Inaccessibility of drug reports

When new drugs are launched, physicians must have access to the randomized controlled trials that evaluated their efficacy and safety.

I wrote to 12 Canadian pharmaceutical companies, all subsidiaries of multinational companies, who released a total of 16 new drugs from 1990 to 1999. I asked them to supply me with a list of the randomized controlled trials on the primary indication for each product that were published in English and that were available to physicians at the time the product was first marketed in Canada. A second letter was sent to all companies that did not respond after 5 weeks.

Two of the 12 companies did not respond and one said it was unable to compile the necessary data. Of the others, only GlaxoSmithKline accurately complied with my request, sending material on one study for one of its products (it was asked to provide information on 3 products in total). Other companies sent extraneous material, including studies that had been published in other languages, studies published after the product had been marketed and studies evaluating uses of the product other than that for which it was primarily marketed. Interested readers can contact me for a complete list of these studies and drugs. This variability in the responsiveness of pharmaceutical companies is not a new phenomenon.[1]

All of the companies in question are members of Canada's Research-Based Pharmaceutical Companies (Rx&D). Although neither the *Code of Advertising Acceptance*[2] of the Pharmaceutical Advertising Advisory Board nor Rx&D's *Code of Marketing*[3] covers requests from health care professionals for information not connected with advertising and promotion, such information can be vital to the physicians to whom these new drugs are being marketed.

I strongly urge Canadian pharmaceutical companies to make available to practising physicians the reports of all randomized controlled trials on new drugs being marketed in Canada, at the time of the Canadian launch. They could easily do this by placing the information on their Web sites. If the companies won't do this voluntarily, then the matter should be regulated through a change to the Food and Drugs Act.

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References

1. Thomas M, Lexchin J. Pharmaceutical manufacturers' responsiveness to physicians' requests for information: a comparison of brand and generic complaints. *Soc Sci Med* 1990;31:153-7.
2. Pharmaceutical Advertising Advisory Board. *Code of advertising acceptance*. Pickering (ON): The Board; 2000. Available: www.paab.ca/code_en.html (accessed 2002 Mar 22).
3. Canada's Research-Based Pharmaceutical Companies. *Code of marketing*. Ottawa: Canada's Research-Based Pharmaceutical Companies; 1999. Available: www.canadapharma.org/en/publications/code/index.html (accessed 2002 Mar 22).

Onomastic bias

I wish to report a potential onomastic bias, or alternatively a potential onomastic methodologic error, in the work of Rebecca Pollex and colleagues on celestial determinants of success in research.[1] The authors' efforts, although stellar, led to their conclusion that "Gemini produces persons of greater intellect and more powerful invention and genius than any other sign in the zodiac." I noted that 2 of said authors are Scorpios; however, the first author's surname suggests possible onomastic bias, no doubt innocent but subtle, toward their twin-favouring conclusion. "Pollex" is obviously a postmodern adaptation of the name of one of history's most famous twins and the first-magnitude star named after him in the constellation Gemini. If that's too obtuse, look up, and look it up.

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Reference

1. Pollex R, Hegele B, Ban MR. Celestial determinants of success in research. *CMAJ* 2001;165(12):1584.

Treatment of attention-deficit hyperactivity disorder

Benedetto Vitiello's thoughtful commentary[1] on 2 recent articles on the short-term effectiveness of methylphenidate corrects the omission of the very important MTA study[2] from the meta-analysis by Howard Schachter and colleagues.[3] Vitiello's question concerning the impact on long-term outcomes of reducing the symptoms of attention-deficit hyperactivity disorder cannot be considered in isolation from the multiple comorbidities that accompany attention-deficit hyperactivity disorder and that are not affected directly by medication. Behavioural, educational, substance use and family psychopathologic issues call for a comprehensive multimodal management approach.

One important message of the MTA study is that for the vast majority of children with attention-deficit hyperactivity disorder, effective treatment begins with a well-monitored medication trial that opens the door for other management approaches. The MTA study also demonstrated that routine community trials of stimulants are not as effective as carefully monitored trials that follow research protocols. For example, we do not have good data on how community physicians monitor trials of methylphenidate. Indirect information from teacher surveys[4] suggests that physicians do not routinely enlist teachers' help in monitoring the effect of medications in the classroom. Teachers should fill out rating scales on an ongoing basis; this easy, if time-consuming, task is an essential component of any adequate trial of treatment with stimulants.

Vitiello's point concerning the lack of data on whether or not treatment with stimulants decreases the risk of accidental trauma is timely. The literature on attention-deficit hyperactivity disor-