Marketing in the lay media and prescriptions of terbinafine in primary care: Dutch cohort study

Geert W 't Jong, Bruno H Ch Stricker and Miriam C J M Sturkenboom

BMJ 2004;328:931-; originally published online 26 Feb 2004; doi:10.1136/bmj.38007.711481.F7

Updated information and services can be found at:
http://bmj.com/cgi/content/full/328/7445/931

These include:

References
This article cites 3 articles, 2 of which can be accessed free at:
http://bmj.com/cgi/content/full/328/7445/931#BIBL
2 online articles that cite this article can be accessed at:
http://bmj.com/cgi/content/full/328/7445/931#otherarticles

Rapid responses
You can respond to this article at:
http://bmj.com/cgi/eletter-submit/328/7445/931

Email alerting service
Receive free email alerts when new articles cite this article - sign up in the box at the top right corner of the article

Topic collections
Articles on similar topics can be found in the following collections

Other Public Health (2617 articles)
Regulation (640 articles)
Other communication (292 articles)
Dermatology (465 articles)

Notes

To order reprints of this article go to:
http://www.bmjjournals.com/cgi/reprintform

To subscribe to BMJ go to:
http://bmj.bmjjournals.com/subscriptions/subscribe.shtml
Marketing in the lay media and prescriptions of terbinafine in primary care: Dutch cohort study
Geert W’t Jong, Bruno H Ch Stricker, Miriam C J M Sturkenboom

In May 2000 in the Netherlands, the manufacturer of terbinafine, Novartis, started a nationwide “information campaign” which included television advertisements advising people with onychomycosis to visit their general practitioner. The Dutch Society of General Practitioners objected to this campaign as an unnecessary focus on an unimportant health problem.1 In the Netherlands, terbinafine and itraconazole are available as oral treatments for onychomycosis, but the Society’s guidelines recommend terbinafine.2 3 In May 2002, a Dutch court decided that Novartis’s campaign did not violate laws prohibiting advertising of prescription drugs as neither Novartis nor terbinafine were specifically named; however, Novartis stopped the campaign in July 2002. We studied the changes in rates of prescriptions of oral terbinafine and itraconazole and the consultation rate before and after the start of the campaign.

Participants, methods, and results
We retrieved all data from the integrated primary care information project—a Dutch research database for general practice—with data from a group of 150 general practitioners.4 To determine rates of prescription of terbinafine and itraconazole for onychomycosis, we counted all prescriptions (first and repeat) written for that specific indication before (1996-9) and during the campaign (2000-2) and divided these by the amount of person time in the population. We also assessed the consultation rate for new onychomycosis.

The source population comprised 470 775 patients (239 154; 50.8% males) with a total follow up of 1.5 million person years. During the study period, general practitioners issued 11 930 prescriptions for terbinafine and 10 014 prescriptions for itraconazole for onychomycosis. Before the television campaign (1996-9), the overall prescription rates of terbinafine and itraconazole were 6.50 (95% confidence interval 6.33 to 6.67) and 6.84 (6.67 to 7.01) prescriptions per 1000 person years. During the study period, general practice—with data from a group of 150 general practitioners—has a total follow up of 1.5 million person years. We also assessed the consultation rate for new onychomycosis.

The rate of prescription of terbinafine increased considerably after the launch of an advertising campaign about onychomycosis in the Netherlands; the rate of prescription of itraconazole slightly decreased. This seems surprising for a campaign in the lay press which did not specifically mention terbinafine. That the campaign was successful in motivating people to seek care for onychomycosis is strongly suggested by the concurrent increase in the consultation rate for onychomycosis. Since terbinafine is recommended in prescribing standards, the stimulating effect of anonymous advertising in the lay press on prescriptions of terbinafine was predictable. Novartis’s campaign, therefore, was not beneficial to the prescription of drugs used for onychomycosis in general, as the company claimed, but specifically beneficial for terbinafine. After the campaign was stopped in July 2002, rates of consultations and prescriptions dropped again.

The effects on workload in primary care of the lay media—marketing medicinal products for cosmetic indications which cannot be treated with over the counter drugs should not be underestimated. Several synchronous campaigns like this would cause a serious adverse impact on general practitioners’ workloads and costs. This may affect patients who need care for more serious problems.

Comment
The rate of prescription of terbinafine increased considerably after the launch of an advertising campaign about onychomycosis in the Netherlands; the rate of prescription of itraconazole slightly decreased. This seems surprising for a campaign in the lay press which did not specifically mention terbinafine. That the campaign was successful in motivating people to seek care for onychomycosis is strongly suggested by the concurrent increase in the consultation rate for onychomycosis. Since terbinafine is recommended in prescribing standards, the stimulating effect of anonymous advertising in the lay press on prescriptions of terbinafine was predictable. Novartis’s campaign, therefore, was not beneficial to the prescription of drugs used for onychomycosis in general, as the company claimed, but specifically beneficial for terbinafine. After the campaign was stopped in July 2002, rates of consultations and prescriptions dropped again.

The effects on workload in primary care of the lay media—marketing medicinal products for cosmetic indications which cannot be treated with over the counter drugs should not be underestimated. Several synchronous campaigns like this would cause a serious adverse impact on general practitioners’ workloads and costs. This may affect patients who need care for more serious problems.

Contributors: All authors devised the concept, designed the study, and analysed and interpreted the data. GW’tJ and MCJMS drafted the manuscript. MCJMS and BHChS revised the manuscript and provided statistical expertise. MCJMS supervised the study. MCJMS is guarantor.

Funding: This study was conducted without direct external funds. The IPCI project is funded through project specific funds from various sources among which is the pharmaceutical industry.

Competing interest: None declared.

Ethical approval: Internal review board of Integrated Primary Care Information.


doi 10.1136/bmj.38007.711481.F7

This article was posted on bmj.com on 26 February 2004: http://bmj.com/cgi/doi/10.1136/bmj.38007.711481.F7

BMJ VOLUME 328 17 APRIL 2004 bmj.com

931