

We are still waiting for the French agency to take action on the following issues:

- the dextropropoxyphen + paracetamol combination, still prescribed in France but withdrawn from the market in Switzerland and Sweden (and soon to be withdrawn in the UK) because of serious adverse effects;
- benfluorex, an amphetamine-like drug, is still marketed in France (since 1976) despite the risks of severe arterial hypertension and heart valve damage. Benfluorex was banned in Spain in 2003. In 2006 the French national pharmacovigilance committee only recommended further research on risks associated with benfluorex;
- veralipride, a neuroleptic prescribed for 'hot flushes', can cause a parkinsonian syndrome and has no proven efficacy. The French agency only demanded that the SPC recommends a 3-month treatment limit. Veralipride was banned in Spain in 2005;
- buflomedil, a vasodilator with no proven therapeutic value. Serious neurological and cardiac adverse effects led the French agency to withdraw the 300-mg tablets, but not the 150-mg tablets or the injectable form, both of which are associated with the same adverse effects.

**Warnings dispersed throughout the SPC.** It is not always easy to identify changes to an SPC in response to reports of adverse effects, because they are scattered throughout the various sections (Warnings, Adverse Effects, Pharmacodynamics, etc.). In 2006, we reported on:  
– ribavirin and dental adverse effects;  
– infliximab and the risk of cancer in smokers;  
– orlistat and bone fractures in adolescents;  
– nitrofurantoin and pulmonary, hepatic, neurological and cutaneous risks;  
– sirolimus and angioedema during concomitant use with an angiotensin-converting-enzyme inhibitor (ACE inhibitor);  
– telithromycin and QT prolongation and severe hepatitis;  
– sustained-release risperidone for injection and resurgent delirium and treatment failure.

**Pregnancy and contraception: limited information in view of the risks.** In 2006, newly identified risks associated with drug use during pregnancy included:  
– a change in the Pregnancy section of the SPC for products containing paroxetine, due to a risk of cardiac malformations when paroxetine is used during pregnancy. It should be noted that all selective serotonin reuptake inhibitor antidepressants increase the risk of congenital malformations;  
– an EMEA warning on the risk of ►►

## Advertising: rapidly expanding, and increasingly aimed directly at patients

In 2006, drug companies and their communications advisors further diversified their advertising methods.

**Advertising disproportion-ate to therapeutic value.** 2006 saw noisy prelaunch promotional campaigns for an anti-obesity drug, rimonabant, and a drug for smoking cessation, varenicline.

These drugs, both of which have little therapeutic value, were heavily promoted by the companies concerned, well before they appeared on the market: a "scientific brochure" on rimonabant was posted online, in the Investments section of the Sanofi Aventis website, and varenicline was extensively promoted on the Pfizer website and in the media.

**Direct-to-consumer advertising: drug companies' recurring dream.** In Europe, direct-to-consumer advertising (DTCA) of prescription drugs is still forbidden.

In France, drugs available without a prescription, which have an 'advertising visa', can be promoted directly to the public. In 2006, this was the case for many generics and for three new drugs: nasal beclomethasone in allergy; the paracetamol + pseudoephedrine or doxylamine combination for the common cold; and terbinafine cream for intertrigo between the toes.

Some substances contained in products promoted directly to the public can have serious adverse effects. And these risks are bound to increase as the market for self-medication products expands.

**Promotion masquerading as company-sponsored compliance support programmes.** In France, a draft legislation (see inset p. 81) aiming to allow drug companies, through physicians, to create compliance support programmes based on telephone reminders, personalised patient education, home visits by nurses, was rejected in early 2007, but is due to come back in Autumn 2007.

Drug companies are not in a good position to provide this type of service, because of their obvious conflicts of interest. In addition, a quick glance at the programmes already announced is sufficient to see that they are first and foremost a way of retaining clients for drugs that provide no therapeutic advantage.



**Partnerships mainly benefiting drug companies.** Drug companies and their communications advisors are brimming with ideas to promote their products: last year saw company ads in a non-profit medical institution (*la revue Prescrire* n° 271); healthcare professionals participating in ad design, and "health information" that plays on the public's fears (*la revue Prescrire* n° 278). Food manufacturers and even insurance companies used health issues to promote their products (*la revue Prescrire* n° 268).

**Pharmaceutical sales representatives (reps): not a useful way to improve healthcare.** After 15 years of monitoring sales reps, our assessment has not changed: there is nothing to be gained in terms of the quality of healthcare by listening to sales reps. Reps are just another promotional tool and must not be confused with reliable information sources.

For example, one company invited healthcare professionals to replace heptaminol, which was no longer reimbursed in March 2006, with dihydroergotamine, a drug that is still reimbursed (*la revue Prescrire* n° 276).

**Few prohibitions of ads for healthcare professionals, despite major infringements.** The French committee responsible for controlling advertising aimed at healthcare professionals remained below the horizon in 2006. According to the French Official Journal, only 16 ads were judged to be illegal (*la revue Prescrire* n° 268, 270, 274, 280). The reasons for these prohibitions reflect worrying trends: promotion of unapproved indications; minimisation of risks of adverse effects; and erroneous interpretation of efficacy data. If drug advertising to healthcare professionals has stooped to this level, one wonders what abuses direct-to-consumer advertising might bring!

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