The Transparency Fiches
A tool promoting evidence based drug information in Belgium

Christiaens T* and **, Elinck K*, Habraken H*, Verhamme K*, Soenen K*, Massonnet S***, Bogaert M**.

*Projekt Farmaka, **Belgian Center for Pharmacotherapeutic Information, ***Directorate-General Public Health Protection: Medicinal Products.

The Belgian Context

- 10.000.000 inhabitants, 35.000 physicians, 5000 public pharmacies
- open drug market: ± 2500 different drugs available and ± 3000 drug representatives
- limited access to practice-oriented evidence based information

Transparency Fiches (TF)

- Since eighties: comparing different drugs used for the same indication, sent to all physicians and pharmacists
  - authority based / consensus
  - very different formats
- Alternatives :
  - Doing systematic reviews for each item
  - Using existing EBM sources

Transparency Fiches

- 2003: new TF
  - collaboration BCFI/CBIP-Farmaka
  - evidence-based
  - standard research strategy and format

Predefined procedures and EBM-sources.

- As primary sources: RCT-based data in
  - Clinical Evidence, Cochrane Collaboration
  - International Society of Drug Bulletins-journals
  - journal clubs EBMJ, ACPJC, Minerva
  - last 5 years of 5 top medical journals (Arch Intern Med, BMJ, JAMA, Lancet, NEJM)
- Information is compared with national and international guidelines and experts opinion

Standard Structure

- Epidemiology and natural history
- Relevant end-points
- Non-pharmacological therapy
- Pharmacological therapy: comparison with placebo and inter-drug comparison
- Comparison of side-effects and prices
- Conclusion

Realisations/Plans

- Published: Migraine, Diabetes type 2, Alzheimer, Herpes Zoster

- In progress: Gout, Atrial Fibrillation

- Planned: Anxiety, Stable Angina Pectoris

  (3/year and one update/year)

- 32000 in French and 35000 in Dutch by post, electronic version on www.bcfi.be

Projects

- Making the information available for the *general public*, adapted to their needs, as a tool for communication with professionals

- Implementating the TF in *CME*, *physician-pharmacist meetings* and *academic detailing* projects

Problems

- Old drugs: no RCT's = no effect ???
- New drugs: many RCT's = better???
  - a lot of sponsored studies
  - selected study-designs and endpoints

➔ we feel "used":

lack of independent studies focusing on clinical questions that really matter

Problems

- Sometimes lack of critical appraisal/attitude in the Cochrane Collaboration and in Clinical Evidence
  - abstracts/ unpublished data accepted as "full" information
  - acceptance of unrelevant endpoints
  - no comment on statistical significant results without clinical relevance

Problems

- How "technical" is the EBM message for the average physician / pharmacist ?
  - Methodology of studies
  - Statistics
  - Presentation of results

Thank you!

thierry.christiaens@ugent.be