eDITORIAL

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Prescribers "under the influence"

In France, one in every two patients with acute rhinopharyngitis who consults a doctor is prescribed antibiotics (1).

A team working for the French health economics research and documentation centre (Irdes) examined patterns of antibiotic prescription for acute rhinopharyngitis (a) by analysing data on 254 620 patient visits to 778 general practitioners (b)(1).

Different patients, different treatments. Antibiotics were prescribed more frequently to patients with evidence of complicated bacterial infections, ENT or lower respiratory tract co-involvement, or serous otitis, especially during epidemic periods (1).

Women, and patients under 16 or over 65 years of age, were less likely than other patients to be prescribed antibiotics for acute rhinopharyngitis than young adult to middle-aged men (1).

More antibiotic prescriptions by busy practitioners. The study also showed that physicians who saw the most patients (in their practice or at home) prescribed more antibiotics for acute rhinopharyngitis. In contrast, physicians working in urban areas with more than 135 GPs per 100 000 inhabitants tended to prescribe fewer antibiotics (1).

Beware of pharmaceutical reps. Doctors who said they saw fewer than 10 pharmaceutical reps per month on average prescribed fewer antibiotics than their colleagues (1).

Finally, doctors who attended more continuous training sessions (excluding "training lunches" organised by drug companies), and those who participated most actively in care networks prescribed fewer antibiotics for acute rhinopharyngitis (1).

These results again emphasize the fact that doctors who see pharmaceutical reps tend to have lower professional standards. It is noteworthy that this study was done in France, where awareness of the negative influence of pharmaceutical firms on the quality of medical prescription seems to be lower than in many other countries (c).

Promises made a few months ago that attempts would be made to improve the quality of performance by pharmaceutical reps fail to address the underlying problem (see Prescrire Charter page 154). The rep's job is to sell the company's products, not to provide prescribers with reliable medical information. The best way for prescribers to keep abreast of new developments is to participate in independent training programmes, and to "just say no" to training offers from the pharmaceutical industry.

a- The authors chose acute rhinopharyngitis because the relevant French practice guidelines are unambiguous: acute rhinopharyngitis of viral origin must not be treated with antibiotics (French regulatory agency, 1999), while suspected and documented complications of bacterial infections (mainly acute otitis media and acute sinusitis) qualify for antibiotic therapy (ref 1).

b- The analysis was based on individual data for patients treated in 2001 by a selection of general practitioners, and a follow-up survey of the same physicians. Home visits were excluded from the study. The authors pointed out a number of possible biases in their study, especially regarding the sampling and coding methods (ref 1).

c- See for example the websites of Healthy Skepticism (www.healthyskepticism.org) and No Free Lunch (www.nofreelunch.org) (refs 2,3).

Selected references from Prescrire's document watch.

1- Mousquès J et al. "Variabilité des pratiques médicales en médecine générale: la prescription d'antibiotiques dans la rhinopharyngite aiguë" *CREDES Série analyse* 2003: 111 pages.

2- "Healthy Skepticism (ex-MaLAM)" (website). Summarised in *Rev Prescrire* 2003; **23** (240): 469.

3- "No free lunch" (website). Summarised in *Rev Prescrire* 2003; **23** (239): 388.