

204 THE ROLE OF IMCI PROGRAM IN THE RATIONALIZATION OF MEDICAMENT USE IN PEDIATRICS

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Background and aims: Integrated management of childhood illness (IMCI) is an EBM guideline prepared by WHO and UNICEF guideline in primary health care for better assessment and management in pediatrics. The study was carried out to demonstrate the reduction of medicament prescription by the application of IMCI program in two months up to five years old children presenting with an infectious disease.

Methods: Before and after study was carried out in July 2012 at a pediatric E.R children who met with the inclusion criteria were rolled in:

- ▶ Consulting for infectious disease.
- ▶ With no anterior treatment with antibiotics.
- ▶ No need of hospitalization.

In total 112 patients were assessed separately by two groups of doctors (classical approach vs. IMCI guideline).

The two prescriptions of each patient were analyzed using Mac Nemar, comparison of proportion tests.

Results: 112 patients (64 boys, 48 girls) with cough, diarrhea, sore throat, otalgia and fever were studied. In total 280 medicaments were prescribed firstly vs. 160 medicaments with IMCI guideline ($P<0.0001$). There were 103 oral antibiotics prescribed vs. 28 with IMCI guideline ($P<0.0001$). There were 20 intra muscular injections prescribed (15 antibiotics) vs. 9 with IMCI guideline ($P<0.02$). Only 37 antibiotics were justified vs. 82 non-justified ($p<0.0001$).

Conclusion: the assessment and management by IMCI program for children age 2 months up to 5 years in outpatient clinic may contribute for a better prescription with a significant reduction in total medicament prescribed, in oral antibiotics and intra muscular injections.