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Original Article

Doctors' views on the quality of claims provided by pharmaceutical representatives: A comparative study in Malaysia and Australia



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الملخص

أهداف البحث: ينظر الأطباء إلى ما يقدمه ويقوم به ممثلي شركات الأدوية من المنظور المهني السليم. ومع ذلك، فقد أظهرت الدراسات أن هذه اللقاءات بين الأطباء وممثلي شركات الأدوية تؤدي إلى وصف علاجات أقل مثالية. وفي الواقع لا توجد دراسة تقيم وجهة نظر الأطباء تجاه مصداقية وجودة العروض التي يقدمها ممثلو شركات الأدوية للأطباء في ماليزيا وأستراليا. تهدف هذه الدراسة إلى مقارنة وجهة نظر الأطباء الأسترالين والماليزيين على تفاصيل المبيعات ونوعية العروض التي يقدمها ممثلو شركات الأدوية.

طرق البحث: قمنا باختيار أطباء الرعاية الأولية في أستراليا وماليزيا لتقييم زيارة ممثلي مبيعات شركات الأدوية للأطباء، ومن ثم تعبئة استبانة على المنتج المقدم من ممثلي شركات الأدوية وطرق نقاشه وتقديمه للحقائق خلال اللقاء. بعد ذلك تم دراسة نتائج الاستبانات وتحليلها إحصائيا ومقارنتها بين الدولتين.

النتائج: كان رأي أغلب الأطباء أن العروض المقدمة من ممثلي شركات الأدوية مقنعة وزادت من معلوماتهم، وربما أثرت في وصفهم للعلاجات. إن غالبية عروض التسويق الدوائي التي سجلها الأطباء في أستراليا وماليزيا وصفت بالمغموض. كما أشار الأطباء إلى أن حوالي ثلث العروض التسويقية لا لبس فيه (أستراليا ٣١٪ وماليزيا ٣٣٪). وفي المغالبية العظمى من العروض التسويقية

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الأولية (أستراليا ٦٠٪، ماليزيا ٨٤٪) من ممثلي شركات الأدوية كانت دقيقة بشكل شبه كامل

الاستنتاجات: أبدى الأطباء في أستراليا وماليزيا وجهات نظر إيجابية تجاه العروض التسويقية لممثلي شركات الأدوية، على الرغم من أن المعلومات المقدمة من قبلهم تبدو متغايرة.

الكلمات المفتاحية: أستراليا؛ عروض؛ ماليزيا؛ ممثلي شركات الأدوية؛ ترويج

Abstract

Objectives: Doctors perceive the interactions with pharmaceutical representatives as professionally appropriate. However, studies have shown that the interaction is associated with less rational prescribing of medications. No previous study has assessed doctors' opinions of the presentation of pharmaceutical representatives and the quality of claims provided to the doctors in Australia and Malaysia. The aim of this study was to compare the opinions of Australian and Malaysian doctors of sales explanations and quality of claims provided by the pharmaceutical representatives.

Methods: We recruited samples of primary care doctors in Australia and Malaysia to evaluate pharmaceutical sales visits. After a visit, doctors were asked to fill out a questionnaire on the main product and claims discussed during the visit. Descriptive statistics were employed, and Chi-square analysis and clustered linear regression were used to assess differences between doctors from both countries.

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Results: The majority of doctors reported that the presentations were convincing as well as likely to change their prescribing habits and improved their knowledge. The majority of marketing claims recorded by doctors in Australia and Malaysia were classified as vague claims. Approximately one-third of the claims were unambiguous (Australia 31% and Malaysia 33%). In a majority of the presentations (Australia, 65%, Malaysia, 84%), doctors indicated that the primary claims by the pharmaceutical representatives were entirely or nearly accurate.

Conclusions: Doctors in Australia and Malaysia held generally positive views of the presentations of pharmaceutical representatives, although the information being presented varied.

Keywords: Australia; Claims; Malaysia; Pharmaceutical representatives; Promotion

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Introduction

Pharmaceutical companies employ pharmaceutical representatives to provide information on their medicines to doctors. In France, pharmaceutical companies spent approximately €3300 million (USD\$ 4368 million) on the activities of pharmaceutical representatives, which is equal to 75% of the total promotional budget. In Australia, more than 70% of general practitioners regularly meet pharmaceutical representatives in their daily practice. Doctors have reported that their interactions with pharmaceutical representatives are professionally appropriate. However, studies have shown that the reliance of doctors on commercial information may lead to less rational prescribing of medications.

Evidence has shown that doctors have a wide range of opinions regarding the presentation of pharmaceutical representatives. ^{5–9} Some studies have reported that doctors' views toward the presentation and information provided by pharmaceutical representatives were primarily negative. ^{5,6} In 2010, a study examined 58 American doctors' views of and interactions with representatives of the pharmaceutical industry. ⁵ Doctors had partially negative views of the educational and informational value of the activities. In 2012, among the 608 doctors surveyed in Libya, 56% (n = 342) indicated that verbal information was not always consistent with the written information that was provided. ⁶

In contrast, some studies suggest that a majority of doctors have positive views toward the presentations of pharmaceutical representatives.^{7–9} In 2006, a survey of a nationally representative random sample of 2608 doctors in the US indicated that 74% of doctors judged the information provided by pharmaceutical representatives as somewhat or very useful.⁷

In 2003, 107 doctors in the United Kingdom (UK) participated in a qualitative survey to examine the reasons for receiving visits from pharmaceutical representatives. Most doctors meet with pharmaceutical representatives because they quickly provide new drug information. Doctors viewed pharmaceutical representatives as legitimate information providers. 8

Concerns have been raised regarding the quality of information provided by pharmaceutical representatives. A recent multi-country study involving Canada, France and the United States (US) determined that pharmaceutical representatives commonly presented positive information regarding their products but often omitted negative aspects, such as side effects, contraindications and interactions. ¹⁰ The information regarding the imbalance of medicines provided by pharmaceutical representatives in Australia and Malaysia was also noted in a subset of this survey, which was recently reported. ¹¹

A previous discussion on the influence of pharmaceutical representatives has also focused on the provision of samples, gifts and invitations to company-sponsored programs to doctors. ^{12–14} These gifts and samples have the potential to bias the judgement of doctors and are associated with increased prescribing costs and increased prescribing of new medicines. ^{15–17} In addition, gifts may lead to favourable attitudes toward pharmaceutical presentations. ^{18,19}

In Australia and Malaysia, pharmaceutical promotion of prescription medicines is self-regulated by pharmaceutical companies. Medicines Australia and the Pharmaceutical Association of Malaysia (PhAMA) codes of conduct are designed to complement the requirements dictated by government legislation. The pharmaceutical company codes provide standards for the ethical promotion of pharmaceutical products to healthcare professionals. Description of pharmaceutical products to healthcare professionals.

Medicines Australia has allocated resources for monitoring promotional activities and publishes comprehensive reports of all code breaches and sanctions imposed as well as details of industry sponsored educational events on its website. ^{20,21} In addition, pharmaceutical representatives are required to participate in an educational program that is endorsed by Medicines Australia. ²⁰ To the best of our knowledge, no study has assessed and compared doctors' opinions of the presentations of pharmaceutical representative in Australia and Malaysia, which are examples of developed and emerging countries with different resources to control promotional activities.

This study aimed to determine the views of Australian and Malaysian doctors of sales presentations and the quality of claims provided by pharmaceutical representatives. The objectives were as follows:

- To examine the opinions of Australian and Malaysian doctors on the persuasiveness of the presentation, the quality of information presented, the likelihood that they would start prescribing the pharmaceutical representatives' products or prescribe them more frequently and the value of the visit in terms of knowledge gained.
- To classify the types of marketing claims made about benefits or harms including unambiguous, vague, emotive and non-clinical claims.

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