11 March 2010
Annex to the joint AIM, HAI Europe, ISDB, MiEF Letter
to European Commissioner for Health and Consumer Policy John Dalli

How to improve European citizens' access to independent and comparative health information

European citizens deserve better than direct-to-consumer advertising (DTCA), under the guise of "direct-to-consumer information" (DTCI). Our 11 concrete proposals are presented organised as 6 key points.

1- Put an end to the confusion of roles

Informing patients and fulfilling their needs implies a relationship of trust, interpersonal dialogue and expertise which are the core responsibilities of the healthcare professions.

- ***Proposal 1:*** **Improve the communications skills of healthcare professionals** (undergraduate education)
- ***Proposal 2:*** **Encourage the development of independent continuing education programmes for health professionals and the development of their critical appraisal skills**
  Member States should support independent drug information centres, grant financial support, and ensure that health professionals understand the basics of evidence based medicine. A comprehensive report on best practices among Member States would be a valuable tool.

To put a rapid and permanent end to the confusion of roles between the pharmaceutical companies and other actors in the healthcare sector, full implementation and enforcement of the European regulation on pharmaceutical promotion is needed, including measures to ensure that article 88 of Directive 2001/83/EC, is not weakened or undermined.

- ***Proposal 3:*** **Enforce the advertising ban for prescription medicines**
  Direct-to-consumer advertising (DTCA) of non-prescription medicines and direct-to-prescribers advertising are allowed in Europe. Their negative consequences on public health are well documented[1,2]. Non prescription medicines status (medicines product sold "over-the-counter", OTC) should be reserved for medicines with a clear risk-benefit balance; however, the trend has been to expand the list of OTCs even at the expense of patient safety[3]. Promotional activities directed at prescribers should be banned.
  Vaccines are exempted from article 88 of Directive 2001/83/EC which bans DTCA for prescription medicines. Recent evidence of abuse, for example the aggressive marketing campaign for the HPV vaccine Gardasil° warrants against this exception. Alternatively, public health campaigns run by health authorities should replace the promotion of vaccines.

2- Promote independent health information on health determinants

Many diseases and conditions can be avoided by promoting healthier life styles (increased physical activity, less stress, rational use of medicines in order to avoid iatrogenic and dependence) and nutrition measures (less alcohol, less tobacco, less salt and sugar, less fat, greater intake of vegetables and fruits, etc.).

- ***Proposal 4:*** **Improve preventive health information, notably on health determinants**
  Member States should support public campaigns on how to deal with an addiction, risk of alcohol addiction and dependence from addictive substances (tobacco, narcotics, etc.), why to opt for a healthier diet, or to do physical exercise on a regular basis, etc.

3- Promote independent comparative information, tailored to each patient

[1]- Prescrire Editorial Staff "Survey 15 years of monitoring and one simple conclusion: don't expect sales representatives to help improve healthcare quality" Prescrire International 2006 ; 84 : 154-159. http://english.prescrire.org/bin/m2/?w=sales%20reps&mid=30656&f=3
[2]- Kravitz et al. "Influence of patients requests for direct-to-consumer advertised antidepressants: a randomized controlled trial" *JAMA* 2005; **293**: 1995-2002;
Mintzes B et al. "How does direct-to-consumer advertising (DTCA) affect prescribing? A survey in primary care environments with and without legal DTCA" *CMAJ* 2003; **169** (5): 405-412.
[3]- For example, due to adverse drug reactions, the European Medicines Agency had to recommend the addition of a warning to alli° *(orlistat), a* non-prescription weight-loss drug, advising patients taking levothyroxine or antiepileptic drugs, or those with kidney disease, to consult a doctor before using (www.emea.europa.eu/humandocs/Humans/EPAR/alli/alli.htm).

Useful patient information on therapeutics should be comparative, so that patients can learn about the different treatments available and what to expect from them, in order to make an informed choice (or to participate in the choice).

In a highly competitive environment, drug companies must promote their products above the use of other preventive or curative options, thus any "information" they provide will be, by definition, of a promotional nature. This inevitable conflict of interest means that a drug company could never be expected to provide the reliable and comparative information that patients need. Therefore, working on a definition of "non promotional information by pharmaceutical companies" is a useless exercise.[4]

- ***Proposal 5:*** **Promote and reinforce existing sources of comparative and unbiased patient information**
  There are many sources of comparative unbiased information on treatment choices available in the European Union. These resources take into account cultural specificities and contexts for the population, including health determinants. They are developed by health authorities, medical products agencies, healthcare assessment agencies, healthcare providers, healthcare professionals, consumer organisations, and independent patients' organisations.[5] The existence of these sources should be actively promoted to the general public. Financing streams to ensure their independence should be implemented, particularly for patients' organisations.

- ***Proposal 6:*** **Improve the content of the Eudrapharm database to include more scientific and comparative information**
  The Eudrapharm database has been developed as « *a source of information on all medicinal products for human or veterinary use that have been authorised in the European Union and the European Economic Area* »[6].
  All the summaries of the European Public Assessment Reports (EPARs) from centrally approved medicines (representing 40% of marketing authorisations) should be published on the Eudrapharm database. Currently, EPARs' summaries are only available on the European Medicines Agency website. The section of the EPAR's summary "Why has this product been approved?" should list and explain the other available therapeutic options and whether the new medicinal product brings about a tangible therapeutic advantage (degree of "added therapeutic value" in terms of effectiveness, safety, or convenience).
  For medicines authorised via a decentralised procedure, or a mutual recognition procedure, or via a national procedure, all the Summary of Product Characteristics (SPCs) and Public Assessment Reports (PARs) should also be included on the Eudrapharm database, even if only in the languages of the countries where the medicine has been authorised.

4- Improve the transparency of drug regulatory agencies at national and European levels (Member states and European Medicines Agency)

Instead of using their limited resources to act as law enforcers and control the pharmaceutical industry, regulatory authorities should be strongly encouraged to become more proactive and transparent providers of information, so as to guarantee full public access to data on the efficacy/effectiveness and safety of medicines (and their variations) both before and after a product is marketed.

- ***Proposal 7:*** **Improve transparency of National drug regulatory authorities and of the European Medicines Agency**
  A concrete proposal to improve transparency and to enable reliable patient information should take into account the current discussions on pharmacovigilance. Several MEPs have proposed amendments to the pharmacovigilance legislative proposals aimed at: ensuring public access to the content of the Eudravigilance database (the EU database on adverse drug reactions); to the agendas and detailed minutes of the

---

[4]- During the consultation process, drug companies themselves acknowledged that the frontier between advertising and "patient information" is not clear-cut, and the EU Commission itself recognises the existence of "certain modalities of information where the distinction between advertising and non-promotional information is more difficult to establish". Moreover, the Pharmaceutical Forum failed to reach a consensus about the "quality criteria" (ESIP and AIM "Joint Position Statement on Information to Patients on Diseases and Treatment Options". ec.europa.eu/enterprise/phabiocom/docs/pf_20070626_esip_aim_joint_statement.pdf: 1 page).

[5]- See best practices examples of such resources at:
www.aim-mutual.org/uploads/fmanager/i_relevant_health_information_for_patients__consumers.pdf

[6]- EudraPharm currently provides the following functionality:
- display product information and documents (Summary of Product Characteristics, Package Leaflet and Labelling information) for all products approved via the Centralised Procedure in all EU languages;
- Search - find product by searching for a set category of product information ;
- A to Z Product List - browse product details indexed alphabetically by Product Name;
- Advanced Search - find product by searching for specific categories of product information.
More info: http://eudrapharm.eu.

pharmacovigilance assessment committee and coordination group, as well as to the summaries of the periodic safety update reports (PSURs).[7,8]

- ***Proposal 8:*** **Improve content of the EudraCT database and EPARs to facilitate access to the scientific results of studies**

  The scientific results of studies are essential to the development of reliable information and proper assessment of a new product.[9] The EudraClinicalTrials database (EudraCT) concerns all clinical trials being undertaken in the Community from 1 May 2004 onwards. As of early 2010, the database sill only serves as a sponsor interface with no public access (its new version to be launched in 2010 is expected to grant access to study protocols).

  As more and more clinical trials are conducted outside Europe, EudraCT should be extended to all clinical trials run by pharmaceutical companies that are based in Europe. In addition, it should provide public access to study protocols, informed consent forms, deadlines for the end of the study, as well as study results (to be published within one year after the end of the study).

  The section of the EPARs' summary "How has this product been studied?" should be hyperlinked with the corresponding studies in EudraCT database.

5- Improve the readability, quality and availability of packaging elements to improve patient safety (enforcement of articles 59 and 86 of Directive 2001/83/EC consolidated)

Evidence indicates that the quality of the packaging (e.g. package leaflet, outer packaging [the box], primary packaging, devices included in the packaging) has great implications for patient information, drug use and, subsequently, patient safety. Appropriate packaging can contribute to the rational use of drugs and can minimise medication errors. However, packaging is often overlooked by pharmaceutical companies and drug regulatory agencies.[10]

Patients read package leaflets but struggle with the complex language used (medical jargon) and poor visual presentation.[11] In fact, pharmaceutical companies fail to meet their obligation to conduct patient user testing and to provide better quality and user-friendly package leaflets (in accordance with article 59 of the Directive 2001/83/EC [consolidated]).

If the aim is to harmonise practices in EU Members States and to improve package leaflets, actions at European level should help Member States to ensure equal interpretation/enforcement of articles 59 and 86 of Directive 2001/83/EC consolidated.

- ***Proposal 9:*** **Improve readability and quality of the package leaflets, labelling and of other packaging elements**

  A thorough review of the guidelines governing the readability of the labelling and package leaflets is needed to achieve better enforcement of article 59 of Directive 2001/83/EC. The European Commission guideline from January 2009 is insufficient.[12] It should be revised to take into account the following points:

  Package leaflets:

  - It is essential to consider the **sequence of the information** and to **consult/test it with patients/users** (the elderly, for instance), taking into account their assessment. The majority of leaflets have less significant information presented more visibly than key information;[13]
  - Bringing the leaflet **up-to-date** is a challenge. Often, the leaflets contained in the packaging (boxes) have not been updated (even when updates concern an important warning or caution, or a change in the daily recommended dose) and differ from the leaflet available online at the agency website, which has been updated.[14] Important modifications should be highlighted (i.e. in bold preceded by the mention "New

[7]- See MEP Claude Turmes' opinions as adopted by the IMCO Committee on the 23rd of February on www.europarl.europa.eu/activities/committees/homeCom.do?language=EN&body=IMCO.

[8]- See MEP Michèle Rivasi' draft opinions and the amendments to her opinions by the ITRE Committee on http://www.europarl.europa.eu/activities/committees/homeCom.do?language=EN&body=ITRE.

[9]- Clinical trials with negative results are in a great majority of cases not published. This phenomenon, well known as "publication bias", sometimes prevents the identification of an adverse drug reaction before marketing authorisation (i.e. antidepressants and increased risks for suicide discovered lately due to incomplete availability of trial findings) (Turner et al. *N Engl J Med* 2008 ; 358 : 252-60). This is why it is important that all studies are registered in a common database.

[10]- Prescrire Editorial Staff "A look back at drug packaging in 2008" http://english.prescrire.org/spip.php?page=cahier&id_article=950&theme=807&cahier=949

[11]- Raynor DK *et al*. "A systematic review of quantitative and qualitative research on the role and effectiveness of written information available to patients about individual medicines" *Health Technol Assess* 2007;**11**(5).

[12]- Available at: http://ec.europa.eu/enterprise/pharmaceuticals/eudralex/vol-2/c/2009_01_12_readability_guideline_final.pdf

[13]- For example, some ingredient-related information or technical information (such as use of film-coating), which have little impact, are placed upfront in a very visible manner, to detract from information on contraindications, precautions, interactions and side effects, which could represent an increased risk to patients (for instance, drowsiness and driving).

Another point is that when referring to the active substance, the International Non-proprietary Name [INN] should be used, rather than the subjective personal pronoun (it) that can lead to ambiguous text.

important safety information", or given in a short document describing the history of the changes being made);

Labelling:

- The International Non-proprietary Name (INN) should be placed first and made more prominent than the brand name, helping to raise awareness among patients of what active substance they are taking;[15]
- A black triangle pointing downward "▼" and to be printed on the outer packaging is a well known pictogram that helps to raise patient and health professional awareness on the need to report adverse drug reactions. It should be used whenever necessary (i.e. for medicines that have been authorised recently or are subject to risk management plans and/or post-marketing authorisation studies).

Consultation with target groups:

Any consultation should include one country per "region" in Europe (Northern, Central and Southern-Mediterranean) to enable cultural differences to be considered. Defining the group of patients with the expression "at least 20 patients" as the January 2009 guideline proposes is inappropriate because it will encourage consultations of not more than twenty patients. In some cases, a greater number of patients should be consulted, depending on the type and dosage form of the medicine in question.

A level of 90% of users understanding the information in a satisfactory manner is considered as an acceptance criterion. However, it would be particularly important to find out why certain users did not understand the information, in order to identify the underlying causes and correct the leaflet accordingly.

- ***Proposal 10:*** **Ensure public access to statutory information at national level - "Summary of Product Characteristics" (SPC) in each Member State**

  It is inefficient to allow the pharmaceutical industry to rewrite documents and choose certain elements of the SPC, while disregarding other sections that may be essential to understand, and to produce a "free-style" leaflet (*proposed article 100 b (b)* of the proposed Directive). It will also be potentially confusing to have two types of leaflets circulating, an officially approved document and a rewritten version produced by the manufacturer. There is the risk that it will lead to public dissemination of promotional information on prescription-only medicines.

  Disseminating the officially approved documents on prescription-only medicines, namely the SPC and package leaflet on pharmaceutical companies' websites is already possible under current EU legislation.[16]

  To ensure equal interpretation and enforcement of articles 86 of Directive 2001/83/EC and improve public access to the SPCs, Member States Drug Regulatory Agencies and the European Medicines Agency (EMA) should be encouraged to publish on their websites and on the Eudrapharm database the following documents: the SPCs, the package leaflets, the mock-ups of the secondary and primary packaging, the mock-ups of any devices also included, and the Public Assessment Reports (PARs).

6- Encourage public health literacy, notably through direct-patient reporting of adverse drug reactions (ADRs)

Patients and consumers empowerment leads to a better management of conditions and better health outcomes. Direct spontaneous patient reporting generates multicultural knowledge and is a **learning experience** – in reflection and in self-expression contributing to health literacy.[17]

- ***Proposal 11:*** **Encourage the development of public health literacy**

  National competent authorities should be encouraged to establish direct patient reporting and to promote independent health and treatment literacy campaigns on key topics:

  - *Rational use of medicines*: what is the INN;[18] what does a risk and harm-benefit balance mean; what is an adverse drug reaction; what do when experiencing an ADR; how to report an ADR;
  - *Good governance*: what is a conflict of interest; what is transparency;
  - *Patient and Consumer Rights in Clinical trials*: what is a clinical trial; what is informed consent; what are your rights as a participant; what are surrogate endpoints.

---

[14]- Although stock-related constraints might prevent immediate updates, a time limit should be established to enforce updating, particularly when the information in question is important for patient safety.

[15]- The INN is the name of the active substance. Its common stem identifies the therapeutic class the substance belongs to. The INN should be visible also on the primary packaging (bottle, blister, vial, etc.) and also on devices included in the packaging (particularly for liquid preparations together with the mention of the dose per graduation). It is in fact customary for patients to throw away the box and keep the blister in their bag.

[16]- Hence, there is no real need for changes to allow their publication on marketing authorisation holders' websites (*proposed article 100b a*). Marketing authorisation holders can simply place a link from their own websites to those of the regulatory agencies, where the information would be available.

[17]- Herxheimer A, Crombag MR, Alves T "Reporting of Adverse Drug Reactions: A Twelve-Country Survey & Literature review" Briefing paper ; HAI January 2010 : 21 pages.

[18]- See for example the INN campaign of the Medicines in Europe Forum on http://www.prescrire.org/cahiers/dossierDciCampagne1.php and on www.mutualite.fr/L-actualite/Evenements/Campagnes-de-la-Mutualite-Francaise/Les-avantages-sante-de-la-DCI-les-fiches-du-collectif-Europe-et-medicament.