contained more unreliable information than those aimed at physicians, raising concern about the role of the pharmaceutical industry in the continuing education of health personnel.

CONCLUSION

Many drug advertisements in French-language African journals for continuing medical and paramedical education contain incorrect or inadequate information. The responsibility for this situation lies with the journals which accept such advertisements, the national health authorities and, most of all, the companies which produce them. Such behaviour is surprising: although the African market may be crucial for some small French companies, it represents only a small proportion of the sales of larger companies. It is irrational that large companies should risk tarnishing their international image through improper commercial practices in developing countries. It is also difficult to understand how a single company can produce both accurate and inaccurate advertisements for different products as shown in our survey. Statements by some representatives of pharmaceutical companies have indicated an improvement in their behaviour in developing countries[6], but the results of this study show that they still have a long way to go. ❑

Table 1: Difference between advertisements and legal information

Difference	Number of advertisements	%
at least one item	100	70.9
ind or se or ci	84	59.6
ind	42	29.8
ind + se	23	16.3
ind + ci	16	11.3
se + ci	37	26.2
se + ci (or not mentioned)	49	34.7
ind + se + ci	14	9.9
ind + se or ci (or not mentioned)	22	15.6

ind = indication; se = side effect; ci = contraindication

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French doctors report on sales representatives' visits

Danielle Bardelay*

THE independent drug bulletin *la revue Prescrire* and its Readers' Association have developed a new strategy to improve the quality of drug presentations to doctors by the pharmaceutical industry. Since 1991, a network of general practitioners has been monitoring the behaviour of medical representatives and the information and promotional materials they provide.

Simple organization

The monitors involved in the project, (whose names remain confidential to prevent any outside pressure) are operating in eight regions of France. They receive medical representatives as usual, and listen to their presentation. After the visit, the doctors fill in an observation form, which notes if the information given orally differs from the official information provided in the drug's data sheet. These forms are then sent to the network headquarters for analysis. In this study a "fair presentation" by representatives is defined as valid information, useful in everyday medical practice, given to the doctor by a representative with good science training.

Limits on the study

This type of monitoring - reporting oral information which has only been heard by one doctor - has its limits. The main sources of bias are, first, the small number of observers (between 20 and 30) and therefore the relatively small number of presentations observed (144 drugs in 1992). To limit this bias, observations are only included in results when several reports are received on the same drug, from different regions. Second, the fact that the monitors are readers of la revue Prescrire means that they are often known by the medical representatives as rational prescribers who would refuse any inducements. So the approach of the representatives might be different from normal. Finally, overwork and lack of time means that forms may not always be completed. To tackle this problem it has been decided to change observers every six months, although this will be dependent on having enough volunteers.

Cause for concern

Despite these limitations, the study results for each year reviewed show a certain consistency (see tables 1-4). The official indications of drugs are often extended or changed, the dosage sometimes does not correspond to the official recommendations (and in these cases it is always presented as higher), and the drug side effects are rarely mentioned spontaneously. The observers believe that this last point is particularly worrying and should encourage the monitoring of drug promotion world wide.

The editors of *la revue Prescrire* feel that the data accumulated on each drug provide them with a rich resource. Comparison of observations from different regions of France allows the journal to identify wide variations in drug promotion, and to highlight important information on a drug when this is omitted or played down by medical representatives. The journal's staff believe that the data sometimes show such discrepancies that the credibility and competence of medical representatives might be questioned (see box).

Impact of the network

The simple existence of the observers' network has prompted a change in thinking by marketing specialists in some pharmaceutical companies. They can no longer assume that their representatives are dealing with doctors who are passive listeners. Instead, their presentations could well be monitored and passed on through the network.

The study concludes that, despite its limitations, the work done by this network of general practitioners is one way of attempting to regulate what drug manufacturers consider their most effective method of promotion - representatives' visits. It highlights the need for the creation of a code of good practice for representatives and the doctors who receive them. ❑

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Results of three years' observation

Table 1 Indications of the drug

"Are the indications given orally similar to those of the official data sheet?"

	1990-1991	1991-1992	1992-1993
yes	77%	65%	64%
no	23%	35%	36%

Table 2 Dosage to be prescribed

"Is the dosage orally recommended the same as on the official data sheet?"

	1990-1991	1991-1992	1992-1993
yes	88%	74%	79%
no	12%	26%	21%

Table 3 Side effects

"Have they been mentioned spontaneously by the medical representative?"

	1990-1991	1991-1992	1992-1993
yes	29%	20%	26%
no	71%	80%	74%

Table 4 Incentive to prescribe

"Did the incentive to prescribe seem particularly strong?"*

	1990-1991	1991-1992	1992-1993
yes	4%	18%	19%
no	96%	82%	81%

** Strong incentive corresponds here to the offer of presents (birthday presents, testing kits for cholesterol, pocket calculators, puzzles, wines, scarves, watches, hi-fi devices, invitations to restaurants, concerts, etc.) or participation in phase IV trials on non relevant topics or without reliable protocol.*

Examples of discrepancies between official data and representatives' recommendations

- Amisulpride presented as non neuroleptic;
- Oxymetazoline as non sympathomimetic;
- Ciprofloxacine as not contraindicated in children;
- Sodium iodoheparinate as indicated in dyslipidemia;
- Flavonoids in mastodynia, prevention of phlebitis, of pulmonary embolism, ginko biloba in premenstrual syndrome;
- Arginine + betaine for slimming (with six vials per day, instead of one to three with official indications);
- Aciclovir in varicella (a non official indication at the moment) with 20 tablets per day for seven days;
- Pireacetam at the dose of six per day for students before exams;
- Lormetazepam recommended for the elderly up to six mg per day.