*Anti-Cancer Drugs 1996*, **7**, pp. 133–134

## Conference report

# Third European Workshop on Drug Information, Helsinki, Finland, 14–16 June 1995

The Third European Workshop on Drug Information was held in Helsinki, Finland in June. The main theme of the workshop was risk assessment and risk communication, and it was organized in co-operation with ESCP Drug Information Special Interest Group, The Finnish Society of Clinical Pharmacy and the Finnish Centre for Continuing Pharmaceutical Education. The workshop gathered 300 participants from 26 different countries.

Drug therapy is always associated with certain risk and the goal of rational therapy is to maximize the benefits and minimize the risks. Drug information is playing a key role in assuring the desired outcome of drug therapy and good risk communication is an integral part of drug information. These topics together with general drug information themes as well as developments in the information field were discussed during the workshop in plenary lectures, workshops, short communications and poster session.

At the plenary session professor David H. Lawson from the Department of Clinical Pharmacology, Glasgow Royal Infirmary, gave an outlook on the subject of 'Risk assessment of medicines' on all stages of the medicine's life span. In particular, the emphasis of his presentation was on the post marketing surveillance of medicines and on the different methods in gathering information about risks and adverse effects of medicines. Standard spontaneous reporting of adverse drug reactions seems to be the main source of information, but we should also be able to gain much greater depth of knowledge of the risks with more sophisticated methods. Formalized studies of cohort recipients of new medicines have gained ground and the advent of record linkage will improve our ability to assess medication risks. However, observational studies are prone to misinterpretations and must be subject to rigorous analyses, Professor Lawson concluded.

Dr Louis A Morris, from the Food and Drug Administration, USA, discussed in his lecture 'The communication about risks of medicines'. An important issue in the communication of risks to patients is how to balance the patient's needs to be informed so that they can become more responsible for their care and the health professionals need to provide supportive treatment without unduly frightening the patient. Patients must be met in different ways depending whether they are at so-called pre-patient phase, initiating a treatment or maintaining a therapy. The content and methods of drug information as well as direct-to-patient advertising must be different in these patient phases. Communication is a process where patients beliefs and knowledge must be understood to play an important role too.

Professor Per Lundborg from Astra Hässle Ab, Sweden, gave us a drug manufacturer's view on risk communication in his lecture 'Drug industry, ADR's and the public.' He discussed the content of public drug information, e.g. the language that is used in PPIs must be such, that the patient truly understands the information. He also gave examples how drug industry has dealt with health authorities, the public and the media in a case of sudden and unexpected drug events. He supported open policy and active information role for the manufacturers when possible medication hazards have been suspected.

The last lecture at the plenary session was given by Dr Henk Buurma from Apotheek Stevenshof, The Netherlands, under the title 'Developments in informing consumers about prescription drugs'. He discussed the increase in direct-to-consumer (DTC) advertising as a means to indirectly influence doctors' prescribing. Non-biased drug information direct to patients must be seen as an effective counter force balancing the DTC advertising. The pharmacists who have direct contact with patients should take an active role in this patient information he said.

At the four short communication sessions of the workshop we heard altogether 18 presentations in the field of drug information. The presentations of the first session dealt with the cost-effectiveness and quality assurance of drug therapies, patient education, and information services. The second concentrated on drug information centers and information systems, and there were descriptions of DIC activities and information systems. At the third session

'Adverse drug reactions and risk assessment' the themes were most closely related with the main title of the workshop. We heard examples of ADR-reporting systems and interaction controlling, a case of risk assessment and a study of patient risk perceptions. The fourth short communication session dealt with drug information to patients and health care professionals. The presentations covered hospital patient information and education as well as evaluation of written information to professionals in the form of bulletins and handbooks.

At the poster session there were altogether 30 posters covering the economic aspects of drug therapy, drug information to patients and health care professionals, cases of special risk situations and risk communication, the activities of DICs, and other information themes. The poster prize, which was a free participation to the 24th European Symposium on Clinical Pharmacy in Prague, was awarded to G Lööf and A Stjerna from Hälarsjukhuset, Eskilstuna, Sweden for their poster 'How to convey information to general practitioners about workshop recommendations from medical products agency—is collaboration between pharmacist and specialist physician a good model?'.

The workshop contained also five parallel workshops: I, Informing patients about ADRs; II, The role of DICs in risk communication; III, Drug advertisement and the public; IV, Technological advances in DICs; and V, Informing professionals about medication hazards. All the workshops attracted a lot of participants and there were fruitful discussions about the topics. The workshop reports and recommendations were presented and discussed at the final session of the meeting. As a general summary from the workshops it can be concluded that although drug information services, and especially risk communication as a part of information, are not uniformly organized and information disseminated in different countries, the balance between treatment supportive information and risk information must be established. In the same way the balance between commercial information and independent drug information must be established. Patients must be able to get the information primarily from their local health care professionals and the role of drug information centers as well as the role of drug industry is to support these professionals with all the information they possess. The use of new technologies, e.g. computers and information networks, must be enhanced in gathering of information and in disseminating of information.

The next European Workshop of Drug Information will be held in Amsterdam in May 1997 under the title of 'Disseminating drug information'.

Kari Wallenius