Responses from pharmaceutical companies to doctors' requests for more drug information in Pakistan: postal survey

Assad Hafeez, Zafar Mirza

What health professionals know about medicines resembles the information provided in the advertisements of pharmaceutical companies rather than the scientific literature.¹ Drug companies spend 15-20% of their income on promotion.² They are responsible for providing adequate information about drugs, and the wording and illustrations should be consistent with the scientific data sheet for the drug concerned.³ Inadequate and biased information has been reported in developing countries and this results in incorrect use of drugs.^{4 5}

We assessed how seriously pharmaceutical companies take their responsibility to provide information on request by recording the promptness, nature, and adequacy of their replies to doctors.

Subjects, methods, and results

We randomly selected over three months 100 promotional brochures which stated that full prescribing information was available on request. We approached 25 doctors in five cities in Pakistan to take part in our study; one declined. The study ran from June to September 1997. Each doctor wrote a letter on paper headed with their practice's address to four different drug companies, requesting more information about a particular product. The doctors then kept a record of the dates and types of responses they received. If no response was received after 30 days, they sent a reminder letter. Information received within two weeks of sending the second letter was included as a response. Participating doctors treated the project as confidential. Main outcome measures were proportion of responses, time taken by the companies to respond and the nature and quality of the information provided.

The 24 doctors sent a total of 152 letters to 45 pharmaceutical companies, requesting more information about 88 different medicines. Only 39 (26%) letters received a response (table). Ninety letters went to 23 multinational companies and 62 to 22 local companies. Twenty four (26%) responses were received from the multinational companies and 15 (24%) from the local companies. The difference between the two response rates was not significant (P = 0.7). Of the participating doctors, 11 were general practitioners and 13 specialists. The response rate for the general practitioners was 14%, and for the specialists 38% (table), the difference being significant (P = 0.0005). The mean response time from all the companies was 34 days (range 9-67). The response time from local and multinational companies was not significantly different (P = 0.57). In 32 cases information came by post, but in the other seven cases company representatives visited the doctors. To evaluate the adequacy of information, we used a standard format of the World Health Organisation that had been used by others.4 Only six of the 39 Numbers of letters sent by doctors and responses received in 45 days

	No of letters sent	No of responses received (% of letters sent)
Total	152	39 (26)
First letters (response during 30 days)	93	27 (29)
Reminders (response during next 15 days)	59	12 (20)
General practitioners (n=11)	78	11 (14)
Specialists (n=13)	74	28 (38)

responses fully met the WHO criteria for optimal drug information.

Comment

Objective drug information is essential for effective prescribing. At the same time, information helps to promote drugs. The promotion of drugs has objectives other than providing prescribers with information, and even specific requests from doctors were ignored (only around a quarter responded in our study). Our results compare with the findings of similar projects in other developing countries.⁵ The specialists received twice as many responses as the general practitioners. Specialists are seen as opinion formers and more important to the companies than general practitioners. The decision to respond to a request for more information therefore seems to depend on how favourable it might be to the interests of the company.

Our results show that providing information on drugs is not a priority for companies in Pakistan. If they respond at all the information given is rarely appropriate. The ministry of health, academic institutes, and non-governmental organisations need to make available unbiased information on drugs.

Contributors: We thank the doctors who agreed to take part in the study. Ayyaz Kiani, along with the authors, was part of the core group that discussed the idea of the study. Sajida and Zia helped in maintaining data on the computer and gathering information from the participating doctors. AH and ZM were mainly responsible for the study. The Network for Rational Use of Medication in Pakistan is the guarantor.

Funding: The study was supported by an institutional support grant from Oxfam through its country office in Pakistan.

Competing interests: None declared.

- Avorn J, Chen M, Hertley R. Scientific versus commercial sources of influence on the prescribing behavior of physicians. *Am J Med* 1987;73: 4-8.
- Lexchin J. Pharmaceutical promotion in Canada: convince them or confuse them. *Int J Health Serv* 1987;17:77-89.
 World Health Organisation. *Ethical criteria for medicinal drug promotion.*
- Geneva: WHO, 1988. 4 Lexchin J. Pharmaceutical promotion in the third world. *J Drug Issues*
- 1992;22:417-37. 5 Dikshit RK, Dikshit N. What information is available on request from
 - drug advertisers in India? *BMJ* 1996;313:855-6. (Accepted 24 May 1999)

Research Laboratories Hospital, Islamabad, Pakistan Assad Hafeez

Paediatric

Department, Khan

consultant paediatrician

The Network for Rational Use of Medication in Pakistan, Islamabad, Pakistan Zafar Mirza

executive coordinator

Correspondence to: Dr Hafeez assad01@paknet2. ptc.pk

BMJ 1999;319:547