Contemporary Themes

Information contained in drug advertisements

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In drug advertisements pharmaceutical manufacturers have an opportunity to proclaim the existence of a drug, promote its advantages, and also provide useful information to help a doctor decide whether and when to use the drug. Three main types of printed drug advertisements are sent to general practitioners—handouts such as booklets that are given by representatives, advertisements in periodicals, and individual direct mail advertisements. This study was designed to look at the information content of the advertisements that appear most often—those in periodicals.

Regulation of advertising

The Medicines Act 1968¹ provides that any commercially interested party who issues a false or misleading advertisement relating to medicinal products is guilty of an offence under the Act and that advertisements must not include recommendations for the use of the product other than those specified in the product licence under which the preparation is produced. The Act also requires that no advertisement may be sent to a practitioner unless a data sheet is also sent or has been sent within the previous 15 months. The data sheet "is to provide the practitioner with an objective statement, in a convenient form for reference, giving essential particulars about the medicinal product."² The details on this sheet must be consistent with the product licence, and all advertisements for the product must be consistent with both data sheet and licence.

The *data sheet* must be of a particular size, colour, and weight of paper. The brand name must be in type no more than 2.25 times the size of type for other information. The name and address of the holder of the product licence must be given together with the following information: a description of the appearance and pharmaceutical form; the active ingredients described by their approved or monograph names; the quantity of each ingredient contained in each unit dose, or when there is no unit dose the percentage of each active ingredient in the product; the pharmacological action and the indications for which it is recommended; recommended doses for adults and children; methods and routes of administration; contraindications; warnings; precautions; action to be taken in the event of an overdose; main side effects and adverse reactions likely to be associated with the product; pharmaceutical precautions; legal category; package quantities; and product licence number.

CODE OF PRACTICE

These requirements apply only to data sheets and not to advertisements. Apart from the legal requirement that they must be consistent with the product licence and not be misleading regulation of advertise-

ments is voluntary. Most pharmaceutical manufacturers in the UK are members of the Association of the British Pharmaceutical Industry (ABPI), which has a code of practice "to secure the universal acceptance of high standards of conduct in the marketing of medical products designed for use under medical supervision." The code emphasises that information should be presented to doctors in a form that conforms to legal requirements and also to "professional standards of ethics and canons of good taste." Acceptance of the code and observance of its provisions are a condition of membership of the ABPI.

The code demands less of an advertisement than the Medicines Act demands of a data sheet. An advertisement aimed at providing a doctor with enough information on which to reach a decision for prescribing must give the active ingredients using approved or other non-proprietary names contained in each unit dose; the recommended dose, method of use, and route of administration; side effects, precautions, and contraindications; a statement that further information is available; and the company's name and address. When the advertisement is only to *remind* doctors of the availability and the main indication of a product or when "it is . . . obviously impracticable to display legibly the full information" the ABPI code requires as a minimum the approved or non-proprietary names of the active ingredients, a statement that "full prescribing information is available," and the company's name and address. The code further requires that the basic NHS cost of the product must be given in all promotional literature except when such information would clearly be inappropriate.

Sample of advertisements

The advertisements examined in this study appeared in periodicals sent to general practitioners. Controlled circulation (free) periodicals were monitored from October to December 1974, along with other journals with large circulations (see Appendix). In the 122 issues examined there were 3895 advertisements for drugs, an average of just under 1300 advertisements a month. An analysis of the extent of advertising appears elsewhere.³ Every unique advertisement was analysed. When a drug was promoted in several advertisements that differed in content each different copy was analysed. In the three months 591 different advertisements for 316 drugs were examined and the information content coded.

TABLE 1—Distribution of advertisements and prescriptions according to type of drug

Type of drug and area of action	"Of advertisements in each group	"Of prescriptions in each group, 1973 ⁴
Alimentary system	7.4	7.74
Cardiovascular system and diuretics	15.6	10.30
Lower respiratory system	8.5	9.70
Nervous system	22.8	26.90
Genitourinary system	2.4	0.71
Infections (systemic action)	11.3	13.80
Metabolism	4.7	3.20
Nutrition and blood	3.0	5.36
Rheumatic diseases	4.7	3.32
Allergies	1.0	2.65
Ear, nose, and oropharynx	3.4	2.71
Eye	0.3	1.38
Skin and mucocutaneous junctions	12.2	6.94
Others, including immunological preparations	2.5	2.68
Dressings and appliances	Not coded	2.62
Total	100 (n = 591)	100.01 (n = 263 873 000)

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TABLE II—Year of introduction of drugs advertised

No (%) of drugs	Introduced:	Before 1960 112 (19.0%)	1960-4 82 (13.9%)	1965-9 133 (22.5%)	1970-4 264 (44.7%)	Total 591 (100)
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TABLE III—Prescribing information given in advertisements

No (%) with each item	Information:	Active ingredients 255 (43.1)	Recommended dose 84 (14.2)	NHS cost 37 (6.3)	Contraindications 25 (4.2)	Side effects 23 (3.9)	Special precautions 18 (3.0)
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Type of drugs—The advertisements examined were broadly representative of those drugs that are in common use (table 1).

Year of introduction of preparations—Understandably, many of the advertisements were for new drugs: 23% were for drugs introduced in the past two years, and 45% for drugs introduced during the past five years. Some drugs introduced over 15 years earlier, however, were still being advertised (table II).

Brand and approved names—The brand name appeared three to four times more often than the approved name; it was mentioned a mean of 4.6SD3.3 times in each advertisement; in one advertisement it appeared 24 times. In contrast, the approved name appeared a mean of 1.3SD1.1 times. The average type for brand names was 9 mm wide and for approved names it was 1.4 mm (typewriter letters (elite style) are 2 mm wide). On average brand names were seven times the size of approved names. The legal requirement for data sheets prevents the brand name being any more than 2.25 times the size of the approved name type. In some advertisements the approved or non-proprietary name was hard to find, being hidden in the text, in the title of a reference article, or in small print, and in 8% it was absent altogether. Over half of the advertisements with no approved name were from members of the ABPI, and these advertisements appeared in many different types of journal.

Prescribing information—The most common item of information (in 43% of advertisements) was the quantitative list of active ingredients of the preparation, and the next most common item was the recommended dose, although this appeared in only 14% of advertisements. Contraindications, side effects, and special precautions were rarely mentioned (table III). In most of the advertisements the manufacturers must have considered it inappropriate to give the NHS cost of the drug as only 6.3% of all advertisements contained this information. Extensive prescribing information (all items in table III except NHS cost) was given in 1.7% of advertisements, and 0.5% gave all six items of prescribing information. Taking a minimum of prescribing information to be the presence of one item 49% of advertisements contained no prescribing information. There were no appreciable differences in the amount of information given for different types of drugs.

Pictorial content of advertisements—Although the advertisements tended not to have much useful prescribing information many devoted space to diagrams (6.3%), product pictures (26.7%), disease pictures (9.3%), or pictures of doctors (2.7%) or patients (34.3%).

Conclusions

Clearly advertisements for drugs that appear in periodicals in the UK give very little information and generally do not provide enough for the practitioner to make a decision on prescribing. This low level of information cannot be due to problems of space or cost. The average entry in *MIMS*, measuring perhaps 26 cm², manages to include more information than the average periodical advertisement. (Periodical advertisements range in size from 50 cm² to 1000 cm², with most about 250 cm²). A *MIMS* entry includes brand name, approved name and active ingredients, legal category, appearance, indications, NHS cost, recommended dose, and manufacturer's name, and it may mention special precautions and contraindications.

It is surprising also that the recommendations of the ABPI are not always followed by members. For example, the approved name of the drug was not given in 8% of advertisements, and those from companies which are members of the ABPI were among these. The basic NHS cost was given in only 6.3% of

advertisements. Not all companies belong to the ABPI, but if members sometimes contravene the code some effective monitoring system for advertisements seems to be needed. Even when the approved name was given it was often hard to find, being somewhere in the text of the advertisement or only in the title of a reference article. The approved name would be easier to find if it was printed clearly on its own and in large type.

Possibly the low level of information in advertisements has arisen because companies now rely on the data sheet, but without a comparison with earlier practice this cannot be known. What is certainly the case, however, is that data sheets need be sent to practitioners only every 15 months, whereas the average general practitioner is potentially exposed to 1300 advertisements each month.¹

I thank the editors who supplied copies of the controlled circulation periodicals, and Mrs S McGlynn for coding the data.

APPENDIX

The periodicals monitored were: *Pulse*, *Doctor*, *Medical News*, *Medical Week* (ceased November 1974), *General Practitioner*, *World Medicine*, *Update*, *Modern Medicine*, *Medical Digest*, *MIMS (Monthly Index of Medical Specialties)*, *MIMS Magazine*, *Modern Geriatrics*, *Practice Team*, *Medicine*, *Interface*, *Pulse Magazine*, *Patient Care*, *Update Review* (started January 1975), *British Journal of Sexual Medicine*, *BMA News*, *MIMS Colour Index*, *Rostrum* (Pfizer), *Documenta Geigy*, *British Medical Journal*, *Journal of the Royal College of General Practitioners*, *Practitioner*, *Prescriber's Journal* (Department of Health and Social Security), *Medical World* (Medical Practitioners Union).

References

- ¹ *Medicines Act 1968*, London, HMSO, 1968.
- ² Department of Health and Social Security, *Medicines Act 1968, Notes on Data Sheets*, MAL 25. London, DHSS, 1973.
- ³ *Code of Practice for the Pharmaceutical Industry*. London, Association of the British Pharmaceutical Industry, 1974.
- ⁴ Stimson, G V, *Extent of Advertising for Pharmaceutical Products*, 1975. Mimeograph.
- ⁵ Department of Health and Social Security, *Health and Personal Social Statistics for England and Wales*. London, HMSO, 1974.

Is the inoculation of bacille Calmette Guérin (BCG) with a Dermojet safe?

BCG can be administered effectively by one of the standard jet injectors. In a detailed study of this method¹ jet injection was compared with a syringe and needle technique, and produced a higher proportion of local abscesses and nodules at four months. By 12 months, however, the two groups were comparable. Tuberculin conversion rates were similar. Jet injectors do not always function efficiently, and care must be taken to test them before use and replace them when defective. The jet injector would probably have considerable advantages for mass vaccination in developing countries.

¹ British Thoracic and Tuberculosis Association, *Tubercle*, 1971, 52, 155.