

DRUG PROMOTION

Editor's note:

THIS lively poster* is one drug information centre's educational approach to evaluating promotional literature. It was produced in 1989 by Mr Robert McCartney, who was at that time Drug Information Pharmacist at Bangour General Hospital, in response to growing concerns within the hospital of the potential effect which promotional literature produced by drug companies may have on prescribing patterns and formulary compliance. The poster was designed to explain some of the techniques which are used in promotional literature to emphasise often dubious points and to provide a brief guide to assessing the factual accuracy of manufacturers' literature. It was intended for use throughout hospitals and general practitioner surgeries and has been widely distributed both within West Lothian and further afield. Although the poster was prepared within a UK context the core principles are globally valid. But local adaptations could easily be made to cover concerns and practices in different parts of the world. They can be used as teaching tools in medical and pharmacy schools, for rational use advocacy in hospitals and training centres, and for publication in drug bulletins and medical journals.

Educators and journal editors in other countries might want to include additional questions, such as:

- > Is there a cheaper alternative to the product promoted, i.e. generic or less expensive branded drug?
- > If statistics are given, do they include confidence intervals? In most cases "p" values are meaningless without these.
- > Is the advertisement "medicalising" a normal human condition, such as transient depression or anxiety, or playing on people's feelings of inadequacy, e.g. regarding sexual performance?
- > Does the advertisement promote potentially harmful treatment with no scientific basis, such as appetite stimulants, brain tonics, or anti-diarrhoeals for children?
- > If the advertisement promotes a combination product is there therapeutic advantage over a single substance product and what are the cost and dose implications?
- > Do the indications and side-indications match those given in a non-commercial reference work of international repute, such as the British National Formulary or Martindale?
- > Are there any glaring errors, such as the omission of the international non-proprietary name?

* Copies of the poster are available at a cost of £1 per copy plus £5 post and package from: West Lothian NHS Trust, St John's Hospital at Howden, Howden Road West, Livingston EH54 6PP, Scotland, UK.

THE HITCH-HIKERS' GUIDE TO PROMOTIONAL DRUG LITERATURE

This poster is designed to offer a brief guide to assessing factual accuracy of manufacturers' promotional literature. This can take many forms—glossy brochures/adverts; audio visual presentations; representative visits (frequently armed with voluminous literature); and meetings/symposia often held in top hotels on the theory that the best way to a prescriber's pen (company provided) is through his/her stomach.

The method of presentation of this information is regulated by sections of the Code of Practice for the Pharmaceutical Industry: these can be found in the ABPI Data Sheet Compendium. Breaches of this Code should be brought to the attention of the Code of Practice Committee. (Note—This applies only to companies who are members of the ABPI.)

1. BEAUTY IS ONLY SKIN DEEP



Be wary of skilful and seductive graphics designed to catch the attention and distract from the actual content. Look out for irrelevant photographs e.g. advertisers are more likely to use glamorous, well-dressed women to sell oral contraceptives, and harassed mothers to sell anti-depressants.

2. WHAT'S THE POINT

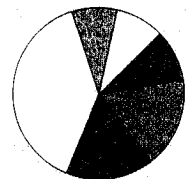
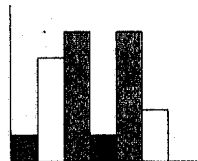
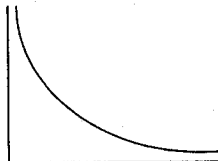
Strip away the **MULTICOLOURED HYPE** and ask yourself—What does the advert **REALLY** say? Does it actually say **ANYTHING**? Is it merely a gimmick to reinforce a brand name? Is the drug really **NEW**, or just a consequence of "MOLECULAR ROULETTE"?

3. EXAMINE THE CLAIMS

Check the original evidence on which the claim is based. If possible, compare statements, quotations and conclusions with the original article. Direct misquotation is not unknown, nor is quoting out of context. Be wary of statements preceded or followed by . . . Trials of unbelievably crude design may be cited (these may even have been undertaken by company employees or be company sponsored).

4. THE GREAT PICTURE SHOW

These are the favourite tools of the advertiser and may take the form of:



POINTS TO CHECK

- (i) Make sure both axes start at zero. Axial distortion can make an insignificant difference 'LOOK SIGNIFICANT'.
- (ii) Lines of graphs should not be extended beyond plotted points, and that there is an indication of variance (e.g. standard error bars).
- (iii) "Amputated" bar charts (similar effect to (i)).
- (iv) Logarithmic as opposed to numerical plots.

5. "LIES, DAMNED LIES and STATISTICS"

Always be suspicious of statistics. Most readers have only a very basic knowledge of statistics. Beware of **BIG** percentages from **SMALL** samples. "P" values are only worthwhile if data has been properly and accurately collected in a well-designed trial and the correct statistical test used for analysis.

6. NON SEQUITURS

This involves positioning two irrelevant statements in a manner implying a relationship—commonly, pharmacokinetic data from single dose studies in young healthy volunteers and the implication that this will apply to elderly patients with multiple pathology in a chronic dosage schedule.

7. REFERENCES—if there are any

Examine the list of references carefully. Be suspicious if references are **OLD** or from **OBSCURE** or unfamiliar **FOREIGN** journals (some journals exist only to publish drug company sponsored papers). "Data on File", "Symposium Proceedings", "To be published" or "Personal Communication" should also ring warning bells. **REMEMBER** an isolated quote taken out of context can alter the real conclusion of the reference.

Acknowledgement—DI Procedure Manual

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