 2007.

THE KENYA POLYTECHNICH UNIVERSITY COLLEGE

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A TRADE PROJECT PRESENTED TO KNEC IN PARTIAL FULFILMENT OF THE AWARD OF DIPLOMA IN PHARMACEUTICAL TECHNOLOGY.

ABSTRACT:

This was a project conducted between February and March, 2007, to study the chemotherapeutic management of malaria at Nairobi Outpatient Centre. Malaria is a tropical disease with the highest mortality rates caused by infectious diseases especially in developing countries (W.H.O). Various factors may be involved in ensuring proper management of this disease, especially the antimalarial drugs used in health facilities, and the main aim of this project was bent towards that motion.

The study was done with the objective of establishing the antimalarial drugs and their combinations used for treating malaria; this was followed by the types and quantity of drugs used. The data collection was performed in a prospective method by going through record books of lab test results and recording of daily dispensing of antimalarial drugs. The data was later analysed by percentages and central tendencies.

It was found that among the different types of antimalarials found in the market, it was dihydroartemesinin drugs that had highest dispensing rates with P-Alaxin having rates of 25% and 24% in February and March respectively. It was also noted that resistance to uncombined dihydroartemesinin suspensions such as Alaxin occurred and this prompted the medical personnel to revert to use combined suspensions such as co-artesiane which is a combination of artemether and lumefantrine. Co-artesiane had therefore increased its rate of dispensing from 13% to 24%. Apart from drug composition, patient compliance and drug market availability were also features affecting management of malaria in Nairobi Outpatient Centre: Drug formulations which required follow-up such as coming for doses at different days reduced compliance. Such drugs are mainly injectables of which G-vither was the antimalarial injectable used in Nairobi Outpatient. Also cumbersome dose regimen hindered compliance such as that of P-Alaxin. With respect to drug availability, fansidar, which had dispensing rates of 10%, realised a decrease in dispensing upto 6% due to unavailability from the local market. A substitute therefore had to be made by Malaratab in March that wasn't previously stocked in February.