

demonstrate product value beyond traditional safety and efficacy parameters. We researched country-specific regulations on the use of health outcomes data for product promotion and compared requirements/guidelines across countries.

METHODS: We reviewed regulatory documents governing the promotion of medicines and code of practice documents on the enforcement of promotion guidelines. Country-specific examples of promotional material were collected via journal publications, electronic search and through contact with the pharmaceutical manufacturer.

RESULTS: Regulations from 15 countries and five regions (North America, Europe, Eastern Europe, Asia and Latin America) were collected. The major distinctions between countries are specific guidelines on the use of health outcomes data, the ability to use qualified data without prior approval, the level of substantiation required for promotional use and direct-to-consumer advertising.

CONCLUSIONS: Regulations regarding the use of health outcomes data for product promotion are often combined with safety and efficacy guidelines. There is, however, movement within regulatory bodies to specifically address the use of health outcomes data. Understanding the regulation and use of health outcomes data for promotional purposes is useful for global pharmaceutical companies in developing a comprehensive campaign to demonstrate product value.

PHPII

A DESCRIPTION OF DISCARDED PRESCRIPTION DRUGS

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Health care costs continue to escalate. Prescription medications are a large contributor to both the cost and waste of resources.

OBJECTIVES: This study investigated the number and type of prescription drugs discarded by a nursing home.

METHODS: Nursing records of prescription drugs discarded throughout fiscal year 2001 were analyzed. This pilot study of one long-term, 143 bed nursing home in a Southeastern state gives a descriptive baseline and estimate of destroyed prescriptions. The number of drugs and associated patients, prescription names, and reasons for destruction were categorized and analyzed. To enable analysis, a systematic categorization of drugs was created.

RESULTS: Over an eleven-month period, there were 2220 prescribed drugs discarded on 227 patients. Most of the patients (74%) in this study had between one and eight of their prescribed drugs destroyed during this time period. However, 27 patients (14%) had between 20 and 48 prescribed drugs discarded during this same time period. Discarded drugs were most often for medical condition categories of acute illness (17%), cardio-vascular (17%), daily needs such as nutritional support (16%),

chronic illness (13%), and mental health (11%). The most common reasons for destruction were medication discontinued (51%) and patient expired (20%). This study substantiates that many prescribed drugs are discarded each month, and it is not uncommon for multiple discards per patient.

CONCLUSIONS: Nearly half (46%) of the prescribed drugs to nursing home residents are for long-term medical care and maintenance, such as cardio-vascular and other chronic illnesses and nutritional support and other personal hygiene. This study suggests that prescriptions should be initially filled for shorter periods of time to ensure patient compatibility and effectiveness. Also, it appears that it would be cost effective to have pharmacists dispense drugs from larger vials and to repackage already prescribed drugs.

PHPI2

CHANGING DRUG SELLER BEHAVIOR ON CHILD DIARRHEA MANAGEMENT: EFFECTIVENESS OF TRAINING PROGRAM AND IMPLICATIONS OF KNOWLEDGE-PRACTICE GAP

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OBJECTIVES: Lack of knowledge is often attributed to problematic practice by non-professional drug sellers. Most community pharmacies in Thailand are staffed by non-professionals who play dual roles of prescribing and dispensing. Training courses have been offered by government agencies attempting to improve quality of care by providing knowledge to drug sellers. This paper is part of a study to evaluate effects of multiple interventions on drug seller behavior. It aims to assess effects of training on knowledge and practice, and examine whether practice follows knowledge, using watery diarrhea in children under five as tracer condition.

METHODS: A control-intervention and pre-post design was used. Eight districts in Bangkok were selected and matched into four pairs. Districts in each pair were randomly assigned as control and intervention districts. Seventy-eight community pharmacies were selected randomly from the districts. A training program, emphasizing case management for diarrhea in children, was offered to pharmacy staffers in the intervention group. Knowledge was evaluated using open-ended questionnaire interviews. Dispensing practices were assessed by two simulated client surveys. The interviews and surveys were conducted twice—before and after training.

RESULTS: Pharmacies in both groups responded to the case with few questions and little advice. Dispensing of ORS only was found in 6.9 and 4.7% of the encounters before training for the control and intervention groups respectively. After the training, it was dispensed in 2.3% of the encounters in the control and 3.5% in the inter-