

stress ulcer prophylaxis (46.33%). Ranitidine was the drug mostly prescribed in this study, furthermore; number of oral and/or IV and number of day of therapy per patients of ranitidine were higher than other H₂-blockers in both medical and surgical ward.

Out of 300 patients, 18 patients (6%) received H₂-blockers which the potential drug-drug interaction were found. Phenytoin was the drug mainly prescribed with H₂-blockers both in medical (60%) and surgical ward (66.67%).

Thirty five of 300 patients (11.67%) were taking at least one additional drug for the treatment of GI disorders and antacid was the drug mostly prescribed concurrently with H₂-blockers. Furthermore, there were 3 patients received duplicate therapy of H₂-blockers.

The study revealed that number of appropriateness of use of H₂-blockers was 73.33% and inappropriateness was 26.67%. Inappropriate use in medical was found more than in surgical ward about 2.3 times and significant difference between groups ($p < 0.05$). Dosage regimen was rated as the most inappropriate use in this study (52.50%) and ranitidine was mainly prescribed inappropriately. Twelve of 252 patients (4.76%) needed of dosage adjustment based on their abnormal serum creatinine. In addition, the patients died 29 of 300 cases (9.67%) and all of them died from their underlying diseases, not from H₂-receptor antagonists.

However, active intervention should be performed for further study in order to decrease the inappropriate use of H₂-receptor antagonists; thereby improving the quality of life of patients.