

Preliminary Report

Generic Names or Trade Names? Prescribing Practices of Junior Doctors

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Kuwait Medical Journal 2001, 33 (2): 153-155

ABSTRACT

Objective: To ascertain the prescription patterns of junior doctors with relevance to the use of trade names and generic names and to assess their ability to identify and link trade names with their generic equivalents.

Setting: The in-patient records of a large general hospital in Kuwait.

Methods: A total of 100 randomly picked in-patient prescription records were analyzed for the use of trade or generic names. Ten prescribing junior-grade physicians were given questionnaires to assess their abilities to both identify a drug name as either trade or generic and to link

the trade names with their generic equivalents.

Results: A total of 86% of the prescriptions were written by their trade names. From among the common drugs used, junior doctors correctly identified 94% as either the trade or generic name. The junior doctors were able to write the generic names for only 47% of the trade names listed.

Conclusion: This study indicates that junior doctors use trade names in their prescriptions as a matter of habit and they were unable to link the trade names to their generic equivalents. Hence, a policy of using generic names only is suggested to improve prescribing habits.

KEYWORDS: drug name, universal non-proprietary names

INTRODUCTION

The appropriateness of using trade names versus generic names is an ongoing debate^[1]. Recent efforts are directed towards adopting universal non-proprietary names and using them exclusively^[2]. While both have their advantages, it is important to tailor a policy relevant to our local situation in Kuwait.

MATERIALS AND METHODS

The prescription charts of 100 patients who were admitted to Mubarak Al Kabeer Hospital were picked at random and the names of the drugs prescribed were noted. No other information was noted. The data was studied to see whether the drugs were prescribed using trade names or generic names.

A questionnaire was then given to 10 junior doctors to be answered anonymously. The questionnaire contained a list of 12 drugs (Lasix, Ioptin, Zantac, Tenormin, Adalat, Fortum, Flagyl, Ventorlin, Epanutin, Warfarin, Aspirin, Daonil), seven of which were within the 10 most commonly prescribed drugs and all were within the 25 most commonly prescribed drugs as identified by this study. The junior doctors were requested to identify the name of the drug as either a trade name or a generic name and, if it was a trade name, they were asked to write its generic equivalent.

The data obtained was analyzed to identify the familiarity of the junior doctors in identifying names of drugs and linking them with their generic equivalents.

RESULTS

A total of 784 prescriptions, involving 224 individual drugs, were written for 100 patients, excluding intravenous fluids. Of these 784 prescriptions, 669 (85%) used the trade name for the drug prescribed while the generic name was used in 115 (15%) cases. In the trade name group, 181 individual drugs were prescribed. In the generic name group, 43 individual drugs were prescribed. Ten trade names had five common generic components and a further 17 trade names had drug combinations in their formulation.

The junior doctors were able to identify 94% (113/120) of the drug names from the list given to them as either a trade name or generic name. They also linked 47% of the trade names in the list with their generic equivalent.

DISCUSSION

Trade or generic names are used for a variety of reasons. Factors such as bio-availability, bio-equivalence and their implications in clinical therapeutic efficacy have been cited^[3]. It is the responsibility of the clinician to identify which

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product has the best features. Some drug combinations, such as multivitamins, are best prescribed by their trade names. Generic names are undoubtedly difficult to remember, especially for the patients^[4]. It has been suggested that the system of naming generics should be organized internationally^[5].

The use of trade names has its own problems. Similar sounding trade names could cause confusion, life-threatening situations^[6] or even death. Further, trade names could be unique to the countries in which they are sold, further causing uncertainty among the patients who are away from their home countries.

Generic prescriptions are ideal in theory and the prescriptions would have uniformity across varying situations. It is recognized, however, that the same generic formulations produced by different manufacturers have differing bio-equivalence^[7, 8]. It is possible that the prescribing clinician may not have complete information about the specific generic formulation issued at the dispensing outlet. This could adversely affect the therapeutic efficacy of the prescription.

At medical schools all over the world, students are taught only the generic names of drugs and it would be anticipated that a junior doctor's prescription would consist predominantly of drug names in their generic version. As the trainees gain experience, they begin to prescribe by trade names perhaps based on the understanding of the therapeutic characteristics of specific trade formulations, as a legacy of their trainers or even as a result of the influence of the high pressure selling strategies of pharmaceutical manufacturers.

This study has shown that the vast majority of prescriptions were written by using trade names. Only a small fraction were drug combinations and an even smaller fraction where the same generic drug was prescribed by using differing trade names. On an initial cursory glance this may seem to be acceptable.

The junior doctors, however, were able to recognize the generic names for only 47% of the trade names from the list of the most common drugs used in their hospital. This suggests that the concept of difference in the bio-equivalence and other therapeutic characteristics were not considered by the junior doctors and that the prescriptions were, perhaps, a matter of habit.

Within an institutional situation, the advantages of dispensing trade formulations or an equally potent generics is best left to the senior clinicians and clinical pharmacologists. The prescribing physicians, in general, are then free to use generic names for their prescriptions with the pharmacy providing the appropriate product whether from a

trade or generic formulation. Drug substitutions, in controlled situations, are not an unusual practice and concerns about these are being addressed^[9, 10]. While therapeutic substitution needs to be opposed, generic substitution and formulary restriction will be acceptable practice if it is controlled by clinicians. Cost considerations could be profound irrespective of whether trade or generic names are used, depending on the supplier and purchaser's economic situation^[11]. Within an institution, the responsibility of making such difficult choices should not be the task of individual physicians, especially those in the training grades.

This is a preliminary and brief study of the prescribing patterns as assessed by the drug names in Kuwait. The prescriber status was not assessed. The appropriateness of prescriptions, inputs from pharmacy, dosing and many other related issues were not considered. Many assumptions and generalizations are presumed and they need to be defined. Hence further studies are warranted to analyze the rationale of prescriptions and to settle the issue of the use of proprietary or non-proprietary names.

CONCLUSION

This study shows that most prescriptions are written by their trade names. It will be reasonable to assume that junior doctors write most prescriptions in an institution. This study also shows that junior doctors are probably prescribing the drugs by their trade names as a matter of habit, and they are mostly unable to link the trade name with the generic equivalent. This is not a satisfactory practice either from an academic or clinical point of view. While the prescribing physician has the right to decide which drug to use for any given situation, in an institutional context this right does not necessarily extend to the choice of a brand name. Therefore, the use of generic names in prescriptions should be actively encouraged, if not made mandatory, within institutional practice. This is not an impossible goal to achieve as it has been shown that education by clinical pharmacists increases generic prescribing^[12]. The actual product stocked and issued against such a prescription, whether trade or generic, should be the decision of senior clinicians with experience and interest in the subject.

ACKNOWLEDGEMENTS

We thank Dr. Mousa Khourshed FRCS Edin., Consultant Surgeon, Mubarak Al Kabeer Hospital for his critical comments.

We gratefully acknowledge the cooperation of the ten junior doctors at Mubarak Al Kabeer Hospital.

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