EDITORIAL

Informing the consumer

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(Aust Prescr 2003;26:2–3)

Good communication between medical practitioners and consumers, and between pharmacists and consumers, is vital if the best health outcomes are to be achieved through the use of medicines. The provision of information to consumers about their medication is an important part of that communication.

Consumers have different decision-making styles and interest in health information. However, virtually all want to be informed about and make decisions about their medicines, to some degree. Some take a passive approach and choose to 'let the doctor decide', while others wish to be much more active, to receive detailed information about their treatment options and to share in the decision-making.

Other factors may also influence how actively or passively involved consumers wish to be, for example, what stage they are at in the continuum of care. The amount of information consumers want at diagnosis may be quite different to what they want when coping with their condition over the long term.

The risks of not informing consumers about their medications are that they may not adhere to treatment – if, for example, they do not understand what the medicine is for, or do not know what effects to expect or the potential benefits and harms. Poorly informed consumers may also take the medicine incorrectly, they may fail to recognise problems that occur and will be ill-equipped to act appropriately if problems do arise.

Conversely, well informed consumers are more likely to adhere to treatments and have better health outcomes. Errors are more likely to be avoided if consumers are well informed. Informing consumers also encourages them to become more self-reliant and confident in the management of their medications.[1]

In 1993 the National Health and Medical Research Council (NHMRC) published guidelines[2] for health professionals on providing information to consumers. Since then a number of tools have become available to make providing information to consumers about their medication easier. Consumer Medicine Information (CMI) for prescription medicines is the most significant. The information helps the consumer to understand what the medication is for, its benefits, adverse effects and risks. CMI also contains practical information about dosage, administration and contraindications, which consumers can refer to if needed.

CMI also has the advantage of being standard for a particular medication, irrespective of whether the consumer receives it from their pharmacist, their doctor or as a package insert. Practitioners can therefore be sure about what information their patients will be receiving.

CMI has to remain consistent with the product information and so is updated when any changes occur to the product information. In practice, companies differ in how thoroughly they test CMI on consumers and as a result CMI does vary in quality.

CMI is now available for virtually all prescription medicines. However, its distribution to consumers is still far from widespread. Encouraging consumers to ask for the CMI when their medication is dispensed would help. This may be more practical than printing it out for consumers at the surgery, although it is certainly available through prescribing software.

Of course, CMI has its limitations and will never be the complete answer to people's information needs. A significant proportion of the population has some or great difficulty with the written information encountered in everyday life.[3] People also vary in the extent to which they prefer receiving information verbally, in written form or a combination of the two. However, it is a mistake to assume that, for example, just because a person's spoken English is not good, that they have no use for CMIs in English. Research suggests that many people would prefer receiving a CMI about their medication in English rather than not receiving one at all.[4] They may be able to read

In this issue...

Now that the furore about hormone replacement therapy (HRT) has settled, Alastair MacLennan suggests how this treatment should be used in future. Perhaps some of the overenthusiastic use of HRT was driven by marketing. Sometimes marketing can be overenthusiastic and Melissa Sweet reports on a case where health professionals may have been deliberately misled.

If health professionals have misleading information, it will not help them to inform consumers about their treatment as Sarah Fogg would like. Hilda Bastian reminds us that consumers view the risks of treatment in different ways.

Patients who are debilitated are at risk of aspiration pneumonia. One of the strategies Simon O'Connor suggests for reducing the risk of aspiration is good oral hygiene which, Barbara Anne Taylor tells us, will also benefit patients with drug-induced gingival enlargement.

it at their own pace at home or they may have family members who can read it for them.

An often-voiced concern about CMI is that the information about the risk of harm does not indicate how frequently harm actually occurs and, as a result, consumers may be too scared to take their medication. The newer and better CMIs include such information. A good technique is to encourage consumers to come back with any queries they may have after reading the CMI. This then opens up opportunities to address any fears and correct any misunderstandings which may have prevented them taking the medicine.

CMI also does not contain information about how much a drug will cost. Failure to talk about costs may result in consumers not getting a prescription dispensed. If cost concerns are discussed there is then an opportunity to talk about cheaper options or the consequences of not going ahead with the treatment.

To make informed decisions about treatment consumers need comparative information about the pros and cons of the various options. CMI can help in this discussion to an extent, although an individual CMI only provides information about one particular medicine. It is also important that doctors explain when prescribing outside an approved indication, that the indication will not appear on the CMI, but information about adverse effects and interactions will still be relevant.

The internet is increasingly being used as a source of health information. In the USA up to 75% of internet users have used it to obtain health information and 41% of Americans say that material they found affected decisions about whether they should go to the doctor, how to treat an illness or how to question a doctor.[5] Australia may not be that different.

Doctors are right to be concerned about the quality of information available to consumers via the internet. Consumers may have difficulty distinguishing between good and poor quality information and independent versus promotional material. Doctors can play a key role in guiding consumers to good and reliable web sites relevant to Australian consumers. The Federal Government's health web site HealthInsite (www.healthinsite.gov.au) is a good starting point for health information that conforms to standards of quality and independence and is written for a consumer audience. The *Australian Prescriber* web site (www.australianprescriber.com) also has brief information for consumers on the topics of the main articles.

A new telephone medicine information service for consumers has just been set up by the National Prescribing Service. Staffed by pharmacists, Medicines Line operates Monday to Friday 9 a.m. to 6 p.m. AEST and offers an avenue through which consumers can get free reliable accurate information about their medication if they are unable, or unwilling, to ask their doctor or pharmacist. The Medicines Line number is 1300 888 763.

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Letters

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Can we afford intensive management of diabetes?

Editor, – The article 'Can we afford intensive management of diabetes?' (Aust Prescr 2002;25:102–3) presents an altogether different view of the management of diabetes. In developing countries the practicality of intensive control may be limited. The prevalence of type 2 diabetes mellitus is more than 11% in the urban population of India and is increasing.[1] In this context the interpretation of data from the United Kingdom Prospective Diabetes Study (UKPDS)[2] assumes great importance.

The authors correctly pointed out that six patients need to be treated intensively for blood pressure over 10 years to prevent one patient developing any complication.[3] However, the number needed to treat (NNT) to prevent one case of microvascular disease is **not** 196 patients treated for 10 years. From our calculations the NNT to prevent one microvascular complication is 42. The NNT is the reciprocal of absolute risk reduction, and the absolute risk reduction is the difference in the event rates between the control group (P_C) and the treatment group (P_T). In the UKPDS, the corresponding values for microvascular complications were 225 out of 2729 patients in the intensive treatment group (P_T = 225/2729 = 0.082) and 121 out of 1138 in the conventional treatment group (P_C = 121/1138 = 0.106). Absolute risk reduction ($P_C - P_T$) is therefore 0.024. This gives an NNT of 42 (1/0.024).