

## Pharmaceutical industry is main influence in GP prescribing

Roger Dobson *Abergavenny*

GPs rely heavily on information provided by the pharmaceutical industry and its representatives when they prescribe new drugs.

They are more likely to rely on data provided by drug companies than on independent sources, the results of a new study have shown.

"The significant first stage in the decision-making process is awareness of a new drug. The most important sources were the pharmaceutical industry, in particular the company representative, non-peer reviewed literature, the mass media, and, to a lesser extent, hospital colleagues," said the authors of the study in *Family Practice* (2003; 20:61-8).

"Important biomedical influences were the failure of current therapy and adverse effect profile. More influential than these, however, was the pharmaceutical representative. Hospital consultants and observation of hospital prescribing was cited next most frequently," the authors wrote.

The report said that, although choosing a medicine for a patient is a key task for doctors, just why they opt for a particular new medicine is often unclear. Many new drugs are not

therapeutic innovations, point out the authors, but extensions to the range of drugs already available.

The aim of the study was to look at the factors that influence GPs when they prescribe a new drug for the first time. For the research, 107 GPs from a mix of 54 high, medium, and low prescribing practices in two health authorities in the north west of England were interviewed. Nineteen new drugs introduced from January 1998 to May 1999 were the focus of the study.

According to the results, 92% of the GPs saw representatives, and 70% regarded them as expedient means of getting drug data.

"The pharmaceutical industry is the most frequently used information source and there was an evident association between the evidence distilled from the representative and prescribing initiation," said the authors, from the Prescribing Research Group at the Royal Liverpool University Hospital.

Although GPs questioned the objectivity of the industry, they generally considered its information to be factually accurate, albeit selective. □



### Women still have difficulty getting local contraceptive advice

Research carried out by the London School of Hygiene and Tropical Medicine shows that more than a third of people calling the Family Planning Association's helpline have previously had difficulty in obtaining local advice and information on contraception and sexual health.

The association is consequently calling on every primary care trust to nominate a contraception champion. Anne Weyman, the association's chief executive, said: "Such an advocate could ensure that information about the 13 different methods of contraception are available across the PCT [primary care trust]."

The association is also sending out 200 000 postcards of four different designs (including the one above) to 781 bars and clubs serving 18 to 24 year olds, encouraging people to call the association's helpline for advice and information on sexual health. A separate survey of callers found that long term methods of contraception, such as the intrauterine device and the intrauterine system, were particularly difficult to obtain.

The research, which is unpublished, was commissioned to coincide with Contraceptive Awareness Week, which starts on 10 February, and was funded by the Department of Health. Annabel Ferriman *BMJ*

## Doctors told to use positive language in managing pain

Christopher Zinn *Sydney*

New national guidelines in Australia on managing acute back and musculoskeletal pain advise GPs to use neutral and non-threatening terms to avoid frightening patients and delaying their recovery.

Terms such as inflammation, degeneration, instability, rupture, and even arthritis should be avoided, said the draft report, as they "carry connotations of erosion, destruction and inevitable chronic pain."

The report, which was funded by the federal government and which sought comment from healthcare professionals and patients, continues: "Effective communication of information is fundamental to the success of any treatment plan."

Project leader Professor Peter Brooks, executive dean of the Faculty of Health Sciences at the University of Queensland, said doctors could help recovery by putting a positive spin on their language and using neutral terms such as back pain.

"I feel it's an awful thing for a doctor to tell a patient they have a ruptured disc. They imagine they have their disc splattered on the inside of their spinal cord," he said.

"If you don't explain to patients relatively quickly and have a pretty good idea what the

diagnosis is . . . then they are the patients who will slip over to become chronic pain patients."

The draft report—the result of a multidisciplinary review of the scientific literature—aims to promote partnership between clinicians and patients to manage pain and reduce disability.

The review focused on the treatment of pain in the lower back, neck, thoracic spine, knee, and shoulder, and it is described as one of the first comprehensive reviews to draft guidelines aimed at curtailing the use of "alarming, inappropriate or incorrect terms."

But the report has provoked some hostile media reports, with headlines such as "Spin Doctors: What GPs Don't Want to Tell You." It has also led to some angry editorials, with Sydney's *Daily Telegraph* (31 January, p 24) claiming that the project aimed to "sugarcoat" bad news to patients. But Professor Brooks said there was never any suggestion of sugarcoating. The aim was effective communication with consumers. □

*Acute Musculoskeletal Pain: Evidence-Based Management* is available at [www.uq.edu.au/health/msp](http://www.uq.edu.au/health/msp)

#### Unacceptable words

Failure of organ  
Degenerative  
Ruptured

#### Acceptable words

Compromise of organ  
Wear and tear  
Prolapsed