

Generic prescribing — a change of habit

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SUMMARY. A trainee and a trainer in general practice each copied their prescriptions for one week. After a conscious effort to increase the extent of their general prescribing, this exercise was repeated. A considerable change in prescribing habit is demonstrated.

Introduction

GENERIC prescribing is an issue about which there has been much controversy. On the one hand there is evidence that considerable savings could be achieved by means of generic prescribing. For example, a recent study by Harris and his team¹ showed that even to prescribe generically six of the most commonly prescribed products could result in savings of £1,000 for each general practitioner per year. The six drugs were Mogadon (nitrazepam), Valium (diazepam), Inderal (propranolol), Aldomet (methyldopa), Lasix (frusemide) and Indocid (indomethacin). In times of financial stringency there would seem to be a strong argument in favour of widespread generic prescribing.

There are a number of problems with generic prescribing. Bioavailability² is a particular problem with a small number of drugs, such as digoxin, propranolol and thyroxine, which are nevertheless important and commonly prescribed. Another important problem is described by Wade:³ patients are no longer able to tell visually that the correct tablets have been prescribed and dispensed and he suggests that there should be a system for ensuring visual uniformity of the various alternative preparations. These are problems which will obviously require much thought and consultation before wholesale generic prescribing can be introduced.

Aims

While a general practitioner trainee, the author undertook an investigation of generic prescribing in his own practice. His aims were:

1. To ascertain the extent of his personal generic prescribing.
2. To compare this with a later period, after careful self-education and a conscious effort to alter prescribing habits.
3. To compare the prescribing habits of a general practitioner trainee and an established general practitioner.

Method

During the course of a week in October 1982, the author and his trainer made carbon copies of all new prescriptions written and noted the number of patients seen. All repeat prescriptions were excluded, whether or not the patient was seen. Armed with the results of the first week's study, both trainer and trainee began to read around the subject and to discuss the good and bad points of generic prescribing with other doctors. This increased our awareness of the subject and we then attempted to discover whether these changes in attitude had resulted in modified behaviour.

We then repeated the exercise during a week in December 1982. In each of the two one-week periods a similar number of patients were seen.

From the carbon copies of the prescription forms, it was possible to establish the number of patients for whom a new drug was prescribed, and the number of new prescriptions issued (these differ because some patients received more than one new drug); the number of prescriptions written generically; and the proportions of new prescriptions in various different classes.

It was found that some of the prescriptions such as oral contraceptives and compound preparations could not have been written generically. The number that could have been written generically was calculated. The prescriptions were broken down into eight classes in an attempt to show that the patients seen in each of the weeks under study were comparable.

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Results

Table 1 shows the prescriptions of both doctors for each week broken down into classes. These figures were compared using a chi-square test. No significant difference ($P>0.5$) in the distribution of drug classes between the weeks suggests that a similar spectrum of disease was seen.

The other results are given in Table 2. It can be seen that for both trainer and trainee there was a considerable increase in the percentage of prescriptions written generically.

As mentioned above, not all the prescriptions could have been written generically. When this fact is taken into account, the increase in generic prescribing is even greater. In the first week the trainee wrote 38.1 per cent of possible generic prescriptions generically; the proportion rose to 94.9 per cent in the second week. The corresponding rise for the trainer was from 48.4 per cent to 93.1 per cent.

Discussion

It is evident that complete generic prescribing is not possible because some drugs are simply not amenable to it. Even so, with careful thought about how we prescribe considerable changes in prescribing habits can be achieved. Although our report relates specifically to generic prescribing, it seems reasonable to assume that it also applies to other aspects of prescribing. It is also of interest to see that the changes in prescribing habit were similar for both a trainee and an established practitioner.

References

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Table 2. Details of patients seen and prescribing done by both doctors in the two one-week periods.

	Trainee		Trainer	
	Week 1	Week 2	Week 1	Week 2
Number of patients seen	102	100	134	119
Number of patients with new drugs prescribed	56	68	53	63
(Percentage of patients seen)	(54.9)	(68.0)	(39.6)	(52.9)
Number of new prescriptions	63	87	70	79
Number of prescriptions which could be written generically	42	59	43	72
(Percentage of new prescriptions)	(66.7)	(67.8)	(61.4)	(91.1)
New prescriptions which were written generically	16	56	21	67
(Percentage of new prescriptions)	(25.4)	(64.4)	(30.0)	(84.8)

Table 1. Number of prescriptions issued by trainer and trainee during the two one-week periods of the study. (Percentages in parentheses.)

	Trainee		Trainer	
	Week 1	Week 2	Week 1	Week 2
Antibiotics	28 (44.4)	35 (42.6)	21 (30.0)	32 (40.5)
Drugs acting on central nervous systems and psychotropics	1 (1.5)	3 (3.6)	5 (7.1)	8 (10.1)
Analgesics	9 (14.3)	10 (12.2)	7 (10.0)	12 (15.2)
Cough medicines	12 (19.0)	15 (18.3)	6 (8.6)	4 (5.1)
Oral contraceptives	0 (0.0)	3 (3.6)	2 (2.9)	1 (1.3)
Gastrointestinal drugs	1 (1.5)	4 (4.9)	10 (14.2)	11 (13.9)
Cardiovascular drugs	1 (1.5)	2 (2.4)	1 (1.5)	2 (2.5)
Other drugs	11 (17.5)	10 (12.2)	18 (25.7)	9 (11.4)
Total	63	82	70	79