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LETTER TO THE EDITOR

Comment on: Prescribing of Rosiglitazone and Pioglitazone Following Safety Signals Analysis of Trends in Dispensing Patterns in The Netherlands from 1998 to 2008

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Dear Editor,

I read with interest the article by Ruiter et al. [1]. I must say that I found it odd that the results of this study differ from those of other studies in European regions in terms of the use of glitazones [2]. Other European studies have found that rosiglitazone was still used more than pioglitazone in early 2008, despite cardiovascular safety warnings, while this study results were shown differently.

In figure 2 of the study by Ruiter et al. [1], a sharp drop in the data series in mid 2007 caught my attention. At that point, a strong diminution in the use of all glitazones can be seen, especially for rosiglitazone, which falls more than 50 %. Before that point, rosiglitazone was being used more than pioglitazone; afterwards, it was the opposite.

That led me to suspect that, on that date, an intervention other than the safety warning may have occurred, perhaps some kind of administrative measure regarding the prescription of glitazones. For example, Carracedo-Martínez et al. [3] found that no decrease in the use of piroxicam was observed after a health safety warning; however, the month after mandatory prior authorization for piroxicam was introduced (6 months after the safety warning), its use declined sharply (more than 95 %). According to prior authorization rules, the medicine would not be reimbursed for a certain patient if it was not authorized by a health authority, which would only authorize treatment with such medicine if certain prerequisites were met.

Indeed, after searching, I found that, in the Netherlands, from 1 July 2007, a measure similar to prior authorization was implemented regarding the prescription of glitazones, and health insurers would be more stringent [4]. The use of glitazones by patients with diabetes who do not meet certain conditions according to health insurance regulations would no longer be reimbursed [4].

Ruiter et al. [1] make no mention of this change in the administrative status of glitazone prescriptions that took place in July 2007. It is neither included in the study design nor mentioned in the discussion. In particular, some safety warnings that were released near July 2007 have proved statistically significant in the study.

Ruiter et al. [1] conclude that, in their study, it was difficult to disentangle the effect of Direct Healthcare Professional Communications and European Medicines Agency press releases from the effect of reports published in the literature. I believe that not only that, but also changes in the administrative status of medicines (for instance, if a medicine goes from normal prescription to prescription requiring prior authorization, or if health insurance for a particular medicine changes) should also be taken into account. The fact that, according to figure 2, the strongest diminution by far in the use of glitazones takes place just after such a change in their administrative status in July 2007 [4] is very suggestive.

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