

# A journalist's guide to covering prescription drugs

## ✓ AN ESSENTIAL CHECKLIST FOR REPORTERS AND EDITORS

The following was compiled by the authors of *Drugs in the News: How well do Canadian newspapers report the good, the bad and the ugly of new prescription drugs?* a Canadian Centre for Policy Alternatives study released in April 2003. For more information about the study, or if you would like to speak with one of the authors for background information or commentary on a pharmaceuticals story, see page 3.

- Drug indications** What medical conditions has this drug been officially approved to treat? Regulatory approval of a drug for treating specific conditions ensures there is evidence that the drug has some beneficial effect for that condition. If it hasn't been approved for a condition, there is no guarantee the drug can provide any benefit and patients may be needlessly put at risk for side effects. If an unapproved use is discussed in an article, it is worth mentioning that this use has not been approved and there may be little to no evidence of benefits. (For example, oseltamivir is indicated only for people with the flu whose symptoms began less than 40 hours ago – past this point it is unlikely to be of any benefit.)
- Drug contraindications** Who should avoid this drug? Contraindications identify who could be more harmed than helped by a drug. (For example, atorvastatin should not be given to pregnant women or patients with liver disease.)
- Clinical benefits** Do the claimed benefits of the drug have a tangible, meaningful impact on the health of patients? (Atorvastatin may lower cholesterol, but is there evidence that it lowers the chance of heart attack? Donepezil may produce changes on cognitive tests, but does it help patients with daily living activities?) Non-clinical benefits, often called surrogate or intermediate endpoints, can lead to an exaggerated impression of drug effectiveness.
- Clinical harms** All drugs have risks as well as benefits. Are the harmful effects of the drug mentioned? Is this information presented in as much detail as the benefits, to provide the potential user with a balanced understanding of all of the drug's effects? (For example, the severity of clinical harm can range from the nausea and vomiting sometimes associated with oseltamivir to bleeding ulcers sometimes associated with celecoxib.)
- Magnitude** Have numbers been included to unambiguously explain the degree of benefit or harm? (For example, without numbers to provide the magnitude of benefits and harms, how is a patient to know if the benefits are proportionally greater than the risks?)
- Absolute numbers** Have magnitudes of benefits and harms been provided as absolute differences? For example, a medication may reduce the proportion of patients having a heart attack from 10 in 100 to 7 in 100. In relative terms, there is a 30% reduction in risk, while in absolute terms the risk has been reduced by 3%. Relative values can be very misleading and any numbers greater than 10 per cent are usually relative numbers. Journalists should always cite the "absolute" magnitude of benefit or harm.

- Time** How long do patients need to take the drug to achieve a benefit? Drug therapies for acute conditions are usually taken over a very specific period of time. Chronic and preventative therapies can be taken over an indeterminate or extended period of time. Audiences should be informed if there is a minimum length of therapy necessary to achieve any benefit and whether benefit and harm profiles can shift during long-term therapy.
  
- Drug and non-drug alternatives** Have drug and non-drug alternatives to the drug of interest been included in the story? There are often several treatments available for a specific problem, including both drugs and other options. Different drug treatments can have radically different benefits and harms or surprisingly similar characteristics depending on their mechanism of action. However, drug alternatives create options for patients when deciding upon a treatment with their physician. Non-drug alternatives such as exercise and diet changes should also be included in any discussion of drugs in the news.
  
- Costs** Has the price of the drug therapy been included in the article? In an ideal world costs would be relevant only when comparing identical drugs, but, as the public ultimately shoulders the burden of high drug expenditures, journalists need to inform their audience of costs. (For example, do consumers feel that taking oseltamivir to possibly shorten flu symptoms from 5-7 days to 4-6 days is worth \$45 or more?) The cost of diagnostic tests needed to initiate or monitor a drug prescription should also be considered.
  
- Study design** What kind of research method was used in the study? Research data on drugs is only as good as the study's design, and an opinion survey of 100 people is considerably less reliable than a clinical trial of 1,000 people. A randomized-controlled trial (RCT) is the study design that yields the most reliable drug data. In RCTs, researchers randomly assign patients to drug or placebo treatments with neither the patient nor the researcher knowing who received which. Studies involving more patients for greater periods of time also improve the strength of the data. Publication in peer-reviewed medical journals does not guarantee that the results provide meaningful information for evaluating the safety and effectiveness of new drugs. However, the quality of data presented only at meetings and conferences or published in non-peer reviewed journals is even less certain.
  
- Follow the money** Has pharmaceutical industry funding of any studies and spokespersons been disclosed to the audience? Following the money trail in pharmaceutical reporting can be just as important as in political reporting. While regulatory safeguards are in place to minimize the presence of ineffective and dangerous drugs on the market, financial allegiances can strongly influence the interpretation of drug data. Likewise, pharmaceutical companies provide educational material and guest speakers for public information nights under the guise of patient groups or organizations. Independent sources of drug information are ideal for journalists requiring expert opinion on the quality of drug claims. Below is a list of some drug information resources that are independent of the pharmaceutical industry.
  
- Missing elements** If any of the information mentioned above is unavailable, has the audience been alerted to its absence and the impact this may have on the interpretation of the remaining information? Frequently, study articles and research summaries selectively report information about benefits, harms and study funding. Providing incomplete drug information to the public can be as misleading as inaccurate information.

# Independent sources of drug information

SOURCE	WEBSITE	PHONE	FAX
Australian Prescriber	<a href="http://www.australianprescriber.com">www.australianprescriber.com</a>	61 (2) 6289-7038	61 (2) 6289-8641
CMA Infobase (guidelines)	<a href="http://www.cma.ca/cpgs">www.cma.ca/cpgs</a>	1 (800) 663-7336	1 (613) 565-2382
British National Formulary	<a href="http://www.bnf.vhn.net/home">www.bnf.vhn.net/home</a>	Not available	Not available
Cochrane Library	<a href="http://www.cochranelibrary.com">www.cochranelibrary.com</a>	1 (888) 855-2555	1 (613) 236-8864
Drug and Therapeutics Bulletin	<a href="http://www.which.net/health/dtb/main.html">www.which.net/health/dtb/main.html</a>	44 (20) 7770-7571	44 (20) 7770-7665
Drugs of Choice	<a href="http://www.cma.ca/catalog/252.htm">www.cma.ca/catalog/252.htm</a>	1 (888) 855-2555	1 (613) 236-8864
Food and Drug Administration (USA)	<a href="http://www.fda.gov/cder">www.fda.gov/cder</a>	Not available	Not available
Medical Letter	<a href="http://www.medletter.com">www.medletter.com</a>	1 (800) 211-2769	1 (914) 632-1733
Prescrire International	<a href="http://www.esculape.com/prescrire">www.esculape.com/prescrire</a>	33 (1) 492-372-65	33 (1) 480-787-32
Therapeutics Letter	<a href="http://www.ti.ubc.ca/pages/letter.html">www.ti.ubc.ca/pages/letter.html</a>	1 (604) 822-0700	1 (604) 822-0701
Therapeutic Choices	<a href="http://www.cdnpharm.ca">www.cdnpharm.ca</a>	1 (800) 917-9489	1 (613) 523-0445
Worst Pills, Best Pills	<a href="http://www.citizen.org/hrg">www.citizen.org/hrg</a>	1 (202) 588-1000	1 (202) 588-7798

Source: Therapeutics Initiative (based at the University of British Columbia). "Sources of Drug Therapy Information." Therapeutics Letter, Issue 35, May / June 2000. [www.ti.ubc.ca/pages/letter35.htm](http://www.ti.ubc.ca/pages/letter35.htm)



## Canadian Centre for Policy Alternatives

The Canadian Centre for Policy Alternatives is an independent, non-partisan, non-profit research institute. It was founded in 1980 to promote research on economic and social issues from a progressive point of view.

The Centre's National Office is in Ottawa. There are provincial offices in, British Columbia, Saskatchewan, Manitoba and Nova Scotia. For more information on *Drugs in the News*, contact the Centre's BC Office.

### [www.policyalternatives.ca](http://www.policyalternatives.ca)

The Centre makes most of its reports, studies, commentary and opinion pieces, backgrounders, and policy briefs available free on its website.

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## Drugs in the News

### How well do Canadian newspapers report the good, the bad and the ugly of new prescription drugs?

A study from the Canadian Centre for Policy Alternatives. Available free online at [www.policyalternatives.ca](http://www.policyalternatives.ca).

To arrange an interview with one of the study's authors, call Shannon Daub at 604-801-5509.

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