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Original Article

Assessment of Awareness and Knowledge of Food-Drug Interactions Among Healthcare Professionals and Patients in India

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ABSTRACT

Background: Food-Drug Interactions (FDIs) can lead to significant changes in drug efficacy and safety and may result in therapeutic failure. Inadequate knowledge and awareness of FDIs among Healthcare Professionals (HCPs) and patients can further increase the risk of such interactions. Therefore, the present study aimed to assess the awareness and knowledge of FDIs among patients and HCPs and to identify the demographic and professional factors associated with their knowledge levels. **Materials and Methods:** A six-month cross-sectional questionnaire-based study was carried out at a tertiary care hospital. Awareness and knowledge of food-drug interactions were assessed using a validated questionnaire. Statistically results were determined using descriptive statistics, Chi-square tests and logistic regression models. **Results:** The study included total of 1,011 participants. Among patients, 47.0% had moderate knowledge, while 32.3% had poor, and 20.7% had good knowledge. Clinical pharmacists scored highest among HCPs, followed by physicians, while interns and nurses scored lower in terms of knowledge. Knowledge score results were significantly associated with professional category and educational levels among HCPs ($p<0.05$). **Conclusion:** The study reveals an existing knowledge gap with respect to FDI among these patients as well as among certain HCP groups. It may be possible to improve patient safety by means of education.

Keywords: Awareness, Food-Drug Interactions, Healthcare professionals, Knowledge, Patient safety.

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INTRODUCTION

Food-Drug Interactions (FDIs) are defined as situations when food constituents affect the therapeutic efficacy and safety of medications used to treat medical conditions, including when the desired therapeutic response is not achieved at the best drug dosage regimen of a patient who is adherent (Rahman *et al.*, 2022; Vuong *et al.*, 2023). There are several mechanisms by which FDIs occur, such as gastrointestinal physiology changes following food intake, changes in drug dissolution, and effects on drug metabolizing enzymes and transporters (Deng *et al.*, 2017). These changes may lead to delayed, decreased, or increased absorption of drugs, especially when the margin for error is small (Koziolek *et al.*, 2019; Tsume *et al.*, 2023; Choi *et al.*, 2017; Abuhelwa *et al.*, 2017). This is true of chronic conditions like hypertension, anticoagulant therapy, cancer, and organ transplantation (Mouly *et al.*, 2017). Studies have proven that certain patient groups, i.e., the elderly, recipients of several drugs, and patients suffering from certain illnesses, appear to have an increased risk of suffering from adverse FDI (Vranckx *et al.*, 2018; Petric *et al.*, 2020, Veerman *et al.*, 2020). In past studies, inadequate knowledge about FDIs by patients and Healthcare Professionals (HCPs), including pharmacists, nurses, and physicians, have been reported (Beirão *et al.*, 2025; Kuźbicka *et al.*, 2024). Although these HCPs show awareness about the usual interactive phenomena, knowledge gaps exist about less obvious and newly developing FDIs (Elshenawi *et al.*, 2020; Zaidi *et al.*, 2021). Patient-related issues, like education level and exposure to healthcare, also contributed to awareness and practice (Zawiah *et al.*, 2020; Radwan *et al.*, 2018). Despite the clinical importance of FDIs, studies assessing these in terms of awareness among patients as well as HCPs in Indian clinical settings are very few. Hence, this study aimed to assess the level of FDI-related awareness, doubts and knowledge among HCPs as well as patients, along with associated factors.

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MATERIALS AND METHODS

Study design, Study participants and Sample size

An observational cross-sectional design, conducted over a period of six months. The required sample size was determined based on a conventional formula for cross-sectional design studies, considering a confidence level of 95% and precision level of 5%. Consequently, it was determined that the study design required at least 1,000 participants for sufficient statistical power to support the analysis, as suggested by (Bujang, 2021). A total of 1,011 participants, comprising 781 patients and 230 healthcare professionals, were included in STROBE flow diagram (Figure 1).

Questionnaire Validation and Pilot Testing

Questionnaires for patients and HCPs were adapted from a previously published article and were pre-tested for validity by conducting face-validity with the aid of experts in the department of medical education (Benni *et al.*, 2012). A pilot study was carried out to check the clarity of questions, and modifications were made according to the feedback from the pilot testing. The linguistic expert checked the Marathi translations to ensure accuracy.

Data Analysis

The Statistical Package for the Social Sciences (SPSS) version 25 was used for data analysis. Descriptive statistics were used to summarize the data. Association between categorical variables were assessed using the Chi-square test. All statistical tests were two-tailed and a p-value≤0.05 was considered statistically significant.

Ethical Considerations

The study was approved and reviewed by the Institutional Ethics Committee of Deenanath Mangeshkar Hospital and Research Centre (PharmD_2024_Sept_NS_18; dated 14 Oct 2024). The study was conducted in accordance with the Helsinki Declaration and its subsequent amendments. All the participants gave informed consent prior to conducting the study.

RESULTS

Participant demographics

A total o1f 1011 participants were included, comprising 781 patients aged ≥50 years with almost equal distribution of males (50.3%) and females (49.7%). Among 230 HCPs, the largest population belonged to the pharmacy practice department followed by general medicine and pediatrics. Most HCPs had 0-4 years of professional experience and nearly half of them held post-graduate qualifications (Table 1).

Knowledge level among participants

The association between patient characteristics and knowledge of food-drug interactions showed age, education level, healthcare-related occupation, and family healthcare exposure were significantly associated with knowledge level. Gender

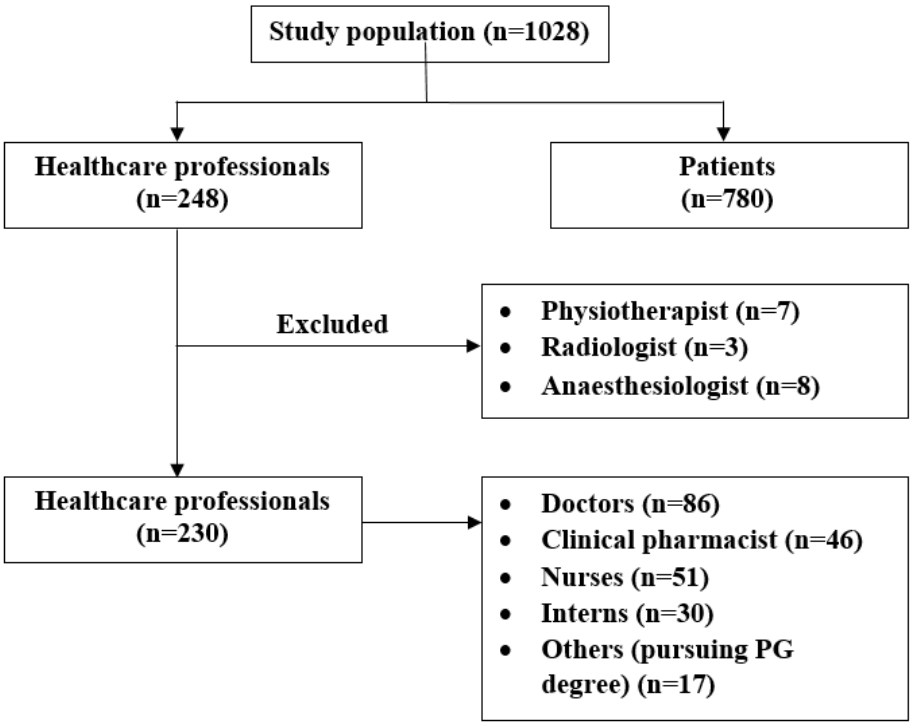

Figure 1: STROBE flow diagram illustrating participant recruitment, inclusion and analysis in the study.

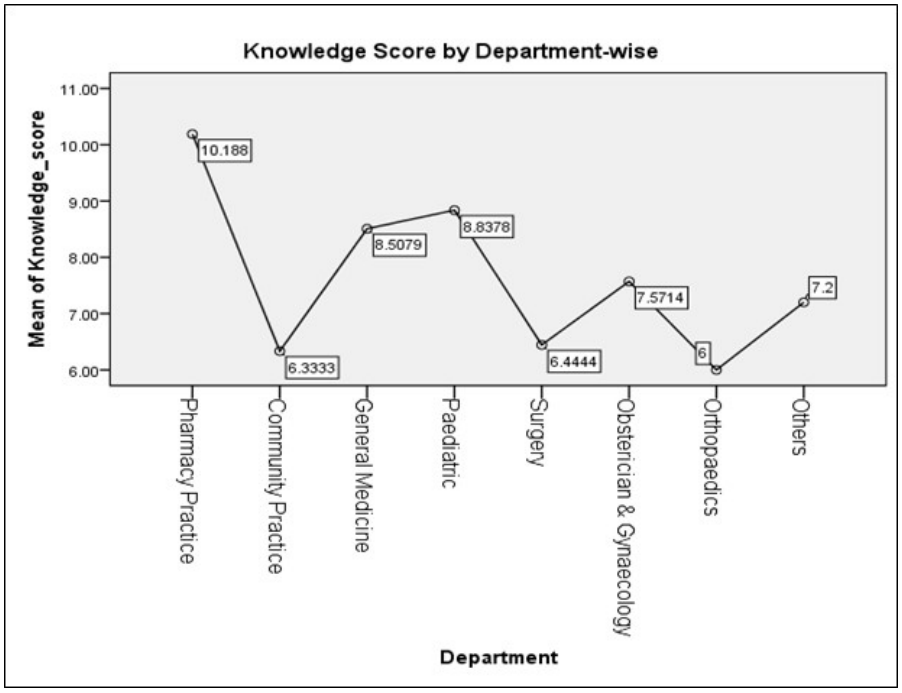

Figure 2: Mean knowledge scores of healthcare professionals according to department.

(p=0.088) and presence of chronic disease (p=0.095) were not significant associated with knowledge level (Table 2).

Pharmacy practice demonstrated the highest mean knowledge score among departments followed by pediatrics and general medicine whereas community practice and orthopedics showed comparatively lower scores (Figure 2). Similarly, clinical pharmacists and interns exhibited higher mean knowledge compared with doctors, while nurses showed lower mean knowledge scores (Figure 3). Knowledge scores also increased with higher educational attainment with postgraduates demonstrating higher mean scores compared with graduates and diploma holders (Figure 4).

Among healthcare professionals, the department of pharmacy practice was significantly associated with knowledge level, but not years of experience. Clinical pharmacists, postgraduates, and interns scored higher, while nurses and diploma holders scored lower (Table 3). Having a family member working in healthcare was also significantly associated with better knowledge (OR= 2.213, p=0.001). Clinical pharmacists and interns demonstrated higher odds of good knowledge compared with doctors, although these findings did not reach statistical significance (Table 4).

DISCUSSION

This study highlights persistent gaps in awareness and knowledge of food-drug interactions (FDIs) among both patients and HCPs. Among patients, demographic factors such as age, education, occupation, and family involvement in healthcare were significantly associated with FDI knowledge, consistent with prior findings that education and occupational background influence awareness (Osuala *et al.*, 2021). However, unlike earlier reports linking chronic disease status to higher awareness (Zaidi *et al.*, 2021), our study found no such association. In contrast, research from eThekwini reported no significant relationship between patient demographics and FDI knowledge (Osuala *et al.*, 2022). For HCPs, professional role, training level, years of practice, and departmental setting shaped knowledge, whereas earlier studies suggested that age, gender, and experience were not predictive (Couris *et al.*, 2000). Patient perceptions of drug timing and treatment outcomes also enhanced understanding, aligning with practice-based habits reported in South Africa (Elajez *et al.*, 2024). Awareness among patients remained limited, with fewer than half recognizing common FDIs such as drug-caffeine interactions, and only 71% aware of warfarin-cranberry juice interactions (Meng *et al.*, 2018). Among HCPs, clinical pharmacists scored highest, followed by interns, Doctors and other cadres, while nurses demonstrated the lowest knowledge levels. These findings mirror previous reports of nurses competence in drug-food timing for common medications but gaps in less frequent interactions (Afrooz *et al.*, 2017; Balaban *et al.*, 2025). Pharmacists consistently showed strong knowledge of warfarin-vitamin K interactions, whereas physicians and nurses struggled with identifying less obvious dietary sources (Couris *et al.*, 2000; Khong *et al.*, 2024). Prior literature indicates that only one-third of HCPs possess comprehensive FDI knowledge, with notable deficiencies in administration timing, directly impacting patient safety and therapeutic outcomes (Koziolek *et al.*, 2019). Senior academic staff generally demonstrated greater mastery compared to postgraduate trainees and interns (Benni *et al.*, 2012; Osuala *et al.*, 2022; Khong *et al.*, 2024).

Table 1: Baseline Characteristics of Study Participants (*n*=1011).

Variables		n	%
Patients (*n*=781)			
Age group	<=29	119	15.2
	30 - 39	117	15
	40 - 49	102	13.1
	>= 50	443	56.7
Gender	Female	388	49.7
	Male	393	50.3
Education	Secondary school	87	11.1
	Higher Secondary School	211	27
	Undergraduate	317	40.7
	Post-graduate	151	19.3
	Uneducated	15	1.9
Patient occupation related healthcare	No	758	97.1
	Yes	23	2.9
Family's occupation related healthcare	No	590	75.5
	Yes	191	24.5
Chronic disease	No	395	50.6
	Yes	386	49.4
Healthcare Professionals (*n*=230)			
Department	Pharmacy Practice	85	37
	Community Practice	9	3.9
	General Medicine	63	27.4
	Pediatric	37	16.1
	Surgery	18	7.8
	Obstetrician and Gynecology	7	3
	Orthopedics	6	2.6
	Others	5	2.2
Years of experience	0 - 4	162	70.4
	5 - 9	50	21.7
	10 - 14	11	4.8
	15 - 19	5	2.2
	20 and above	2	0.9
Occupation	Doctor	85	37
	Nurse	51	22.1
	Clinical Pharmacist	49	21.3
	Interns	28	12.2
	Others	17	7.4
Education	Diploma	47	20.4
	Graduate	72	31.3
	Post-graduate	111	48.3

Data presented as frequency (n) and percentage (%).

Table 2: Association between patient demographic characteristics and level of knowledge of food-drug interactions using chi-square test.

Variables		Knowledge Level (n (%))			*p*-value
		Poor	Moderate	Good	
Age group (years)	<=29	38 (31.9)	55 (46.2)	26 (21.8)	0.004*
	30 - 39	32 (27.4)	52 (44.4)	33 (28.2)	
	40 - 49	19 (18.6)	55 (53.9)	28 (27.5)	
	>= 50	163 (36.8)	205 (46.3)	75 (16.9)	
Gender	Female	131 (33.8)	189 (48.7)	68 (17.5)	0.088
	Male	121 (30.8)	178 (45.3)	94 (23.9)	
Education Level	Secondary school	52 (59.8)	35 (40.2)	0 (0)	0.001**
	Higher secondary school	65 (30.8)	126 (59.7)	20 (9.5)	
	Undergraduate	87 (27.4)	165 (52.1)	65 (20.5)	
	Post-graduate	37 (24.5)	38 (25.2)	76 (50.3)	
	Uneducated	11 (73.3)	3 (20)	1 (6.7)	
Healthcare Occupation	No	252 (33.2)	362 (47.8)	144 (19)	0.001**
	Yes	0 (0)	5 (21.7)	18 (78.3)	
Healthcare family occupation	No	225 (38.1)	268 (45.4)	97 (16.4)	0.001**
	Yes	27 (14.1)	99 (51.8)	65 (34)	
Chronic disease	No	120 (30.4)	181 (45.8)	94 (23.8)	0.095
	Yes	132 (34.2)	186 (48.2)	68 (17.6)	

Data presented as frequency (n) and percentage (%). *$p<0.05$ indicates statistical significance; **$p<0.01$ indicates high statistical significance.

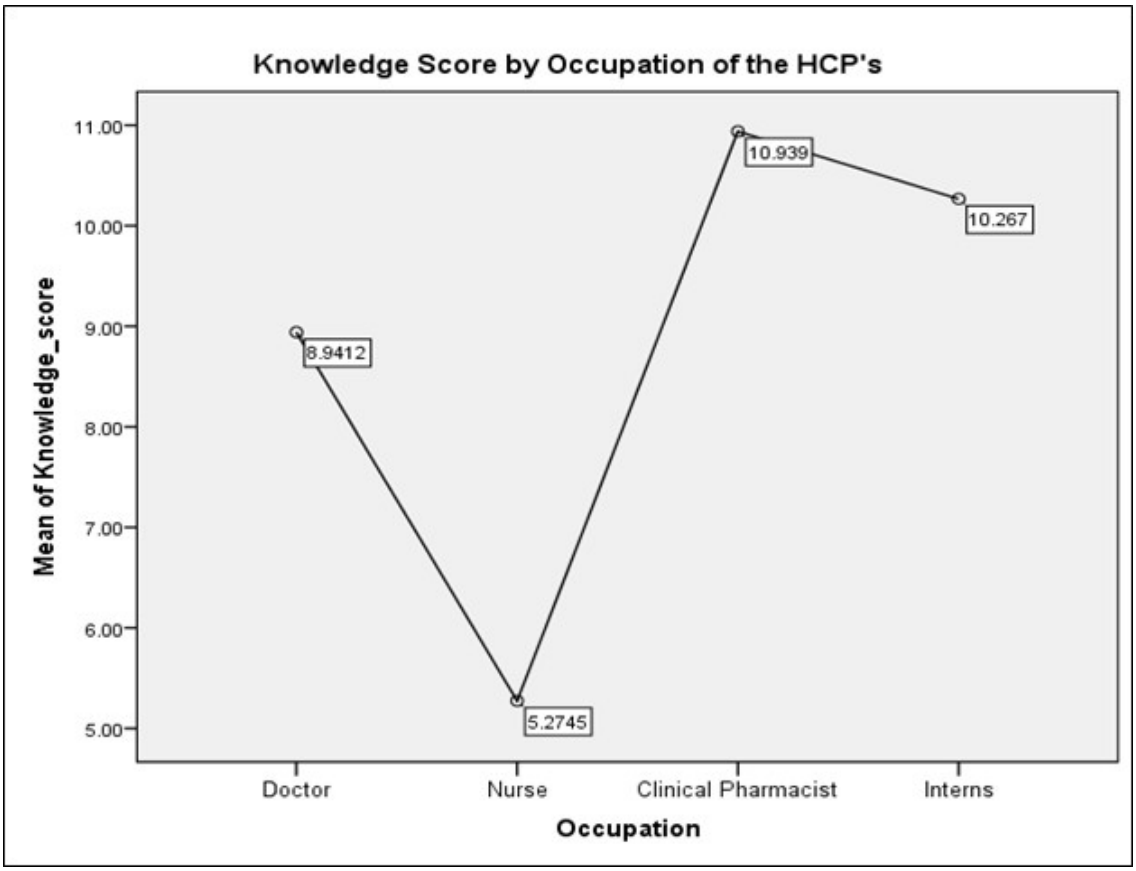

Figure 3: Mean knowledge scores of healthcare professionals according to occupation.

Table 3: Association between healthcare professional characteristics and level of knowledge of food-drug interactions using chi-square test.

Variables		Level of Knowledge				*p*-value
		Low knowledge		High knowledge		
		n	%	n	%	
Department	Pharmacy Practice	8	9.4	77	90.6	17.905, (0.01*)
	Community Practice	4	44.4	5	55.6	
	General Medicine	15	23.8	48	76.2	
	Pediatric	10	27	27	73	
	Surgery	7	38.9	11	61.1	
	Obstetrician and Gynecology	2	28.6	5	71.4	
	Orthopedics	3	50	3	50	
	Others	2	40	3	60	
Years of experience	0 - 4	35	21.6	127	78.4	1.140, (0.888)
	5 - 9	13	26	37	74	
	10 - 14	2	18.2	9	81.8	
	15 - 19	1	20	4	80	
	20 and above	0	0	2	100	
Occupation	Doctor	15	17.6	70	82.4	61.335, (0.001**)
	Nurse	31	60.8	20	39.2	
	Clinical Pharmacist	2	4.1	47	95.9	
	Interns	3	10.7	25	89.3	
	Others	0	0	17	100	
Education	Diploma	29	61.7	18	38.3	58.824, (0.001**)
	Graduate	15	20.8	57	79.2	
	Post-graduate	7	6.3	104	93.7	

Data presented as frequency (n) and percentage (%). *p<0.05 considered statistically significant; **p<0.01 indicates highly significant association.

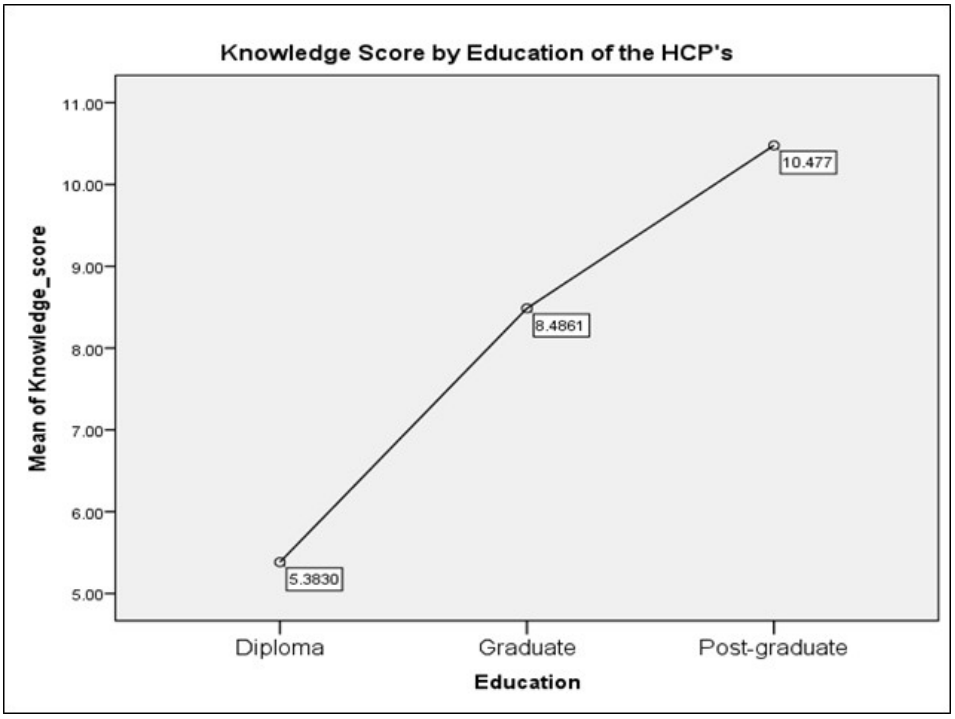

Figure 4: Mean knowledge scores of healthcare professionals according to level of education.

Table 4: Binary logistic regression analysis of factors associated with good knowledge of food-drug interactions among participants.

Variables		Odds Ratio (OR)	95% Confidence Interval (CI)		*p*-value
			Lower Limit	Upper Limit	
Patients (*n*=781)					
Age group	<=29	Ref.			
	30 - 39	0.684	0.343	1.367	0.283
	40 - 49	0.824	0.406	1.672	0.591
	>= 50	0.83	0.437	1.577	0.569
Gender	Female	Ref.			
	Male	1.221	0.815	1.83	0.333
Education Level	Uneducated	Ref.			
	Secondary school	0	Not estimable	Not estimable	0.997
	Higher secondary school	1.113	0.137	9.043	0.92
	Undergraduate	2.892	0.369	22.658	0.312
	Post-graduate	11.652	1.463	92.795	0.02*
Healthcare Occupation	No	Ref.			
	Yes	10.633	3.574	31.635	0.001**
Healthcare family occupation	No	Ref.			
	Yes	2.213	1.454	3.369	0.001**
Chronic disease	No	Ref.			
	Yes	1.225	0.764	1.964	0.4
Healthcare Professionals (*n*=230)					
Department	Pharmacy Practice	Ref.			
	Community Practice	0.403	0.05	3.247	0.393
	General Medicine	1.51	0.334	6.83	0.592
	Pediatric	1.973	0.411	9.481	0.396
	Surgery	3.13	0.544	18.018	0.201
	Obstetrician and Gynecology	0.514	0.052	5.049	0.568
	Orthopedics	0.777	0.079	7.633	0.829
	Others	0.644	0.051	8.181	0.735
Years of experience	0 - 4	Ref.			
	5 - 9	0.873	0.322	2.368	0.789
	10 and above	1.551	0.279	8.621	0.616
Occupation	Doctor	Ref.			
	Nurse	0.397	0.099	1.589	0.192
	Clinical Pharmacist	6.217	0.842	45.889	0.073
	Interns	6.266	0.828	47.445	0.076
Education	Diploma	Ref.			
	Graduate	4.139	1.182	14.496	14.496
	Post-graduate	8.389	1.809	38.902	38.902

Ref. indicated the reference category used for logistic regression. *p<0.05 indicates statistical significance; **p<0.01 indicates high statistical significance.

Overall, our findings reinforce the need for structured educational interventions and integration of FDI training into clinical practice. As emphasized in prior studies, targeted strategies are essential to strengthen decision-making and reduce preventable FDIs (Balaban *et al.*, 2025; Khong *et al.*, 2024).

CONCLUSION

The study revealed a poor level of knowledge regarding FDIs among patients and professionals. Although pharmacists had a high level of knowledge, a knowledge deficit was noted among other professional groups and patients. The study verifies the importance of education on FDIs and the need to provide tools to address FDIs to promote a safe drug regimen.

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ABBREVIATIONS

FDI: Food-Drug Interactions; **HCPs:** Healthcare Professionals; **SPSS:** Statistical Package for the Social Sciences; **STROBE:** Strengthening the Reporting of Observational Studies in Epidemiology.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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