Strategy to better protect public health by strengthening and rationalising EU pharmacovigilance: Public Consultation on legislative proposals

Comments from Prof DK Theo Raynor

Thank you for the opportunity to respond to these proposals. I am writing in my capacity as Professor of Pharmacy Practice at the University of Leeds, UK. I need also to acknowledge my role as Executive Chairman of "LUTO Research Limited" www.luto.co.uk, which provides a leaflet testing service to the pharmaceutical industry and is a spin-out company of the University of Leeds.

Our research team's work at the University has focused over the past decade on written medicines information for patients, notably the impact of EU legislation and, in particular, the best methods of presenting the risk of side-effects to patients[1]. This culminated last year in the publication of a systematic review of the research evidence for the UK Department of Health[2].

My comments, therefore, focus on those aspects of the strategy which relate to information provided directly to patients, particularly as part of the package leaflet.

3.2.6 Simplify and make proportional reporting of single serious adverse drug reaction case reports

Make clear the legal basis for patients to report suspected adverse drug reactions:

- *Patient adverse reaction reporting forms to be part of the patient information leaflet for intensively monitored drugs, with reports going to the marketing authorisation holder,*
- *For all other drugs reporting via websites directly to the national authority.*

Increasing the accessibility of adverse reaction reporting forms for patients is fully supported. However, a full reporting form "*to be part of the patient information leaflet*" would present considerable difficulties. One of the biggest current barriers to providing readable patient leaflets is the limited space available - with the tension between print size and the amount of information that can be included. Making the reporting form a part of the patient information leaflet would dramatically increase the amount of information overall, and as a consequence impede the readability of both the original medicine information and the reporting form. Overall, I predict that such a change would be detrimental to patient care.

My recommendation is that the reporting form is **not** made part of the package leaflet, but that a prominent statement is included in the leaflet directing the patient to where they can access a reporting form. This would mean that, for both intensively monitored and other drugs, there would be a prominent statement on the leaflet noting that these reporting forms are available via a web address or from health professionals.

I support the inclusion of a statement on the outer packaging of intensively monitored products. However, to increase readability I would recommend a revision of the wording given (see below).

3.2.9 Clearer safety warnings in product information to improve the safe use of medicines

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[1] Berry, D.C.; Knapp, P.R.; Raynor, D.K., *Provision of information about drug side-effects to patients* **The Lancet**, 359, pp.853-854, 2002

[2] Raynor, D.K.; Blenkinsopp, A.; Knapp, P.R. et al. *A systematic review of quantitative and qualitative research on the role and effectiveness of written information available to patients about individual medicines* **Health Technology Assessment**, 11, pp.1-177, 2007

To allow patients to rapidly identify key messages, introduce a new section in the summary of product characteristics and the patient information leaflet on key safety information with a transitional phase of 5 years (i.e. update the product information at the time of the next renewal or the next major variation).

I support the inclusion of a new section on "key safety information". We know from our research that not all patients will read all of the leaflet. The introduction of this summary at the beginning of the leaflet will benefit those patients. I contributed to the publication "Always read the leaflet"[3], in which the concept of "Headline information" was proposed. There are a number of issues related to such information which were referred to in that publication. These issues need to be addressed to ensure that this development is not detrimental to patients in general.

1. The key safety information should be placed at the beginning of the leaflet. This will maximise its readability and make it more likely to be seen and read. The currently proposed position is after the therapeutic indications (Section1: "What X is and what it is for"), and hence before the precautions and contra-indications ("Section 2: Before you take X"). This will disrupt the flow of reading for those who wish to read the whole leaflet, and another reason why it should be placed at the beginning of the leaflet.
2. **It is very important that any safety information is not put into a box with a black border. There is ample research evidence from the information design domain that some readers skip over information in boxes. This means it is actually less likely to be read, rather than more likely to be read. My recommendation is that some other form of emphasis is employed, such as the bolding of the text, with a slightly bigger type face** (as here).
3. The number of key safety messages should have a limit. The more safety messages there are, the less impact this information will have and so there is a balance to be struck. A maximum of 6 is suggested (noting that, in contrast, in some cases there may be no key safety messages).
4. The information should always include what the medicine is for. This is always a key piece of information for the patient. Also, starting with this point will be a good way of introducing the section, and balancing the list of largely 'negative' points of information which will follow.
5. Each piece of information should be presented as a bullet point. This will increase the readability of this series of quite different pieces of information. In addition, it will help the information to stand out.

General recommendations about wording

It is, of course, important that the wording recommended in the strategy is based on good practice for maximising readability. I recommend the following wording:

Outer packaging

Original:

- *"All suspected adverse reactions should be reported (see leaflet for details)"*

Proposed revision:

- ***Please report any side effects that might be caused by this medicine. See the leaflet inside for how to send a report.***

[3] MHRA. Always read the leaflet. London; The Stationary Office, 2005.

Package Leaflet

Original

- *This medicinal product is under intensive monitoring. All suspected adverse reactions should be reported to [market authorisation holder] in the Member State where the marketing authorisation holder will receive suspected adverse reaction reports".*
- *Key safety information about the medicinal products and how to minimise risks.*

Proposed revision

- ***This medicine is being closely watched for safety. Please report any side effects that might be caused by this medicine. You can do this by ……***
- ***Important things that you need to know about X***

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