

# Generic Substitution: Do drug brands matter? A literature review of generic substitution and the possible negative consequences for the patient

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## Introduction

Generic substitution is a regular occurrence in the Primary health sector within New Zealand. It is often initiated due to PHARMAC guidelines on which drugs are subsidized by the government. Despite generic drugs being chemically identical to their brand-name counterparts patient perspectives and experience of the substitution vary. To illustrate this phenomena, meet Mr. Smith *Mr. Smith has been prescribed an antihypertensive, Cilazapril, for the last 10 years. Two weeks ago Mr. Smith had been changed from using Cilazapril-AFT to Zapril (a brand name of Cilazapril). Mr Smith presented to the nurses clinic extremely disgruntled saying the new pills were different and were causing dizziness, headaches and nausea. Upon further enquiry by the doctor there was no medical foundation for such a change and he referred to the effects known as nocebo as a possible psychological cause for the elevated blood pressure related to this change in medication. There was also mention that these negative symptoms may have caused non-compliance that may only aggravate perceived symptoms however the patient denied doing so.* The question is then raised was this a single isolated event or part of a larger trend occurring when patients have their medications changed to another generic form of the drug?

## Evidence and Findings

### Patient Experiences of Generic Drugs

8% of the 174-hypertensive participants in a Norwegian study felt that the effect of their medication was different when switched to generic drugs with all but one of these agreeing it was poorer than their previous brand name drug. 15% of the participants felt that they experienced more side effects (Håkonsen, Eilertsen, Borge, & Toverud, 2009). In a similar study among 83 Pakistani immigrants in Norway 26% percent had felt the effect of the drug had changed with both poorer and slower effect while 20% reported additional side effects. (Håkonsen & Toverud, 2011) Within the New Zealand context a similar trend is found in those who have switched between brands with 15-30% of those who used generics reporting differences in effectiveness, quality and safety. (Babar et al., 2010)

Drug compliancy was another issue raised as one in every three hypertensive patients found that generic substitution made keeping track of their medications more demanding. (Håkonsen, Eilertsen, Borge, & Toverud, 2009) Despite the general trend that the majority of patients are unaffected by the transition between generic and brand drugs it is clear that cultural factors, personal expectations and levels of education all can have a major impact on drug compliancy.

**Although it is only a minority of patient that do have increased negative symptoms and additional difficulty counting their medication it is still important to be aware of those undergoing a generic substitution as the evidence does indicate risk it poses to these areas.**

## Recommendations

According to a Best Practice Journal (2007) dissatisfaction with generic drugs were centered on two main issues neither of which included the product itself. The first relates to power as control has been removed from the patient when changes in medications are forced upon them from an exterior force. The second is a lack of communication as lack of knowledge and/or empathy given from the prescriber which, creates distrust both towards the generic drug and the practitioner.

PHARMAC itself has monitored the issue of generic substitution and produced a guide for health professionals entitled "Counseling Patients Through a Brand Change" which contains three main points: focusing on the positive, providing information and reassurance, and finally education to avoid confusion over names. The also provide pamphlet resources on any specific drug changes which can be used as tool or take home message for any patients undergoing generic substitution. (Best Practice Journal, 2009). In this clinical setting of primary health it is highly advisable to set aside time to educate patients on what generic drugs are, why the change may be occurring and discuss any anxiety they may have about the substitution. Even the simple act of a 5 minute conversation when a patient comes in for a repeat prescription can create a better therapeutic relationship and increase the likelihood of acceptance of the generic substitution involved.

## References:

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**Search Question:** *Among adults using long-term medication does the occurrence of generic substitution result in greater negative side effects and/or poorer adherence to drug regime?*

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