

Effectiveness of Planned Teaching on Knowledge Regarding Hazards of Self-Alteration in Medicine Dosage and Irregular Follow-Up Among Patients on Regular Medicines

Nikita Bhandari^{1,*}, Akkamahadevi Bergeri², Basavant Dhudum³, Rohit Kamble⁴, Manisha Kulkarni⁵, Bahubali Geddugol⁶, Swaraj Uthale⁷, Muskan Pirjade⁸, Aditya Mane⁹

¹Clinical Instructor, Bharati Vidyapeeth (Deemed to be University), College of Nursing, Sangli, Maharashtra, India – 416414. Email: nikita.londhe@bharatividyaapeeth.edu

²Clinical Instructor, Bharati Vidyapeeth (Deemed to be University), College of Nursing, Sangli, Maharashtra, India – 416414

³Associate Professor, Bharati Vidyapeeth (Deemed to be University), College of Nursing, Sangli, Maharashtra, India – 416414

⁴Clinical Instructor, Bharati Vidyapeeth (Deemed to be University), College of Nursing, Sangli, Maharashtra, India – 416414

⁵Clinical Instructor, Bharati Vidyapeeth (Deemed to be University), College of Nursing, Sangli, Maharashtra, India – 416414

⁶Associate Professor, Bharati Vidyapeeth (Deemed to be University), College of Nursing, Sangli, Maharashtra, India – 416414

^{7,8,9}Bharati Vidyapeeth (Deemed to be University), College of Nursing, Sangli, Maharashtra, India – 416414

*Corresponding author: Nikita Bhandari, Clinical Instructor, Bharati Vidyapeeth (Deemed to be University), College of Nursing, Sangli, Maharashtra, India – 416414.

Email: nikita.londhe@bharatividyaapeeth.edu

Received: 10th April, 2026; Revised: 18th April, 2026; Accepted: 25th April, 2026; Available Online: 30th April, 2026

ABSTRACT

Background: Self-alteration of medication dosage and irregular follow-up are common issues among patients on long-term therapy, leading to poor treatment outcomes, complications, and increased healthcare burden. **Objectives:** 1. To assess the existing knowledge regarding hazards of self-alteration in medication dosage and irregular follow-up. 2. To evaluate post-test knowledge following a planned teaching programme. 3. To compare pre-test and post-test knowledge scores. **Materials and Methods:** Research Design: A quantitative quasi-experimental one-group pre-test–post-test design was adopted. Sample and Sampling Technique: A total of 245 patients on long-term medication (age 41–80 years) were selected using a simple random sampling technique. Tool and Technique: A structured questionnaire was used to assess knowledge regarding hazards of self-alteration in medication dosage and irregular follow-up. Validity: Content validity was established by 19 experts, and necessary modifications were incorporated. Reliability: Reliability was assessed using Karl Pearson’s correlation coefficient, indicating acceptable consistency of the tool. **Results:** Pre-test findings revealed that 49% of patients had poor knowledge, while only 5% had excellent knowledge. Post-test results showed significant improvement, with 52% demonstrating good knowledge and only 8% remaining in the poor category. **Conclusion:** The planned teaching programme was effective in improving knowledge regarding hazards of self-alteration in medication dosage and irregular follow-up among patients on long-term medication.

Keywords: Medication adherence, self-medication, follow-up, patient education, planned teaching programme.

How to cite this article: Bhandari N, Bergeri A, Dhudum B, Kamble R, Kulkarni M, Geddugol B, Uthale S, Pirjade M, Mane A. Effectiveness of Planned Teaching on Knowledge Regarding Hazards of Self-Alteration in Medicine Dosage and Irregular Follow-Up Among Patients on Regular Medicines. *Int J Drug Deliv Technol.* 2026;16(63s):1484-1487. DOI: 10.25258/ijddt.16.63s.149

Source of support: Nil.

Conflict of interest: None

Introduction:

Medication adherence is a critical component of effective healthcare management, especially for patients on long-term treatment. Self-alteration of medication dosage—such as skipping doses, increasing or decreasing dosage without medical advice—and irregular follow-up visits can lead to serious health complications, disease progression, and treatment failure.

Patients often modify their treatment regimens due to lack of knowledge, financial constraints, side effects, or misconceptions about their illness. Irregular follow-up further complicates disease management by preventing timely monitoring and adjustment of therapy.

Chronic conditions such as hypertension, diabetes, and cardiovascular diseases require continuous monitoring and strict adherence to prescribed medications. Failure to follow treatment plans can

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result in increased morbidity, hospitalizations, and healthcare costs.

Educational interventions, such as planned teaching programmes, play a vital role in improving patient knowledge and promoting safe medication practices. Enhancing awareness about the risks associated with self-alteration and irregular follow-up can empower patients to adhere to treatment and improve health outcomes.

Need for the Study:

Despite advancements in healthcare, medication non-adherence remains a significant problem, particularly among older adults on long-term therapy. Many patients lack adequate knowledge regarding the consequences of altering medication dosage or missing follow-up appointments.

Studies indicate that poor adherence is associated with increased complications, hospital readmissions, and reduced quality of life. In the Indian context, limited patient education and lack of structured awareness programmes further contribute to this issue.

Patients on long-term medication require continuous guidance and education to ensure safe and effective treatment. Planned teaching programmes can serve as an effective strategy to improve knowledge and promote adherence.

Therefore, this study was undertaken to assess the effectiveness of a planned teaching programme on knowledge regarding hazards of self-alteration in medication dosage and irregular follow-up among patients on regular medicines.

Objectives:

1. To assess pre-test knowledge regarding hazards of self-alteration in medication dosage and irregular follow-up.
2. To evaluate post-test knowledge after the teaching programme.
3. To compare pre-test and post-test knowledge scores.

Materials and Methods:

Research Design:

Quantitative quasi-experimental one-group pre-test–post-test design

Sample and Sampling Technique:

- Sample size: 245 patients on long-term medication
- Age group: 41–80 years
- Sampling method: Simple random sampling

Tool:

- Structured knowledge questionnaire
- Score range: 0–20
- Categories: Excellent, Good, Average, Poor

Validity:

- Content validity established by 19 experts

Reliability:

- Karl Pearson correlation coefficient used

Pilot Study:

A pilot study was conducted to assess feasibility and clarity of the tool.

Data Collection Procedure:

- Ethical approval obtained
- Informed consent taken
- Pre-test conducted
- Planned teaching programme administered
- Post-test conducted

Demographic Variables:

Table No. I: FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES (N = 245)

Sr. No.	Variables	Groups	Frequency	Percentage
1	Age	41 – 50 Years	38	15%
		51 – 60 Years	49	20%
		61 – 70 Years	75	31%
		71 – 80 Years	83	34%
2	Gender	Male	138	56%
		Female	107	44%
		Transgender	0	0%
3	Education	High School or Below	97	40%
		College or University	41	16%
		Graduate or Post	29	12%

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		graduate		
		Other	78	32%
4	Previous Hospitalization	Yes	161	65%
		No	84	35%
5	Hospital	Government Hospital	86	35%
		Private Hospital	149	65%
6	Length of time on regular medicine	1 – 3 Years	76	32%
		4 – 6 Years	107	43%
		7 – 10 Years	62	25%
7	Annual income	Less than 1 lakh	14	6%
		1 – 2 lakhs	38	15%
		More than 2 lakhs	193	79%

Table No. 2: FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRE-TEST AND POST-TEST KNOWLEDGE SCORE

N = 245

Groups	Pre Test		Post Test	
	Frequ	Percent	Frequen	Percen
Excellent (16 - 20)	12	5%	41	17%

Good (11 - 15)	30	12%	127	52%
Average (6 - 10)	84	34%	58	23%
Poor (0 - 5)	119	49%	19	8%

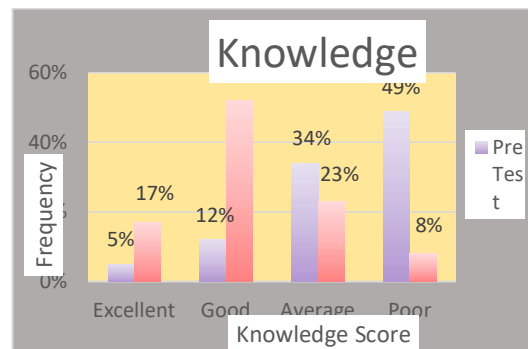


Figure No -1: Comparison of pre-test and post-test knowledge score

Interpretation:

Majority (49%) had poor knowledge before the intervention. Post-test results show significant improvement, with the majority (52%) having good knowledge.

Discussion:

The findings of the study demonstrate that the planned teaching programme was effective in significantly enhancing participants' knowledge regarding the hazards of self-alteration in medication dosage and irregular follow-up. A notable decline in the proportion of participants with poor knowledge was observed, accompanied by a substantial increase in those achieving good and excellent knowledge levels.

These results are consistent with previous studies highlighting the importance of patient education in improving medication adherence and reducing treatment-related risks. Educational interventions empower patients to make informed decisions and follow prescribed regimens effectively.

Implications:

Nursing Practice:

- Nurses play a key role in educating patients about medication adherence.

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- Planned teaching programmes can be implemented in clinical and community settings.

Nursing Education:

- Curriculum should include patient education strategies related to medication safety.

Nursing Administration:

- Administrators should promote awareness programmes and patient education initiatives.

Nursing Research:

- Further studies can explore innovative teaching methods and long-term outcomes.

Limitations:

- Study limited to selected areas of Sangli, Miraj, Kupwad
- Self-reported data may introduce bias
- Short duration of follow-up

Recommendations:

- Replication on larger populations
- Use of multimedia teaching methods
- Long-term follow-up studies
- Comparative studies with different teaching strategies

Dissemination of Findings:

Findings can be shared through journals, conferences, workshops, and community health programmes.

Conclusion:

The study concludes that the planned teaching programme was effective in improving knowledge regarding hazards of self-alteration in medication dosage and irregular follow-up among patients on long-term medication. Enhanced knowledge can lead to better adherence, improved health outcomes, and prevention of complications.

Conflict of Interest:

No conflict of interest

Funding:

Self-funded

Acknowledgement:

The researchers acknowledge Bharati Vidyapeeth College of Nursing, Sangli, study participants, and all contributors for their support.