

Translated from Rev Prescrire December 2007; 27 (290): 881

Clear and intelligible

The INN system is the universal language for naming drugs.

It is far better to use international nonproprietary names than brand names for the training of healthcare professionals, research and patient management.

It is far better to use international nonproprietary names than brand names to help avoid medication errors, overdoses and drug interactions.

Many patients pay attention to the drugs they are taking, and prefer to know a drug's real name, even if complex, as it identifies the active ingredient and is not a simple brand name. This bolsters confidence in their medication.

It is far better to use international nonproprietary names than brand names in order to make the best therapeutic choices. Reliable drug and therapeutic formularies always use the INN system. And thinking in terms of the INN helps to avoid pressure from drug company advertising and knee-jerk medical advice or prescription.

Not all INNs are perfect: there is room for improvement, particularly by making them safer.

There can be a risk of confusion between some INNs, but the risk is far lower than with brand names.

At first glance, some INNs may seem more complex than brand names. But there are far fewer INNs than brand names, and, most importantly, INNs are based on a system of 'common stems' that provides immediate information on the drug's pharmacological class (see for instance p. 94).

The INN system should be used for teaching and should be prominently displayed on all drug packaging, but this will only be achieved through major efforts on the part of all those concerned.

Healthcare professionals should use INNs to communicate with their colleagues and with patients, for greater clarity, patient safety, and better use of medications, free from commercial pressures.

It is time to adopt INNs throughout the healthcare system. The advantages of using INNs should first be emphasised in medical school and then reinforced through continuing education.

Let's do it!

©Prescrire Editorial Staff