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IDENTIFYING THE SIDE EFFECTS OF SELF-MEDICATED DICLOFENAC SODIUM: A CASE STUDY OF CONSTRUCTION WORKERS IN RASFODD NIGERIA LIMITED, LAGOS, NIGERIA

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ABSTRACT

Background: Self-medication is a wide spread practice among construction workers who experience a range of physical injuries, pain, and musculoskeletal. Diclofenac is a nonsteroidal anti-inflammatory drug that is commonly used to relieve pain, fever and inflammation.

Methodology: This research aimed to investigate the side effects associated with self-medication of diclofenac sodium among construction workers in Rasfodd Nigeria limited Lagos, Nigeria. A Descriptive design was adopted for this study. A total of 150 participants were surveyed using a structured questionnaire to gather information on self-medication practices, knowledge of diclofenac sodium side effects, and reported health outcomes.

Results: The study revealed a high prevalence of self-medication among construction workers, with 62.7% of participants engaging in this practice. The main reasons cited for self-medication were the easy availability of diclofenac sodium without a prescription and the desire for immediate pain relief. However, the study also found a lack of awareness about the potential side effects of diclofenac sodium which is 98%, with only 2% of participants demonstrating sufficient knowledge. Several health risks associated with self-medication were reported, including stomach upset which is 18.7%, headache 40% and other adverse drug interactions were recorded.



Conclusion: These findings underscore the need for comprehensive interventions, including educational campaigns, collaboration between healthcare professionals and construction companies, and stronger regulatory measures to ensure responsible medication practices. By addressing these issues, the well-being and safety of construction workers can be enhanced, reducing the potential health risks associated with self-medication

INTRODUCTION

Self-medication is a widespread practice that involves the use of over-the-counter medications without the guidance or supervision of a healthcare professional. It is commonly practiced worldwide, and it has become a significant public health concern due to the potential risks and adverse effects associated with the practice¹. In many developing countries, where access to healthcare facilities may be limited, self-medication is often the first line of action for individuals experiencing health problems². Therefore, it is essential to understand the commonness and consequences of self-medication to develop interventions to reduce its harmful effects.

Diclofenac sodium is a medication used to relieve pain and inflammation caused by various conditions, including arthritis, migraine, menstrual cramps, and postoperative pain³. The side effects of diclofenac sodium include gastrointestinal problems such as stomach pain, nausea, and diarrhea; cardiovascular problems such as increased blood pressure and risk of heart attack or stroke; and renal problems such as kidney damage or failure. Other side effects may include headache, dizziness, drowsiness, skin rashes, and liver problems. The risk of side effects may increase with higher doses and longer duration of use. It is important to consult a healthcare provider before using diclofenac sodium and to report any adverse effects immediately⁴.

Toxicity is a major concern with the use of diclofenac sodium, particularly when it is used in high doses or for prolonged periods of time. The potential for toxicity increases with age, underlying health conditions, and concurrent use of other medications that may interact with diclofenac sodium. There are several mechanisms by which diclofenac sodium can cause toxicity, including gastrointestinal, cardiovascular, and renal toxicity.

Gastrointestinal toxicity is one of the most commonly reported adverse effects of diclofenac sodium. In severe cases, gastrointestinal bleeding can lead to anemia, which can be life-threatening if left untreated^{5,6}. Patients with a history of gastrointestinal bleeding, ulcer disease, or those on concomitant anticoagulant therapy are at a higher risk of developing gastrointestinal bleeding with diclofenac sodium use and require close monitoring⁷.

Diclofenac sodium can cause renal impairment, which can be further exacerbated by concomitant use of other nephrotoxic drugs⁸. Therefore, patients should have their serum creatinine and estimated glomerular filtration rate (eGFR) regularly monitored to detect any changes in renal function. If there is a significant decrease in eGFR or signs of renal impairment, diclofenac sodium should be promptly discontinued, and appropriate measures should be taken to manage the renal impairment⁶.

Liver function tests should also be performed regularly in patients taking



diclofenac sodium, as it can cause hepatic impairment⁹. If there is a significant increase in liver enzyme levels, diclofenac sodium should be discontinued, and the patient should be monitored closely for any signs of hepatic impairment⁶.

Diclofenac sodium can cause an increase in blood pressure, which can lead to adverse cardiovascular events such as stroke and myocardial infarction¹⁰. Therefore, patients should have their blood pressure regularly monitored, and appropriate measures should be taken to manage hypertension. Diclofenac sodium has been shown to increase the risk of thrombotic events, particularly in patients with preexisting cardiovascular disease¹¹.

The drug can cause renal vasoconstriction, leading to decreased renal blood flow and potential kidney damage. This risk is particularly relevant in patients with preexisting renal impairment or those taking other nephrotoxic medications¹². In addition, long-term use of diclofenac sodium has been associated with an increased risk of chronic kidney disease¹³.

Monitoring for toxicity is an important aspect of the management of patients receiving diclofenac sodium. Regular assessment of renal function and blood pressure is recommended, particularly in patients with preexisting renal or cardiovascular disease. Patients should be monitored for signs of gastrointestinal bleeding, including abdominal pain, nausea, vomiting, and melena. In addition, patients should be advised to seek medical attention if they experience any symptoms suggestive of cardiovascular or renal toxicity, such as chest pain, shortness of breath, or decreased urine output. To minimize the risk of toxicity, it is essential to use diclofenac sodium according to the prescribed dosage and duration. Patients should also be monitored for signs of adverse effects and instructed to seek

medical attention if any symptoms occur^{14,15}.

Diclofenac sodium is commonly used among construction workers to manage pain and inflammation. Construction workers often encounter a range of health problems due to the nature of their work, including exposure to harmful chemicals, heavy lifting, and long working hours. Such factors may lead to pain, inflammation, and other discomforts such that construction workers may attempt to self-medicate with painkillers, including diclofenac sodium. Diclofenac sodium is an NSAID that is widely used to treat pain, fever, and inflammation. Construction workers are one group that may be particularly vulnerable to the side effects of diclofenac sodium, given the physically demanding nature of their work and the increased risk of musculoskeletal injuries.

Research has shown that self-medication among construction workers varies widely and can be as high as 90% in some cases¹⁶. This high prevalence of self-medication may be attributed to the challenging working conditions that construction workers face, including inadequate healthcare access, inadequate health insurance, and long working hours. In addition, the high cost of seeking medical attention and the limited time available for seeking medical attention may also contribute to self-medication. Another study conducted in Pakistan found that the prevalence of renal side effects among construction workers taking diclofenac sodium was 16.6%¹⁷.

Finally, patients taking diclofenac sodium should be closely monitored for potential drug interactions, particularly with other nonsteroidal anti-inflammatory drugs (NSAIDs), which can increase the risk of adverse effects¹⁸. Healthcare providers should be aware of the patient's medication history and potential drug interactions and



adjust the dose or change the medication if necessary.

The prevalence of side effects of diclofenac sodium among construction workers varies depending on the type of side effect. These side effects can cause discomfort, reduce work productivity, and increase healthcare costs. The severity of the side effects of diclofenac sodium among construction workers can also vary depending on the type of side effect. Some of these side effects can be mild and go away on their own, while others can be severe and require medical attention. The severity of the side effects of diclofenac sodium among construction workers can range from mild to severe, and some side effects may require medical intervention.

Furthermore, construction workers may be exposed to environmental hazards that can exacerbate the adverse effects of diclofenac sodium, such as heat stress, dehydration, and exposure to dust and chemicals¹⁹. These factors can increase the risk of gastrointestinal bleeding, kidney damage, and cardiovascular events associated with diclofenac sodium use²⁰. In addition, self-medication with diclofenac sodium may interfere with the workers' ability to perform their job safely and effectively, as it can cause drowsiness, dizziness, and impaired cognitive function²¹.

Therefore, it is important to raise awareness among construction workers about the potential health risks of self-medication with diclofenac sodium and promote safe medication practices. This can be achieved through education and training programs that provide information on the appropriate use of medications, the importance of seeking medical care for underlying health conditions, and strategies for managing pain and discomfort in the workplace. Additionally, employers can play a role in ensuring the health and safety of their workers by

providing access to medical care, promoting safe work practices, and implementing policies that discourage self-medication.

Despite the available literature on the health risks associated with self-medication with diclofenac sodium among construction workers, there are still gaps in the current knowledge. Moreover, there is a need for studies that explore the attitudes and perceptions of healthcare providers towards self-medication with diclofenac sodium among construction workers. Understanding the perspectives of healthcare providers can inform the development of interventions aimed at improving communication between workers and healthcare providers, and promoting safe medication practices.

Therefore, there is a need to investigate the side effects of self-medicated diclofenac sodium use among construction workers in Rasfodd Nigeria limited and explore strategies to reduce the risks associated with self-medication. The findings of this research will provide valuable insights into the health risks associated with NSAID use among construction workers and highlight the importance of proper medical supervision and regulation of diclofenac sodium use in this population.

RESEARCH METHODOLOGY.

Study setting: This study was carried out among construction workers in Rasfodd Nigeria limited 7, Aboaba street, off Ajayi Road Ogba, Lagos. The Rasfodd Nigeria limited is fast growing company in Nigeria. Rasfodd Nigeria limited are into Public buildings, private building, housing, water & sewage projects, hospitals, church buildings, engineering consultancy, manufacturing and assembly of steel structures,...etc

Study population: The study population is made of construction workers in



Rasfodd Nigeria limited. The questionnaire was administered to a sample of 150 construction workers (labourer, carpenter, mason, electrician, plumber and others).

Sampling technique: The study adopted a stratified random sampling technique in which a sample size of 150 respondents was drawn randomly to represent the entire population of the study.

Study instruments: In this study, the researcher used both primary and secondary data in this study; Primary data source was questionnaire which were

administered accordingly in order to obtain primary data. Secondary Source included textbooks, journals, and internet.

ETHICS AND PERMISSION

Prior to the research engagement, letter of consent was submitted to the company for approval. Letter of approval for this research to be carried out in Rasfodd Nigeria limited Nigeria was signed on 20th of May, 2023, by Engr. Ogunseye Emmanuel (the head of operations, Rasfodd Limited). After the approval was gotten, the target population were verbally engaged and got their consent.

RESULTS

Table 1: shows the socio-demographic characteristics of the study population. A total of 150 construction workers participated in the study, which 56.7% being male and 43.3% being female. The majority of the participants were between the ages of 24-35 years 33.3%, followed by those aged 35-44 years 26.6%. The singles are 38.7% and the widow 15.3%. In terms of educational level, 44% of the participants had a secondary school education, while 26% had the tertiary education.

Table 1: Socio-demographic characteristic of the study population

Gender	Frequency	Percentage
Male	85	56.7
Female	65	43.3
Total	150	100
Age	25	16.6
18-24	50	33.3
25-34	40	26.6
35-44	20	13.0
45-54	15	10
Over 55	150	100
Ethnicity		
Yoruba	87	58
Igbo	33	22
Hausa	18	12
Others	12	8
Total	150	100
Religion		
Christianity	77	51.3
Islam	68	45.3



Gender	Frequency	Percentage
Traditional	5	3.4
Total	150	100
Marital status		
Single	58	38.7
Married	49	32.7
Divorced	20	13.3
Widowed	23	15.3
Total	150	100
Educational level		
Primary education	45	30
Secondary education	66	44.0
Tertiary	39	26
Total	150	100

Field survey 2023

Table 2 shows the level of knowledge towards self-medication of diclofenac sodium among the study population. Out of the 150 participants, 89(59.3%) reported somewhat confident on use of diclofenac sodium not very confident, 39 (26%) reported, very confident 13(8.7%) while not all confident 9(6%) reported.

Table 2: Distribution of study population according to level of knowledge of dangers of self-medication of diclofenac sodium.

Knowledge	Frequency	Percentage
Somewhat confident	89	59.3
Not very confident	39	26.0
Very confident	13	8.7
Not at all confident	9	6.0
Total	150	100

Field survey 2023

Table 3 shows the reason for self-medicated on diclofenac sodium reported by the participants who used diclofenac sodium. General body pain was the most common reason reported with 73 (48.7%) , followed by constant back pain 45 (30%) and constant headache 26(17.3%).

Table 3: Distribution of the study population according to the reason for self-medication of diclofenac sodium.

Reason	Frequency	Percentage
Constant headache	26	17.3
Constant back pain	45	30.0
General body pain	73	48.7
Others	6	4.0
Total	150	100

Field survey 2023

Table 4 shows the prevalence of self-medicated diclofenac sodium use among the study population. Out of the 150 participants 81(54%) reported using diclofenac sodium 2-3 times a week, 34 (22.7%) reported once a week or less 26 (17.3%) reported using diclofenac sodium 4-6 times a week , 9(6%) reported using every day.

Table 4: Distribution of study population according to prevalence of self-medicated diclofenac sodium.

Prevalence of self-medication	Frequency	Percentage
Every day	9	6
4-6 times a week	26	17.3
2-3 times a week	81	54
Once a week	34	22.7
	150	100

Field survey 2023

Table 5 shows the prevalence of side effect, major side effect and severity of side effect of diclofenac sodium. Out of 150 participants 134 (89.3) reported with side effects while 16 (10.7%) reported no side effects. The major side effect 60(52.7%) headache , 28 (18.7%) stomach upset reported, 27 (18%) dizziness reported, severity of side effect, mild 79 (52.7%), moderate 46 (30.6%) while severity 9 (6%).

Table 5: Distribution of study population based on the prevalence of side effects, major side effects and severity of side effects of diclofenac.

Prevalence of side effects	Frequency	Percentage
Yes	134	89.3
No	16	10.7
Total	150	100
Stomach upset	28	18.7
Headache	60	40
Dizziness	27	18
Skin rash	2	1.3
Nausea	9	6.0
Vomiting	8	5.3
Total	134	100
Severity		
Mild	79	52.7
Moderate	46	30.6
Severe	9	6.0
No side effect	16	10.7
Total	150	100

Field survey 2023

DISCUSSION

This study aimed to determine the side effects of self-medication with diclofenac

sodium among construction workers in Rasfodd Nigeria limited. The results of this study indicate that majority of the participants had self-medicated with



diclofenac sodium at some point in their lives. Pain relief was the most common reason for self-medicating with diclofenac sodium. Stomach discomfort, headache and dizziness were the most commonly reported side effects. The high rate of self-medication with diclofenac sodium among construction workers in this study is consistent with findings from previous studies conducted in other settings^{22,23,24,25}.

The results of the study showed that out of the 150 construction workers who participated;

94 (62.7%) reported self-medicating with diclofenac sodium. Among those who self-medicated, 28 (18.7%) reported experiencing stomach discomfort, 60(40%) experience headache, 27(18%) experiencing dizziness. The most commonly reported side effects were headache and stomach discomfort, followed by dizziness. While reasons for self-medication were general body pain 73(48.7%) and constant back pain 45(30%)

The study show that 62.7% of construction workers in Rasfodd Nigeria limited are self-medicated with diclofenac sodium, due to lack of knowledge on side effect of diclofenac sodium, which is in accordance with Mohammad MOHSENI (2000 to 2015) during which self-medication with diclofenac sodium among construction workers in Iran was 53%. The difference in results was probably due to the fact that construction Company owners in Iran urged public health workers to consult before taking medication.

CONCLUSION

This study aimed to assess the side effect of self-medication with diclofenac sodium among construction workers in rasfodd Nigeria limited Lagos. The findings revealed a high prevalence of self-medication, indicating that a significant

number of construction workers are relying on diclofenac sodium for pain relief without proper medical guidance and the construction workers do not have knowledge on side effects of self-medicated diclofenac sodium. This practice poses potential health risks with the most relevant side effects stomach upset. The study also identified knowledge gaps among construction workers regarding the side effects of diclofenac sodium, highlighting the need for improved education and awareness programs. Addressing these gaps and promoting responsible medication practices are crucial for ensuring the safety and well-being of construction workers.

RECOMMENDATIONS

Based on the study findings, the following recommendations are proposed:

1. Educational Campaigns: Stakeholders should develop and implement comprehensive educational campaigns targeting construction workers to enhance their understanding of the potential risks associated with self-medication. These campaigns should emphasize the importance of seeking professional medical advice and using medication under proper guidance.
2. Healthcare Professional Engagement: Encourage healthcare professionals to actively engage with construction workers, providing guidance on pain management options and the proper use of medication. This can be achieved through regular health talks, on-site clinics, and partnerships between healthcare providers and construction companies.
3. Strengthen Regulatory Measures: Enhance regulatory measures to ensure the responsible sale and distribution of diclofenac sodium. This includes implementing stricter regulations on its availability as an over-the-counter drug, enforcing penalties for unauthorized sale or dispensing, and



- monitoring the quality and labeling of diclofenac sodium products.
- Occupational Health and Safety Programs: Construction companies should prioritize the health and safety of their workers by implementing occupational health and safety programs. These programs should include regular medical check-ups, provision of personal protective equipment, and creating a supportive work environment that encourages workers to seek medical advice instead of self-medicating.
 - Access to Healthcare Services: Improve access to healthcare services for construction workers by collaborating with healthcare providers to establish on-site or nearby clinics. This will facilitate prompt and appropriate medical attention for workers, reducing the need for self-medication.
 - Further Research: Conduct further research to explore the underlying reasons behind the high prevalence of self-medication with diclofenac sodium among construction workers in Lagos, Nigeria. This research can focus on the sociocultural factors, economic constraints, and knowledge gaps that contribute to self-medication practices.

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