Average age of death of kin was between 75-85 years at the majority (53.5%) of the respondents. Self-estimation regarding length of life was mean 79.3 (SD 1.6) years for men and 80.3 (SD 10.1) for women, which is an overestimation of 8.2 and 1.6 years on the actual Hungarian statistical life-expectancy. The difference was greater for younger people (aged 550 years old), where 51.2% of respondents expected a decrease in HRQoL with age (0.77 at 60, 0.6 at 70; 0.34 at 80). For instance, mobility problems were expected by 34.1% of respondents at age 60 and by 92.5% at age 90, and mild or severe pain by 51.1% at age 60 and by 88.6% at age 90.

CONCLUSIONS: People in Hungary are optimistic about their life expectancy, especially males and younger age groups. A decrease of HRQoL with age is expected but its gradient and severity differs by health dimensions.

HEALTH CARE USE & POLICY STUDIES – Regulation of Health Care Sector

EVALUATING PHARMACEUTICAL MARKETING TOOLS IMPLEMENTED BY THE COMPANIES, OBSERVED AND EXPERIENCED BY PHYSICIANS IN HUNGARY

Masood I, Ibrahim MIM, Hassali MAA, Ahmad M U

Objective: To identify and document various marketing tools commonly used by the pharmaceutical companies in Hungarian hospitals. Methods: Cross-sectional study, using structured questionnaires to interview the respondents. A representative sample (250 each) of physicians and medical representatives was taken in 4 major cities of Punjab and Balochistan, by adopting convenient sampling technique. All the data were analyzed by using SPSS version 13. Results: According to the main results, printed materials (99.6% n= 246), drug samples (98.4% n= 243) and giveaways (87.77% n= 215) are commonly practiced promotional tools. Other tools also use some special tools including workshops (54.3% n= 134; p<0.001), banners and stalls in conferences (31.6% n= 78) free medical camps (87.9% n= 217), international excursions (40.9% n= 101; p<0.001) and national excursions (53.8% n= 133). Representatives also practice tools, not directed/ sponsored by their companies like network building (48.8% n= 120; p<0.001), pre OP visits (38.1% n= 94; p=0.004), oblige attendants (48.6% n= 120; p<0.0001), offer free meals (25.9% n= 64; p<0.001). Few companies don’t allow them to do such practices (6.5% n= 16; p=0.001). Majority of the doctors received drug samples 95.2% (n= 238; p<0.35). Besides samples, doctors have been offered or received gifts/incentives from minor diagnostic tools (tongue depressor; 53.2% n= 133) to very expensive exclusive personal gifts (55.2% n= 138; p<0.065). More than half of the doctors (53.2%, n= 133) are using industry gifted diagnostic tools, i.e. stethoscope (48.8% n= 122), thermometer (31.2% n= 78), weighing scale (23.2% n= 58), sphygmomanometer 37.2% (n= 93) and disposable tongue depressor (53.2% n= 133). Physicians also received prescription based incentive offers (74.0%; n=185) out of which (24.8% n= 62) offers were accepted and (15.2% n=38) did not responded about the acceptance. The mainly offered prescription based incentives were per-pack percentage (24.0% n=60; p=0.001), direct cash (22.4% n=56; p=0.017), personal gifts (26.8% n=67; p=0.066), home appliances (5.6% n=14) and funds for clinic/offices (8.0% n=20; p=0.021). Conclusions: Results reflect that printed promotional material, drug samples, giveaways, workshops, prescription incentives and free medical camps are among the promotional tools, most commonly used by the pharmaceutical companies in Pakistan.