

Promoting sugar-free medicines: parents' views

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SUMMARY

Background. A long-standing concern among dental health professionals has been about the harmful effects of sugared medicines on teeth, especially in children who regularly take such medications.

Aim. To investigate parental attitudes, perceptions, and motivations to sugar-free medicines so that an effective promotional campaign could be mounted.

Method. A qualitative, focus group approach was used to gather data.

Results. These show the dominant influence of the doctor over the patient/parent, and the bearing this has on the prescribing of sugar-free medicines.

Conclusion. This study highlights the scope for sugar-free medicine promotion for prescribed and over-the-counter products, and the polarizing of attitudes to the use of sugar-free medicines based on social class.

Keywords: medicines; attitudes; sugar; dental diseases.

Introduction

DENTAL health professionals have long been concerned about the harmful effects on teeth of sugared medicines.¹ A regular intake of sugar greatly increases the risk of dental caries. The sugar contained in medicines is just as harmful to teeth as sugar in sweets. Children who take regular medication are therefore particularly at risk from sugared medicines, for it is the frequency of sugar intake that is harmful, not the actual amount.

In spite of adequate alternatives to medicines sweetened with sugar, their substitution has been slow.² It has been left to individual campaigns to encourage the switch from sugared medicines to those sweetened by other means.³

In the north-east of England, medicines sweetened with sugar still predominate; in a recent study, 59% of liquid oral medicines prescribed for long-term use were sugar based.⁴ When trying to promote the use of sugar-free medicines, most attention has been focused on the supply side: manufacturers and prescribers. Although these groups have important roles to play, another key group exists on the consumer side: parents. Parents are an obvious group to involve in increasing the use of sugar-free medicines among children.

This study was designed to uncover the attitudes and perceptions of, and the motivation for, using sugar-free medicines as perceived by parents in the north-east of England.

Method

Because the research had to explore parents' attitudes, percep-

tions, and motivations, a qualitative focus group method was used.⁵ This technique allows for a free, intimate, and informal discussion to take place between six to eight members of the public. Each group is moderated by a highly experienced researcher allowing respondents to discuss issues free from, for example, observer bias or interference. Qualitative methods are increasingly being used in medical and dental research.^{6,7}

Forty-two parents of children aged 12 years and under were interviewed in six groups in the north-east of England (Newcastle upon Tyne and Jarrow). Two of the groups comprised parents of children who had a chronic medical condition needing regular prescribed liquid oral medicines, because they might be at greater risk if using sugared preparations. The participants in the groups were stratified by socio-economic grouping and the age of their child. The sample was biased towards mothers, as previous research has indicated that they are more likely to be involved in issues concerning the health of their child.⁸ Details of the sample are shown in Table 1. Respondents were recruited on a door-to-door basis by recruitment consultants according to the code of conduct of the Market Research Society. The focus group discussions lasted approximately one and a half hours, and all respondents were offered a fixed monetary incentive for attending (£10). All discussions were tape recorded with the respondents' permission.

Results

Requesting sugar-free medicines from a general practitioner (GP)

Patients rarely asked for a specific prescription, although middle class parents were less inhibited. Doctors were held in high esteem by most of the subjects who perceived them to be highly qualified and busy professionals. This creates a barrier to, for example, asking questions or requesting certain treatments. Working class mothers found it the most difficult to enter into a dialogue with their doctors as they often felt intimidated and inferior. Middle class mothers, however, felt they were more likely to be treated as equals by their doctors and so were more inclined to ask questions and request certain courses of treatment. Nevertheless, even these parents had reservations about requesting certain treatments. When it comes to sugar-free medicines, most subjects leave the decision as to what is prescribed to the doctor.

By contrast, two groups of mothers emerged who would be assertive with their doctors. First, parents of children with chronic conditions were in frequent contact with doctors, and were generally knowledgeable about their child's condition and felt comfortable about talking to their doctor on relatively equal terms. A few had experienced problems with their children's teeth because of their medication, and consequently made sure that any medicines they received were sugar-free, including any prescribed by their doctor. In contrast to other parents, most parents of children with chronic conditions would ask their doctors to prescribe sugar-free medicines. Secondly, although few in number, parents who had had bad experiences with doctors and had been on the receiving end of their mistakes did not hold them in the same awe as other parents.

Over-the-counter purchases from retail outlets

Once the influence of the GP was removed, a much more com-

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Table 1. Composition of focus group discussions by age of child, sex, socio-economic grouping, and location.

Group	Age (years)	Sex	SEG ^a	Location
1	0-3	Female	ABC1	Newcastle
2	4-7	Mixed	C2DE	Newcastle
3	8-12	Female	C2DE	Newcastle
4	0-3	Female	ABC1	Jarrow
5	4-7	Mixed	ABC1	Newcastle ^b
6	8-12	Female	C2DE	Jarrow ^b

^aSocio-economic group. ^bParents of children with chronic medical conditions.

plex picture of behaviour emerged in relation to sugar-free medicines. Most of the subjects bought their over-the-counter medicines in pharmacies. Pharmacists were an important source of advice and were seen to be more approachable than doctors. In terms of the use of sugar-free medicines in this context, three groups of parents emerged: frequent users, intermittent users, and non-users. Each group had different perceptions of the costs and benefits of using sugar-free medicines.

Frequent users. Parents of children who frequently used sugar-free medicines were aware of past media coverage about the damage caused to children's teeth by sugar, and felt that if sugar-free medicines limited this damage they were worthwhile. For these subjects, using sugar-free medicines was part of being a good parent. Parents of children with chronic medical conditions were often frequent users of sugar-free medicines.

Intermittent users. For intermittent users (the majority of parents), the use of sugar-free medicines was a matter of convenience. If both sugared and sugar-free were available side by side on the pharmacy shelf, they would probably opt for the sugar-free alternative, but they would not go out of their way to find it. Parents compared the amount of sugar in their child's diet resulting from medicines and the amount contributed by sweets, biscuits, and fizzy drinks, and they concluded that the harm caused by sugared medicines was almost negligible. In fact, most parents underestimated sugar consumption by their children; sugared medicines may be taken at particularly damaging times, such as immediately before bed. Parents prioritized the short-term benefits of medicines over the long-term effects. There was some concern on the part of a small number of parents that their children would notice a difference between standard and sugar-free medicines and that this might cause problems with compliance.

Non-users. These subjects would go out of their way to ensure that their child received sugared medicines. Such parents tended to be from more middle class backgrounds and were opposed to the artificial sweeteners contained in sugar-free medicines. Some of the parents claimed that their children were allergic to artificial sweeteners. Others were wary of artificial sweeteners, concerned by reports in the media that links between cancer and some sweeteners had not been ruled out.

Discussion

Three key issues have emerged: self-esteem and the doctor-patient relationship, choice of over-the-counter medicines, and opposition to sugar-free medicines among some parents.

Self-esteem and the doctor-patient relationship

From our study, it appears that, even in these enlightened times, the GP is still the dominant party in the doctor-patient relationship. This holds true for most, regardless of social class. However, when a parent has experienced a problem with the medical profession (for example, has suffered a medical mishap or mistake), this subservience disappears. Again, this holds true across the social classes. The findings of this study suggest that a patient's role in the decision-making process for prescribed medicines is very limited.

Choice of over-the-counter medicines

What scope is there for influencing the use of over-the-counter medicines? That seems to depend on the pattern of use of sugar-free medicines. Those parents who always use and never use sugar-free medicines seem few and set in their ways, but quantitative research is needed to substantiate this finding. The greatest opportunity to increase the use of sugar-free medicines is in the 'occasional use' group, for this is where the bulk of the population lies. Making this change, however, will involve a considerable effort on behalf of health promoters.

Opposition to sugar-free medicines

It is important that GPs know about this opposition if a campaign encouraging them to change their prescribing behaviour in favour of sugar-free medicines is established. Also, the children of this group may be at risk from dental caries because of a high sugar intake. General practitioners may want to satisfy themselves that these children are receiving appropriate oral health promotion.

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