

**THE MARKETING OF MEDICINALS WITH
SPECIAL REFERENCE TO ADVERTISING
AND MEDICAL REPRESENTATION**

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The ethical promotion of medicinals has developed into a controversial issue. The ever increasing number of medicinal products available worldwide has caused the marketing of medicinals to follow courses so complex in nature that ethics are only too often cast aside. This dissertation, for this reason, will aim to evaluate the role of the pharmacist in the field of contemporary medical representation. It will also attempt to evaluate current practices by which medicinals are marketed and advertised in Malta. It will also aim to correlate these practices with appropriate legislation in an effort to ensure that as far as possible an ethical approach to drug marketing will prevail locally.

Part 1

The Surveys

Survey A was distributed to 100 medical representatives to evaluate

- (a) their predominant required qualifications
- (b) the training which they must undergo
- (c) the professions which they predominantly target
- (d) the nature of the information they disseminate
- (e) the methods employed in order to achieve optimum results
- (f) the measures taken to ensure that the methods they employ remain within established frameworks of professionalism.

Survey B was distributed to 150 community pharmacists to determine

- (a) the relationship between the presence of a resident physician in a community pharmacy and visits by medical representatives to pharmacists
- (b) the prevalent opinion as to the value of medical representatives' work to the service they offer to patients
- (c) the nature and methods by which information is imparted to them by medical representatives
- (d) the belief, or otherwise, that certain methods employed by medical representatives could result in the promotion of medication of inferior quality
- (e) their opinion, or otherwise, that a significant number of medical representatives reach unethical agreements with physicians in order to induce them to prescribe their products.

Survey C was distributed to 350 medical practitioners to evaluate

- (a) their belief, or otherwise, that a degree in pharmacy is a requisite for professional and ethical medical representation
- (b) the extent of the influence that medical representatives are capable of exerting on their prescribing habits
- (c) their belief, or otherwise, that the medical representative is indeed the optimum source of up-to-date information
- (d) their opinions to whether medical representation symbolises an ethical concept, or not

Part B

The Sit-In

The motives behind the holding of the sit-in study were:

- (a) the silent observation of the presentations delivered by medical representatives to physicians
- (b) the analysis of content of the presentations in general
- (c) the distinction, when possible, between the diversities in approach and content and extent of knowledge between pharmacist and non-pharmacist representatives.

In all, 20 such sit-in sessions were held. The medical representatives under observation were divided into two groups. Group 1 members were pharmacist medical representatives and group 2 members were medical representatives who did not possess a degree in pharmacy.

The observers were four in each sit-in study and comprised, a medical practitioner, a pharmacist and two senior medical representatives. Of these two representatives, one was a pharmacist and the other possessed a degree in marketing. The observers attended the sit-ins with the full knowledge of the medical representatives being subjected to the trial. They were seated in a position behind the medical representatives in order that they could inconspicuously complete standard questionnaires. The questionnaires sought to evaluate

- (a) the format of the presentation
- (b) its contents
- (c) the methods by which the medical representatives dealt with any questions asked by physicians

- (d) several multiple choice questions enquired about specific events and messages
- (e) the methods by which medical representatives participated in any ensuing discussions

Part 3

The Product Update Bulletin

A Product Update Bulletin featuring the most recent medicinal products on the local market and on established products which are now being used for new indications or via different dosage regimens was set up. This involved visiting several local agents of leading pharmaceutical companies and enquiring whether they wished to submit entries to this periodical which, in the event of its successful publication would be compiled and published regularly on a trimesterly bases. The companies participating were requested to pay a nominal fee of Lm15 for every product submitted for publication.

The motive behind this bulletin is to bring to foremost members of the Health Care Team including pharmacists, physicians and dentists up-to-date data which included:

- (a) name of drug and legal status
- (b) local company
- (c) name of medical representative
- (d) composition
- (e) properties
- (f) indications
- (g) pharmacokinetics
- (h) dosage and administration
- (i) special points to note
- (j) undesirable effects
- (k) contra-indications
- (l) precautions
- (m) warnings
- (n) interactions
- (o) storage instructions
- (p) presentation and price

The data submitted by local representatives of the participating pharmaceutical companies was edited and compiled in a manner suitable

for eventual publication in newsletter format. It was aimed to present each write up in as concise a manner as possible. This was done in order to ensure a supply of information that while being comprehensive would not necessitate the undue consumption of time to read and for this reason, each product submitted was allocated a one-half page space in the bulletin. The first issue presented a total of 26 products.

This bulletin also introduced a scheme by which any Adverse Drug Reaction (ADR) encountered by pharmacists and physicians during the course of their clinical practice could be recorded.

Discussion of Results

Part 1

The Surveys

Although an evaluation of Survey A distributed to medical representatives indicated a predominance of pharmacists among the locally practising medical representative population (68.85%), a remaining significant amount of currently practising medical representatives do not possess a degree in pharmacy. This fact gains significance, when it is considered that from an evaluation of the results obtained in survey B distributed to community pharmacist, 92.74% considered a degree in pharmacy to be a requisite for a licence to practice as a medical representative since this gives them the background in pharmacology that is a necessity if the former are to present a credible and professional source of information as medicinals. The above sentiments were echoed in Survey C distributed to medical practitioners were 79.19% believed medical representation and a degree in pharmacy to be mutually exclusive.

The medical representatives currently practising locally, in their great majority 90.16%, undergo company training prior to being allowed to start their work. Such training lasts between 1 - 2 weeks (80.32%) and deals mainly with individual product information and selling skills (65.47%).

Local medical representatives, in their majority 54.1%, concentrate their efforts primarily on physicians since they believe these latter to be primary promoters of prescription products. 32% believed the pharmacists and physicians to be of equal importance and 13.1%

targetted their products at sectors of health professions depending on the range of products they were currently detailing.

Medical representatives favoured personal interviews as the primary tool for drug promotion. This method was selected by only 71.3% of the medical representatives interviewed in the case of pharmacists as compared to the 100% response in the case of physicians. The second most favoured medium was exhibitions held in conjunction with medical conferences and symposia in the case of pharmacists (44.26%), but in the case of physicians the supply of samples and literature emerged as second preference.

Community pharmacists found medical representatives to be of great use to them for various reasons. 34.68% agreed that medical representatives are the ideal medium to become acquainted with products; 30.65% agreed that medical representatives help in the reacquaintance with products which although have been established on the market are now being used for new indications or via different dosage regimens and 16.12% agreed that medical representatives present a comparative outlook of products available on the market. Physicians also value medical representatives and 68.68% claimed to be influenced in their prescribing habits by detailing procedures.

Medical representatives are of the firm conviction that the physicians should be their primary target. This belief is confirmed when it is taken into account that 63.93% of medical representatives promote their products at private clinics.

75% of community pharmacists interviewed agreed that unethical arrangements do exist between certain medical representatives and practising physicians and on being questioned further, 53.03% proposed the introduction of legislation whereby prescribing is effected utilising generic names only; 12.09% proposed the introduction of stricter controls by local health authorities and 8.87% proposed the introduction of better systems for the education of both medical representatives and physicians.

The majority of medical representatives (72.13%) emerged as being averse to the advertising of OTC drugs, stating that such practices encouraged self-medication (40.98%) and also that they gave rise to abuse (26.23%). A further 4.92% considered OTC advertising unethical. A lesser portion of medical representatives supported OTC advertising

and believed that it was a source of patient education (13.12%) and that it disseminated useful drug information to the general public (6.56%). A further 8.19% approved drug advertising as long as this was limited to OTC categories.

All the community pharmacists interviewed agreed that OTC preparations should not be awarded media coverage, and in the course of expressing their views, they named several salient reasons in justification:

- (i) OTC advertising leads to self-medication (34.68%)
- (ii) OTC advertising encourages drug abuse/misuse (33.06%)
- (iii) Such advertising is often misleading (16.94%)
- (iv) OTC advertisements do not mention specific causes (15.32%).

Similar views prevailed among the medical population being sampled. A 100% negative attitude towards OTC advertising was recorded:-

- (i) OTC advertising lead to self-medication (41.21%)
- (ii) OTC advertising increases the demand for such medication (18.68%)
- (iii) OTC advertising leads to misuse of the drugs to patients (14.84%)
- (iv) OTC advertisements, if they must exist at all, should be restricted exclusively to medical and pharmaceutical journals (9.34%)
- (v) Advertisements for OTC medication do not offer the public sufficient information (6.58%)
- (vi) The information often offered to the general public is not relevant to the needs of the general public (4.95%)
- (vii) It is not within lay-men's jurisdiction to select a medicinal appropriate to their condition (4.40%)

85.25% of medical representatives interviewed agreed that a connection existed between OTC advertising and the artificial demand for non-prescription medicines. Approximately, 95% of both pharmacists and physicians expressed such views.

The majority of medical representatives (83.27%) believed that by exerting restrictions on drug advertisements, the sales of OTC medications would drop and thus, this would precipitate higher prices for consumers. A minority of 16.73% believed that by restricting patient orientated advertisements excessive competition in the field of OTC preparations

would automatically drop resulting, therefore, in lower prices for consumers. Most community pharmacists (42.74%) postulated that advertising or its absence would produce no effect on consumer prices owing to the fact that in Malta prices are fixed by health authorities. A further 37.10% predicted an increase in price in the event of restricting advertising owing to the fact that sales would automatically drop. The remaining 20.16% held that in restricting advertisements, consumer prices would drop since its absence would render drug manufacturing cheaper. Medical practitioners, predicted in their great majority (75.42%) that consumer prices would increase in the absence of OTC advertising since this would cause the drug mailing of literature to be more expensive than advertising. 24.58% predicted the price to decrease for consumers owing to the fact that a reduction in advertising to them was synonymous with a cut in competition for identical markets.

Part 2

The Sit-In

On average, 3 drugs were presented by the medical representatives to the physicians at any one time and in both the sitting and the standing presentations printed material such as advertisements, reprints of publications, booklets or patient aids were often handed out. Samples were almost exclusively distributed at each presentation and the doctors being detailed appeared very appreciative of these latter, on occasion putting forward specific requests. No visible differences between pharmacist and non-pharmacist medical representatives were noted up to this point.

During the course of the study it was noted by the observers that the indications for the drug were almost always given but negative aspects of the drug including side-effects and contra-indications were omitted. This was particularly true, however, in cases of

- (a) sessions which necessitated very concise presentations owing to the fact that sometimes physicians were very busy
- (b) the non-pharmacist representatives. 80% of pharmacist medical representatives as compared to 41% of non-pharmacist medical representatives outlined the incidence of possible unwanted effects, contra-indications and potential interactions to the physician they were detailing

In general, relatively few questions were asked by doctors to medical representatives and in fact the observers recorded a total of 30 questions asked by these latter in twenty sit-in sessions. The percentage distribution of questions asked by doctors to medical representatives in accordance with the topic (N=30) included:-

Pharmacokinetics, dose, composition,etc	24
Efficiency, indications, etc	20
Economy (price, how supplied)	17
Side-effects and contra-indications	13
Disease or its therapy in general	13
Competitive drugs	8
Non-medical areas	5
TOTAL	100

Both pharmacists and non-pharmacist medical representatives were well versed with respect to their own products, however, differences were observed when physicians started discussions that delved too deeply into the pharmacology of competitive preparations.

Part 3

The Product Update Bulletin

On being asked in Surveys B and C about the introduction and usefulness of a product update bulletin featuring the most recent medicinal products on the local market there was an 84.53% and 72.64% response in favour from pharmacists and physicians respectively.

The Product Update Bulletin was well received by both the pharmacists and physicians with 80% of the recipients requesting further issues.

The response obtained on the part of the local distributors was indicative of the fact that these recognised the value of the Bulletin in the widespread dissemination on their medicinals.

PRODUCT UPDATE BULLETIN

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Recent Medicinal Products

This Bulletin which will be published periodically by the Pharmacy Department will contain information on medicinal products introduced recently on the local market and on established products which are now being used for new indications or via different dosage regimens.

The idea behind this Bulletin is to bring to all pharmacists and physicians, alike, up-to-date data which will include:

- Name of Company.
- Name of medical representative.
- Name of product and legal status.
 - Composition - Properties.
 - Indications - Pharmacokinetics.
 - Undesirable effects.
 - Dosage and method of administration.
 - Contraindications - Warnings.
 - Precautions.
 - Interactions - Overdosage.
 - Special points to note.
 - Storage instructions.
 - Presentation and price.

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The Product Update Bulletin besides proving its use to the foremost members of the Health Care Team, as a comprehensive source of up-to-date information on the most recent medicinals on the local market, also enabled them to offer a better service to the public.

A net profit of Lm300 was recorded after the general dissemination of the first issue.

It is estimated, thus, that a profit of over Lm1,200 can be made yearly assuming a trimesterly publication of the product update bulletin.

This study has thus proved the feasibility of the organisation of such a project, and it has been determined furthermore that it would make both professional and financial sense if publication of the product update bulletin were to be taken up permanently by the Pharmacy Department.

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