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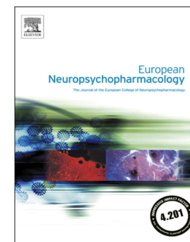

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Psychiatrists' decision making between branded and generic drugs

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Abstract

To study psychiatrists' decision making between generic and branded antipsychotics or antidepressants a hypothetical decision scenario involving decisions between branded and generic drugs was presented to a sample of German psychiatrists. Factors influencing this decision were identified using a regression analysis. n=410 Psychiatrists participated in the survey. Psychiatrists were more likely to choose branded drugs when imagining choosing the drug for themselves (vs. recommending a drug to a patient). In addition, psychiatrists were more likely to choose generic antidepressants than generic antipsychotics. Additional predictors for choosing a generic drug were a higher share of outpatients, less negative attitudes toward generics and higher uncertainty tolerance. In conclusion, psychiatrists' decision making in choosing between branded or generic antidepressants or antipsychotics is to a large extent influenced by vague attitudes towards properties of generics and branded drugs as well as by "non-evidence based" factors such as uncertainty tolerance.
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1. Introduction

For many antipsychotics and antidepressants, generics have been introduced in recent years or will soon be. The broad use of generics offers the advantage of reducing health care expenditures while maintaining a high standard of care for patients.

Criticism of the use of generic drugs often refers to the process of approval of generic drugs which is much less rigorous than for branded drugs (Blier, 2007). Potential problems may, among others, include differences in bioequivalence (Nuss et al., 2004). Further, a switch from branded psychotropic drugs to generic drugs may cause negative consequences for patients' stability (e.g. relapses) (Kluznik et al., 2001; Van Ameringen et al., 2007). In addition, the switch from a branded to a generic drug may also interfere with the patients' adherence to medication, especially if this switch is not properly explained to patients (Roman, 2009).

From general practice it is known that the physicians' view on these and related issues may be an important predictor of GPs prescribing practices of generic and branded drugs (Kersnik and Peklar, 2006; Simmenroth-Nayda et al., 2006), but to date there are no data on psychiatrists' attitudes toward potential pros and cons of generic vs. branded drugs.

It was the aim of the survey to display the subjective views of psychiatrists toward generic vs. branded psychotropic

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drugs (i.e. antidepressants and antipsychotics) with special focus on what influences their choice between branded and generic drugs in various clinical situations. We hypothesized that setting specific variables, attitudes toward generics as well as physician specific variables would influence this decision.

2. Experimental procedures

A random sample of psychiatrists attending the annual meeting of the German Psychiatrists' Association (DGPPN) in November 2009 were surveyed using a structured questionnaire.

All participating psychiatrists were presented a case vignette in which a hypothetical clinical decision scenario was presented and then asked whether they would prescribe a branded or a generic drug in the respective case. Afterwards participants were asked to answer additional questions regarding potential predictors of their decision between the branded and the generic drug.

The vignette presented contained a short description of a clinical case and the request to choose between a branded drug and the same compound in a generic form.

Each participant was randomly given one of four different forms of the vignette:

1. *Depression scenario/recommendation*: here it was stated that a depressed outpatient should be treated with an SSRI (which is available as branded and generic drug) for one year and the participant was requested to recommend either the generic or the branded drug for this patient.
2. *Depression scenario/self-role*: here it was stated that the participant should imagine suffering from a depressive episode himself and should be treated with an SSRI (which is available as branded and generic drug) for one year. The participant was requested to choose (for himself) either the generic or the branded drug.
3. *Schizophrenia scenario/recommendation*: here it was stated that an outpatient with a second episode of schizophrenia should be treated with an atypical antipsychotic for maintenance therapy and the participant was requested to recommend either the generic or the branded drug for this patient.
4. *Schizophrenia scenario/self-role*: here it was stated that the physician should imagine suffering from a second episode of schizophrenia himself and should be treated with an atypical antipsychotic for maintenance therapy. The participant was requested to choose (for himself) either the generic or the branded drug.

We chose two scenarios (depression and schizophrenia) to account for possible differences regarding different indications/ drug classes and we implemented two versions (self-role vs. recommendation role) since a previous study has shown that the decisional role has a major influence on drug decisions (Mendel et al., 2010). In the present study we hypothesized that physicians in the self-role would be more likely to choose branded drugs over generic drugs.

After the vignette, participants were surveyed regarding potential factors (other than decision role and drug class) influencing their decision to prescribe a branded or generic drug

These factors included:

- *Socio-demographic factors* (age, gender, years of professional experience).
- *Setting related factors* (work place: hospital or private practice; share of outpatients treated).
- *Attitudes toward generic drugs*: here we presented the participants with eight statements regarding different aspects of generic drugs compared to branded drugs (galenics, tolerability, effectiveness, placebo effect, quality controls during manufacturing, bioavailability, general experiences, handling) and were asked to rate whether they considered branded drugs as "much better", "slightly better" or "equally good" compared to generic drugs.
- *Attitudes toward other branded products* (compared to generic products) such as airlines (Lufthansa vs. Ryanair), handkerchiefs, cleaning agents etc.
- *A questionnaire on "uncertainty tolerance"* (Dalbert, 1999), since a previous study had shown that psychiatrists with high uncertainty tolerance were keener to prescribe newly released drugs (Hamann et al., 2006).

2.1. Statistical analysis

In a first step, descriptive statistics, Chi^2-tests and Pearson's correlation were used to describe the participants' choice between branded and generic drugs for the different scenarios. In a second step, we performed a multivariate analysis (multiple logistic regression) to identify predictors of physicians' drug choice. Therefore, the decision (branded vs. generic drug) was taken as the (binary) dependent variable and potential factors of influence were entered as independent variables. To reduce the number of factors we built a sum score for the eight attitude items ("attitudes toward generic drugs") since they showed relatively high internal consistency (alpha=.71). Variables of interest were then entered bloc wise (recommendation role, depression vs. schizophrenia, sociodemographics, setting variables, attitudes toward generics, personality trait) into the regression model.

3. Results

3.1. Participants

Overall $n=410$ psychiatrists participated in the survey. There were 201 men and 197 women (two missing values), mean age was 47.0 years (SD 8.9), and mean professional experience was 16.5 years (SD 10.2 years). 234 Physicians (57%) worked in hospitals, while 144 (35%) worked in private practices and only a minority ($n=26$) in other areas. Participants reported that the mean share of outpatients in their practice was 57% (range 0–100%, SD 43.1) and that the mean share of generic drugs was 48% (range 0–100%, SD 26.7).

103 physicians received the recommendation role/depression, 103 the self-role/depression, 102 the recommendation role/schizophrenia, and 102 the self-role/schizophrenia (Table 1).

3.2. Psychiatrists' attitudes toward generic drugs

As Figure 1 shows, most psychiatrists judge branded drugs as slightly better than generic drugs with regard to all potential differences we asked for. The most pronounced difference between generic and branded drugs is seen with regard to a potential placebo effect, which is assumed to be higher with branded drugs.

3.3. Psychiatrists' choice between generic and branded drugs in the decision vignettes

In both scenarios, participants in the self-role preferred the branded drug more often. Participants in the depression scenarios were more likely to choose/recommend the generic

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