

Andréa Lessard MD MSc<sup>1,2</sup>; Tarek Bouhali MSc<sup>1,2</sup>; Marie-Michèle Normandin MD<sup>1</sup>; André Côté B.Ps<sup>1</sup>; Marie-Claude Beaulieu MD<sup>1,3</sup>  
1. Université de Sherbrooke, Québec, Canada ; 2. Centre de santé et de services sociaux de Chicoutimi; 3. Centre hospitalier universitaire de Sherbrooke

## 1. BACKGROUND

- Drug samples seem to be widely used in Family Medicine Teaching Units (FMTU)
  - Drug samples use in FMTU may affect prescription behaviors of physicians and family medicine residents<sup>1</sup>
  - Their use may lead to the sub-optimal care of patients<sup>2,3</sup>
- No clear policy exists to define their management and their use.**

## 2. OBJECTIVES

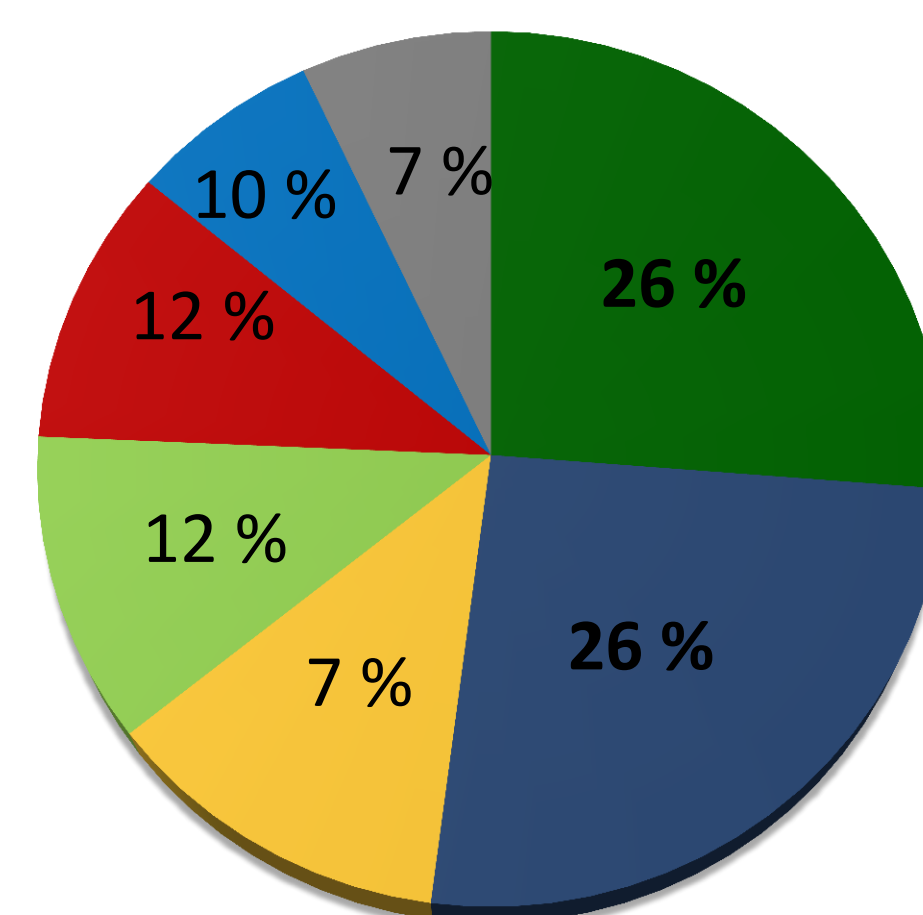
We aimed to describe, in the Université de Sherbrooke-affiliated FMTU :

- The clinical use of drug samples and its impact on prescribing behavior and patterns.
- The management of drug samples.
- The existence of local policies regarding drug sample management practices.

## 4. RESULTS

### CLINICAL USE OF DRUG SAMPLES

#### REASONS FOR PRESCRIBING DRUG SAMPLES



- Economic difficulties**
- To confirm tolerance and efficiency**
- To initiate a new treatment
- Quick relief of an acute problem
- To support adherence
- To increase therapeutic relationship
- Closed pharmacy and other reasons

#### DOCUMENTATION IN THE MEDICAL RECORD

- Drug sample distributed : 65 %
- Reason for giving a drug sample : 21 %

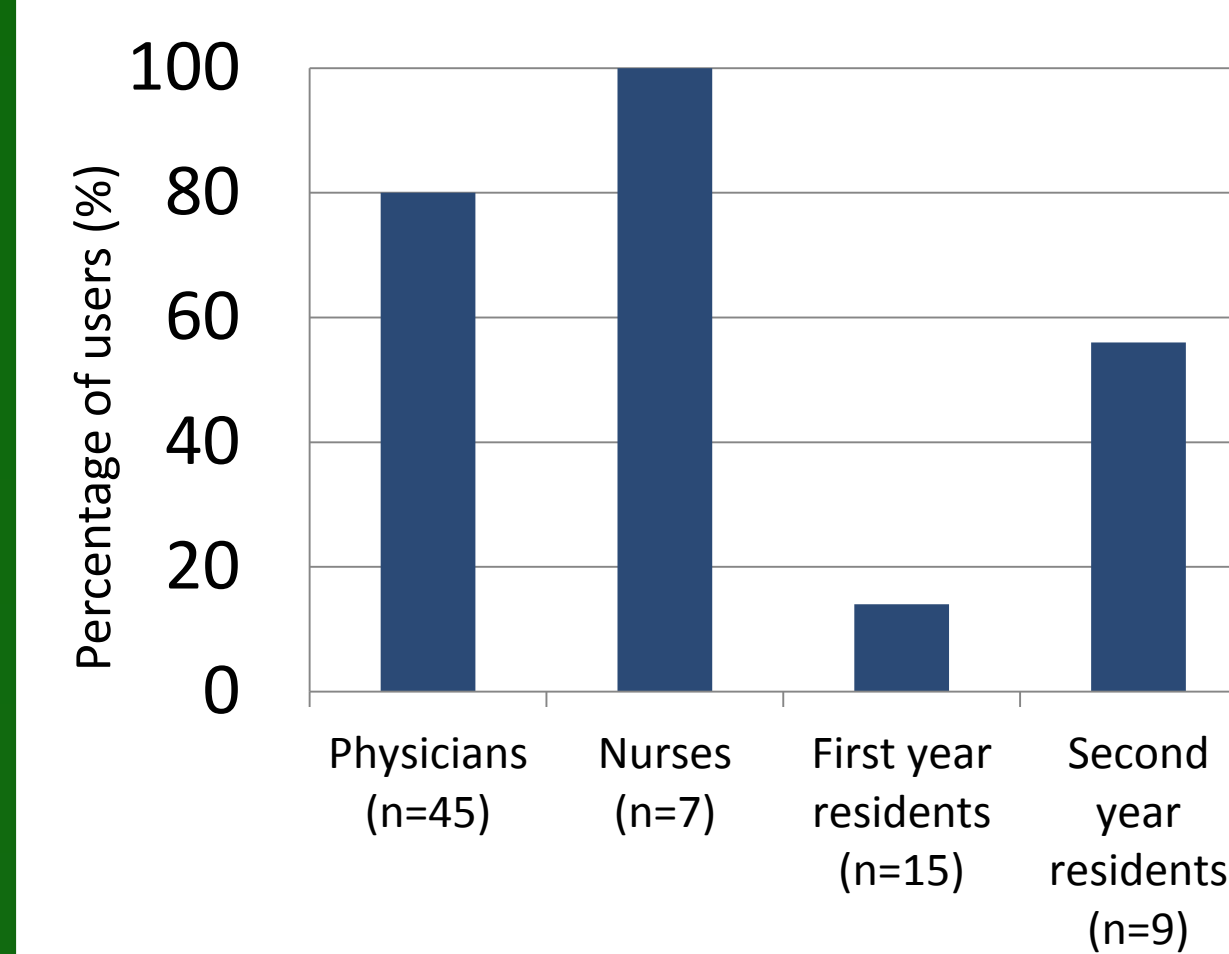
#### DRUG SAMPLE AVAILABILITY

- Users found their first intention drug : 41 %
- Users provided the drug sample even though it was not their first choice : 59 %

#### PRACTICES WHEN PROVIDING DRUG SAMPLES

- Referral to the community pharmacist : 26 %
- Provided written information about the product : 32 %
- Drug sample was accompanied by a prescription : 90 %

#### PERSONAL USE OF DRUG SAMPLES



**70 % of users occasionally kept drug samples for their personal use**

## 3. METHODS

**DESIGN :** Descriptive cross-sectional study

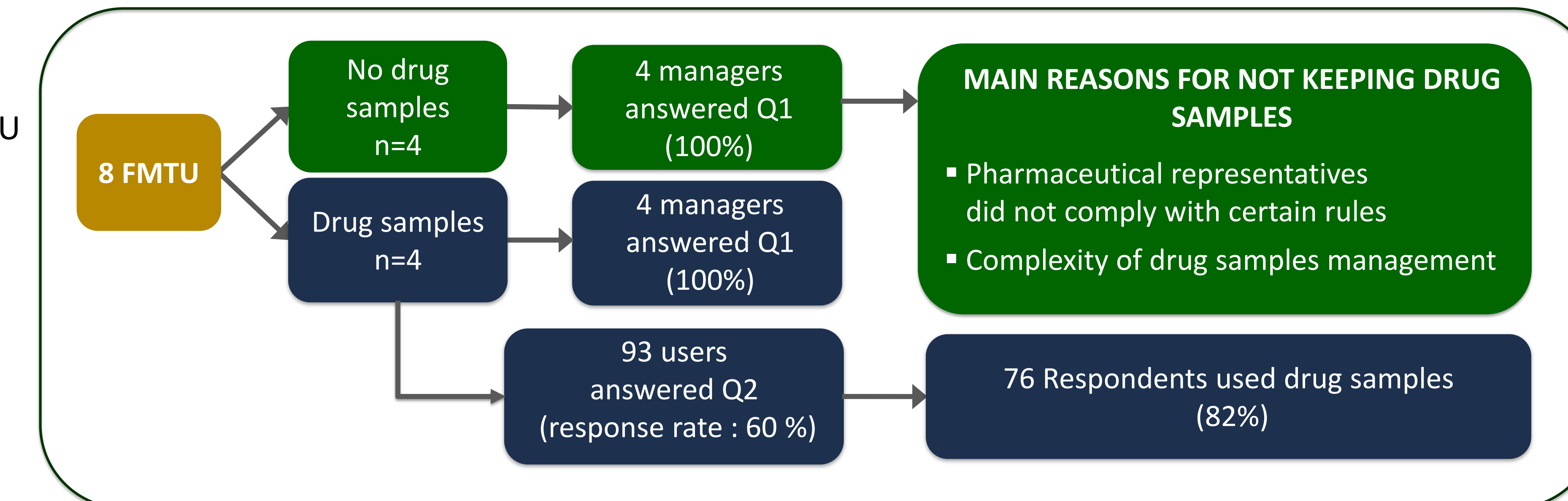
**PARTICIPANTS :** 8 FMTU affiliated to the Université de Sherbrooke

**Manager:** Person responsible for drug samples management or the FMTU director when the FMTU did not have drug samples.

**User :** Physician, family medicine resident, nurse or pharmacist working in a FMTU that keeps drug samples.

**INSTRUMENTS :**

- Self-administered questionnaire (Q1) completed by managers
- Self-administered questionnaire (Q2) completed by users
- Descriptive statistic analysis (SPSS)



### MANAGEMENT OF DRUG SAMPLES (n = 4 FMTU with drug samples)

#### STORAGE SPACES

- Shared storage spaces in 4 FMTU and also in the medical office in 2 FMTU.
- Limited or controlled access** by locked door or cabinet in 3 of the 4 FMTU.

#### INVENTORY

- Three FMTU did visual inventories. **No inventory was done in 1 FMTU.**
- Frequency varies from once a week to once per three months.

#### RESPONSIBILITY?

- 2 nurses
- 1 pharmacy technician
- 1 member of the support staff**

#### EXPIRED DRUG SAMPLES

- Expiry dates were verified :
  - Once per month in 3 FMTU
  - Once per three months in 1 FMTU
- Expired drugs were :
  - Returned to the central pharmacy in 3 FMTU
  - Sent to a humanitarian organization in 1 FMTU

#### ACCESS TO STORAGE SPACE?

- Physicians, residents and nurses in all FMTU
- Pharmacists in 1 FMTU
- Pharmaceutical representatives in 2 FMTU**

### EXISTENCE OF LOCAL POLICIES

	FMTU	Health and social services centre
FMTU with drug samples (n=4)	0	1
FMTU without drug samples (n=4)	0	2

Manager was not aware of the existing policy

- 13 % of drug sample users believed the FMTU had a policy
- 58 % didn't know if the FMTU had one or not

- 70 % of users are in favor of a policy regarding drug sample management practices

## 5. CONCLUSION

- The majority of healthcare providers used drug samples when available, for clinical reasons.
- Availability of drug samples seems to influence prescribing patterns.
- Practices when providing drug samples to a patient were suboptimal.
- Drug samples management raises issues regarding the safety and the influence of pharmaceutical representatives who accessed the drug sample storages.
- Lack of central and local policies regarding the optimal management of drug samples in FMTU needs to be addressed.

## 6. NEXT STEPS

- To compile data among the 42 FMTU of the Province of Quebec.
- To analyse the content of drug sample cabinets in FMTU.
- To summarize existing written policies.
- To develop guidelines regarding drug sample management practices in collaboration with the *Collège des médecins du Québec*

## 7. ACKNOWLEDGEMENT

- Practice-Based Research Network of the University de Sherbrooke and Réseau-1 Québec
- Research and Education Foundation of the College of Family Physicians of Canada
- Fonds de recherche, d'innovation et de promotion du savoir of the Université de Sherbrooke
- Dr Martin Fortin & Chaire de recherche sur les maladies chroniques en soins de première ligne
- Members of the participating FMTU.

## 8. REFERENCES

- Anderson et al. Factors associated with physicians' reliance on pharmaceutical sales representatives. *Acad Med.* 2009 Aug;84(8):994-1002.
- Boltri JM1, Gordon ER, Vogel RL. Effect of antihypertensive samples on physician prescribing patterns. *Fam Med.* 2002 Nov-Dec;34(10):729-31.
- Chew et al. A physician survey of the effect of drug sample availability on physicians' behavior. *J Gen Intern Med.* 2000 Jul;15(7):478-83.

## 9. CONTACT

Andréa Lessard, MD MSc, CSSS de Chicoutimi, (418) 541-1088 andrea.lessard@usherbrooke.ca