

Professor explores generic drug effectiveness

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(Medical Xpress)—It's likely if you're sick, your doctor is more inclined to prescribe a brand name drug in place of its generic equivalent. Or maybe you would rather pick up some Advil for that headache, instead of the less expensive pharmacy brand of ibuprofen.

While most patients don't mind paying a premium for brand-name drugs, their generic equivalents could work just as well. The problem is, more research needs to be done in order to determine which generics are on par with brand name drugs, said Dr. Robert Hegele, who teaches Medicine and Biochemistry at Western.

"Doctors and patients tend to think generics work differently. In terms of physicians, there is a feeling that generics are generally OK. But some do believe generics don't seem to work as well," he said.

While this may be true, Hegele said, some generic brands work just as well as their brand-name equivalents and prescribing them could decrease the cost, and increase the provision, of health care.

"With the pressure our health care is under, (prescribing generic brand drugs) is one way to make the best treatments available to the greatest number of patients, because of the reduced cost of drugs," he explained.

Hegele published a paper he co-authored in the April 2013 issue of the Canadian Journal of Cardiology, examining the therapeutic benefits of Lipitor – a cholesterol medication and one of the most widely prescribed medications in Canada – alongside its generic equivalent.



Titled Clinical Equivalence of Proprietary and Generic <u>Atorvastatin</u> in Lipid Clinic Patients, the paper covers a study that looked at a large group of patients who took both Lipitor and generic atorvastatin over a prolonged period of time, ultimately showing no significant changes in the efficacy, <u>adverse events</u> or patient management when taking the generic.

"In Ontario, when a physician prescribes atorvastatin in its generic name, the patient might come back three to six months later, and their cholesterol is up. The physician will say, 'It's that darn generic,' but it could be other things. The patient could have changed their diet, gained weight or not have taken the medication as prescribed," Hegele explained.

He and his team looked at a large group of patients who needed to be on Lipitor, switching them to generic atorvastatin and monitoring effects and cholesterol levels.

"After six months, and in some cases a year or more, there was no difference in the efficacy of the drug. To us, it provided reassurance, and comfort to physicians and patients, to switch to a generic," he said.

Looking at the findings objectively, Hegele said generic atorvastatin, on average, works just as well as Lipitor, and their large-scale study is sufficient evidence of that.

"When generic companies do this (type of study), they're only required to do so with a small group of patients, for a short period of time. But there is a large number of patients in the real world who need the medication," he explained.

Still, it's important to note his team only looked at proprietary and generic atorvastatin, Hegele continued.



"We can't comment on generic blood pressure medication, or for diabetes, or the birth control pill. We didn't look at that and in fact, there may be differences. But studies may well find the generic is not as good, or it could be better."

And that's where Hegele thinks improvement is needed in order to provide effective, feasible care to as many <u>patients</u> as possible and save in the health care industry.

"I really think more studies of this type need to be done. We need real world assessment."

More information: www.onlinecjc.ca/article/S0828-282X %2812%2900271-1/abstract

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