

**The Berger Population Health Monitor**  
 **Le sondage Berger de la santé publique**

with The Hay Health Care Consulting Group

**Survey #23**  
**January-April 2002**  
**Special Report**  
**on Adverse Drug Reactions**  
**for Health Canada**

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## Executive Summary

### SUBSIDISED QUESTIONS

#### Introduction

This report is based upon questions subsidised by Health Canada. The questions were administered as part of Survey #23 conducted during January-April 2002.

#### Ownership

Subsidised questions are the property of The Berger Population Health Monitor (BPHM) and part of the BPHM's database and for use by the BPHM as it deems appropriate. Organisations subsidising questions are entitled to use this information, with the exception that the subsidising organisation is not entitled to sell, lease or otherwise receive financial benefits from other parties for the transfer or use of the information from the subsidised questions. The right to sell, lease or otherwise receive financial benefits remains solely that of the BPHM.

#### Publication of Results: CAMRO Standards

Subsidised and proprietary questions can be published by the subsidising organisation as it wishes. If results are to be published, the organisation is asked to follow the standards established by the Canadian Association of Marketing Research Organisations (CAMRO) to ensure that legitimate questions of methodology and interpretation are addressed.

Publication standards include the following:

Clients will specify they are the sponsor of the questions; the BPHM is the research organisation carrying out the survey; the period during which the interviews were administered; the mode of interview (telephone); the criteria defining the population to which the questions were administered; the size of the sample to which the questions were administered; the wording of the questions upon which the results were based; the allowance to be made for sampling error; and the percentages upon which the conclusions are based.

The Client will ensure that dissemination of the findings will not give rise to misleading interpretations or be quoted out of context. If the Client's interpretation of the data differs substantially from that published by the BPHM, the Client will review this interpretation with the Monitor prior to publication and indicate in its report where substantial differences, if any, exist in interpretation. The BPHM is entitled to decline to allow its name to be used in connection with the dissemination of the results of questions in cases where it finds that the proposed report on the results does not fairly reflect the data.

When the Client publishes the results of subsidised questions, the BPHM is entitled to release to bona fide enquirers the technical information listed in #1, should the Client not provide that information.

### Results - Technical Summary

**Survey Administration.** The interviews were conducted by the Institute of Social Research, York University, Toronto, using computer-assisted telephone interview (CATI) procedures. The response rate for the questions was approximately 52%.

**Sample and Sample Size.** The data in these charts are based on the full sample of 4,208 respondents 15 years of age and older in the 10 provinces and three Territories.

**Margin of Error.** The margin of error for samples of 4,000 is plus or minus 1.6 percentage points at the 95 percent confidence level where the response distribution is 50%/50%. As the response distribution is skewed more to one

response or the other, the margin of error decreases.

## **Findings**

Close to 40% of Canadians report one or more instances which required a visit to the physician or hospital or which caused changes in their body which affected their physical or mental health.

This percentage represents about nine million people.

There are significant variations in the reporting of ADRs by gender and age. As one would expect, ADR-caused visits to physicians and hospitals are twice as common among women as men, and the visits increase with age, although they taper off from 55 and older - one have expected the rate to increase among the oldest respondents.

There are also significant differences by ethnicity and religion. The reasons for these differences are not clear.

Those with an ADR are most likely to say that they contacted a physician because of the ADR, followed by the pharmacist and family and friends.

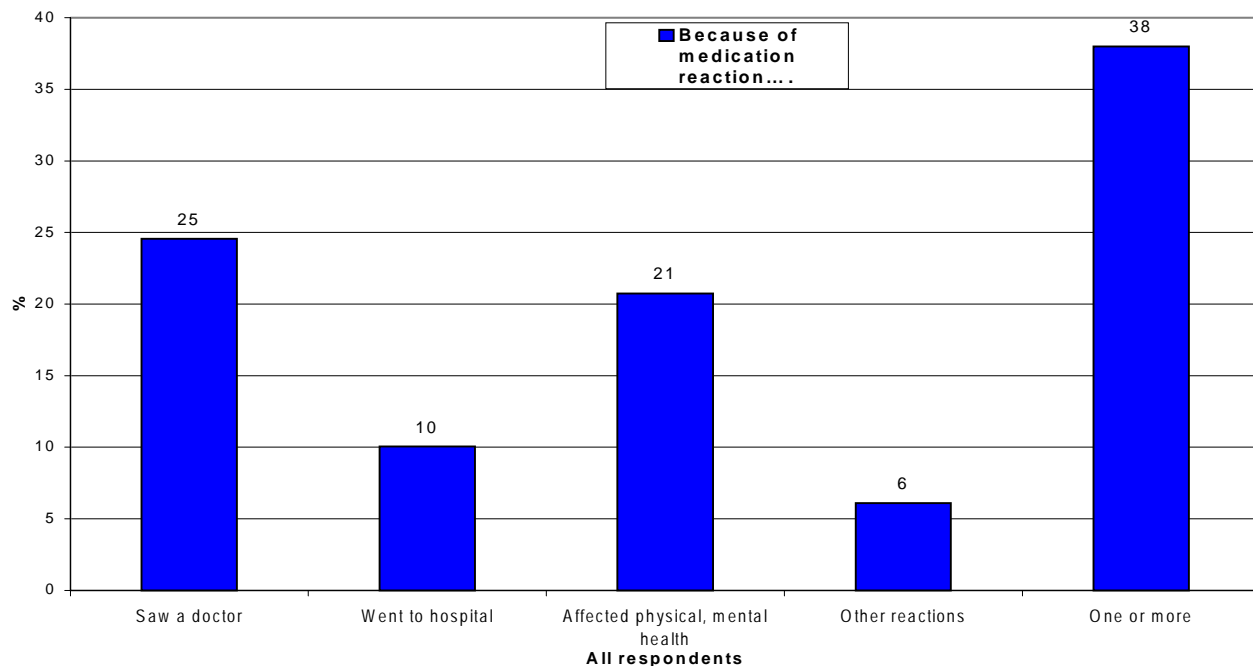
About 1 percent said they contacted the manufacturer or the government.

Among those who did not have an ADR, one in five said there was an ADR organization. Seniors are among those least likely to report there was such an organization.

Those who did not have an ADR, said their pharmacist was the preferred source of information on the safety of medication, followed by their physician and the written information in the medication.

The subsample who visited a federal or provincial government site was too small to examine, but it appears that the plurality visited Health Canada together with the Canada Health Network.

**Adverse Drug Reactions: Close to 40% of Canadians Report One Or More Adverse Drug Reactions. Represents About Nine Million People - A Conservative Estimate**



ADR1a. Thinking of medicine prescribed by a doctor, can you recall ever having to see a doctor because of a reaction to the medication? ADR1b Having to go to a hospital because of a reaction to the medication? ADR1c Having changes in your body which affected your physical or mental health because of a reaction to the medication?

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Sample: all respondents N=4,208.

**Overall:**

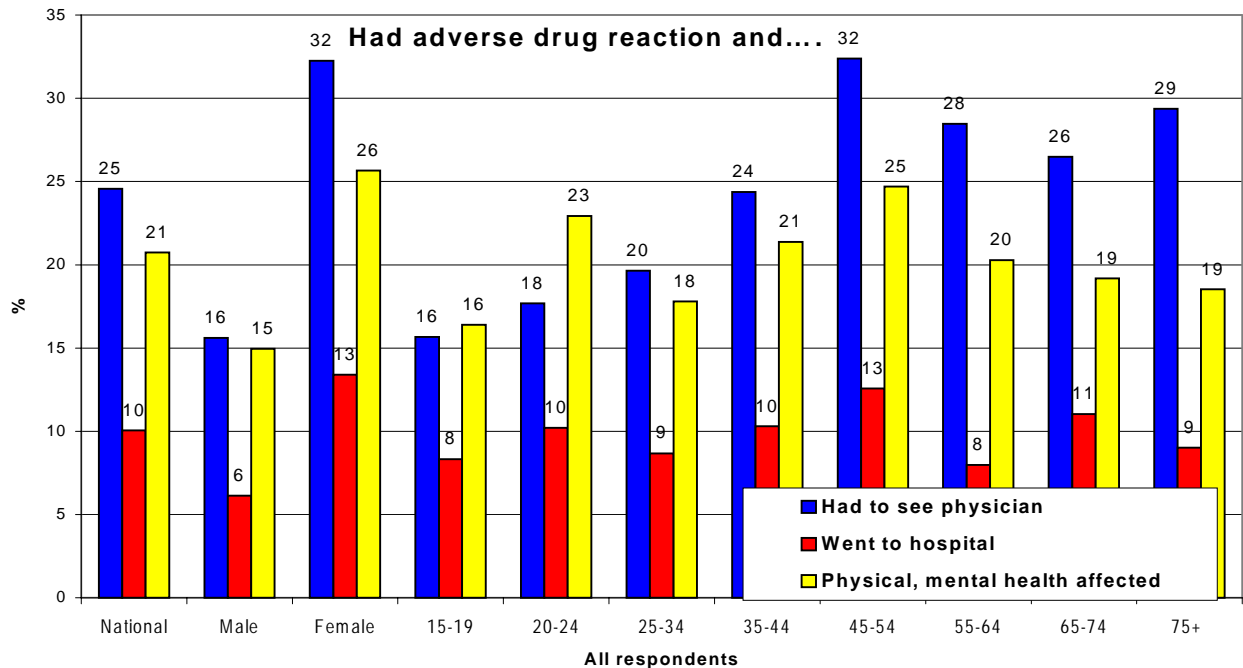
Almost one in four Canadians report that at some point ('ever') they had to see a doctor, go to a hospital, or have changes affecting their physical or mental health because of medication prescribed by a physician.

- One in four Canadians report having had to see a physician because of a reaction to a prescribed medication.
- One in 10 report having to visit hospital
- One in five report physical or mental health effects
- In all, 38% of Canadians 15 and older report one or more ADR effects. This translates into about 9 million people.
- Another six percent volunteered other reactions to medication which affected their health. These are not included in the 38% reporting one or more circumstances arising from an ADR

This estimate is conservative because it does not include those too ill or frail to participate in the survey and likely to have higher rates of ADRs than healthier respondents.

As the next pages show, however, among various groups the percentages reporting they had an ADR vary widely.

**Adverse Drug Reactions: Reporting of ADRs Varies By Gender and Age**



ADR1a Thinking of medicine prescribed by a doctor, can you recall ever having to see a doctor because of a reaction to the medication?  
 ADR1b Thinking of medicine prescribed by a doctor, can you recall ever having to to a hospital because of a reaction to the medication?

ADR1c Having changes in your body which affected your physical or mental health because of a reaction to the medication?

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Sample: all respondents N=4,208

**Overview:**

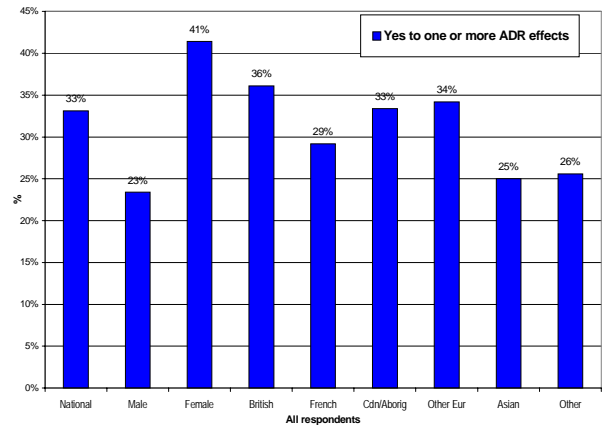
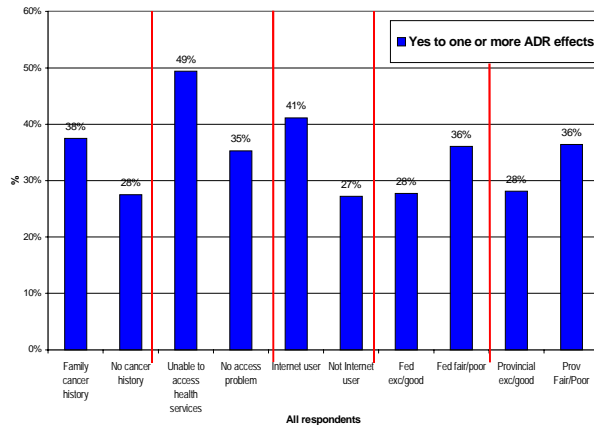
The reporting of ADRs varies in expected and unexpected ways:

- The rate of ADR-related physician and hospital visits among women is twice that among men.
- Not surprising, ADR-related physician visits tend to increase with age.
- But hospital visits tend to be similar among all age groups.
- Physical or mental health effects are almost twice as common among women as men, and tend to increase til the 50's and then taper off.
- Among those who reported changes affecting their mental or physical health, 17% said the changes were long-term. This represents approximately 850,000 Canadians.

We find differences by religion:

- Protestants are among the most likely to report an ADR (38%)
- Those of 'other religions' - non-Judaeo-Christian, 'other' - are the least likely to report an ADR (23%).

### Adverse Drug Reactions: Significant Variations Suggest Different Factors At Work



ADR1a. Thinking of medicine prescribed by a doctor, can you recall ever having to see a doctor because of a reaction to the medication? ADR1b Having to go to a hospital because of a reaction to the medication? ADR1c Having changes in your body which affected your physical or mental health because of a reaction to the medication?

Survey #23

Sample: all respondents

January-April 2002

N=4,208

**Overall:**

The reporting of ADRs does not always seem to follow what one might expect.

The responses of five different groups were compared and significant differences were observed.

Essentially, those most likely to report an ADR include those who.....:

- Have a family history of cancer;
- Were unable to access health services;
- Used the Internet for health-related purposes in the previous month;
- Think the federal government is doing a fair or poor job in ensuring good health care;
- Think their provincial government is doing a fair or poor job in ensuring good health care.

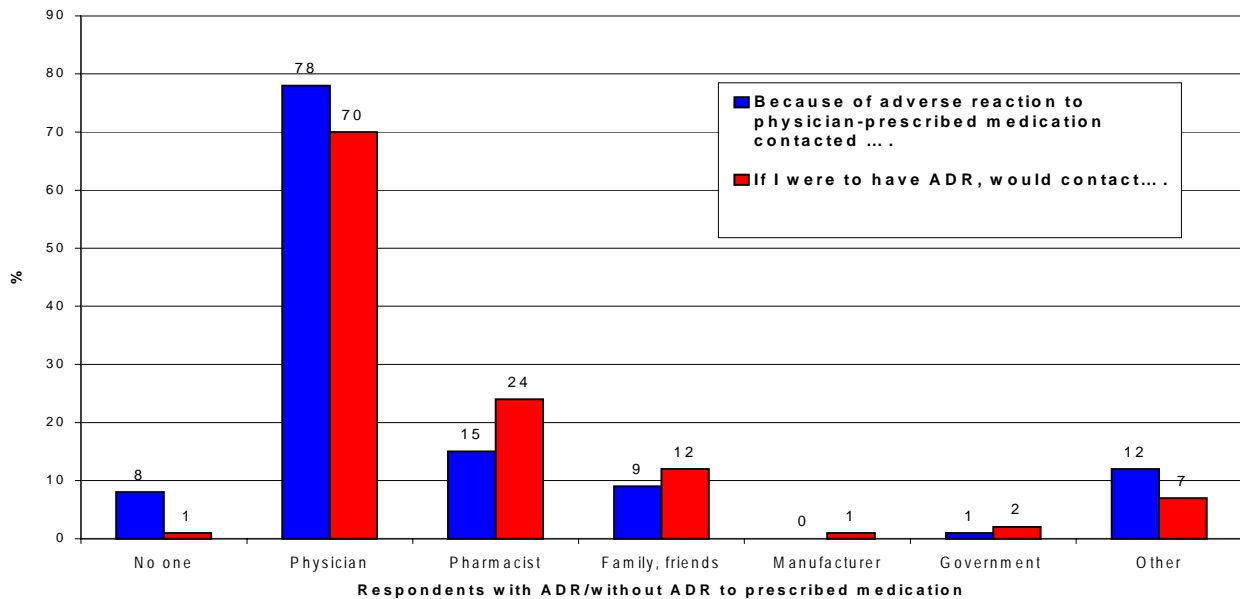
There are also significant differences by ethnicity - those of British origin are significantly more likely to report an ADR than those of Asian and 'other' ethnic backgrounds.

We find comparable differences by religion:

- Protestants are among the most likely to report an ADR (38%)
- Those of 'other religions' - non-Judaeo-Christian, 'other' - are the least likely to report an ADR (23%).

There are reasons which can partially explain the responses of each of these groups: e.g. users of the Internet for health-related purposes may be more likely to recognize an ADR because they spend time reading about such topics. But, why should one's attitudes towards government performance, or religion or ethnicity suggest an association with ADR reporting?

**Adverse Drug Reactions: Those With ADR Most Likely To Visit Physician. Almost No One Mentions Contacting Manufacturer or Government Agency**



ADR4a When you had this reaction, whom did you contact; a physician, a pharmacist, family or friends, the manufacturer of the medication, government agency, someone else, or no one? ADR4b If you were to have such a reaction from prescription medication, whom would you be most likely to contact, no one, a physician, a pharmacist, family or friends, the manufacturer of the medication, government agency, or no one?

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Respondents with adverse reaction to physician-prescribed medication; Respondents who had not had an ADR.  
 N=1,294/2,758

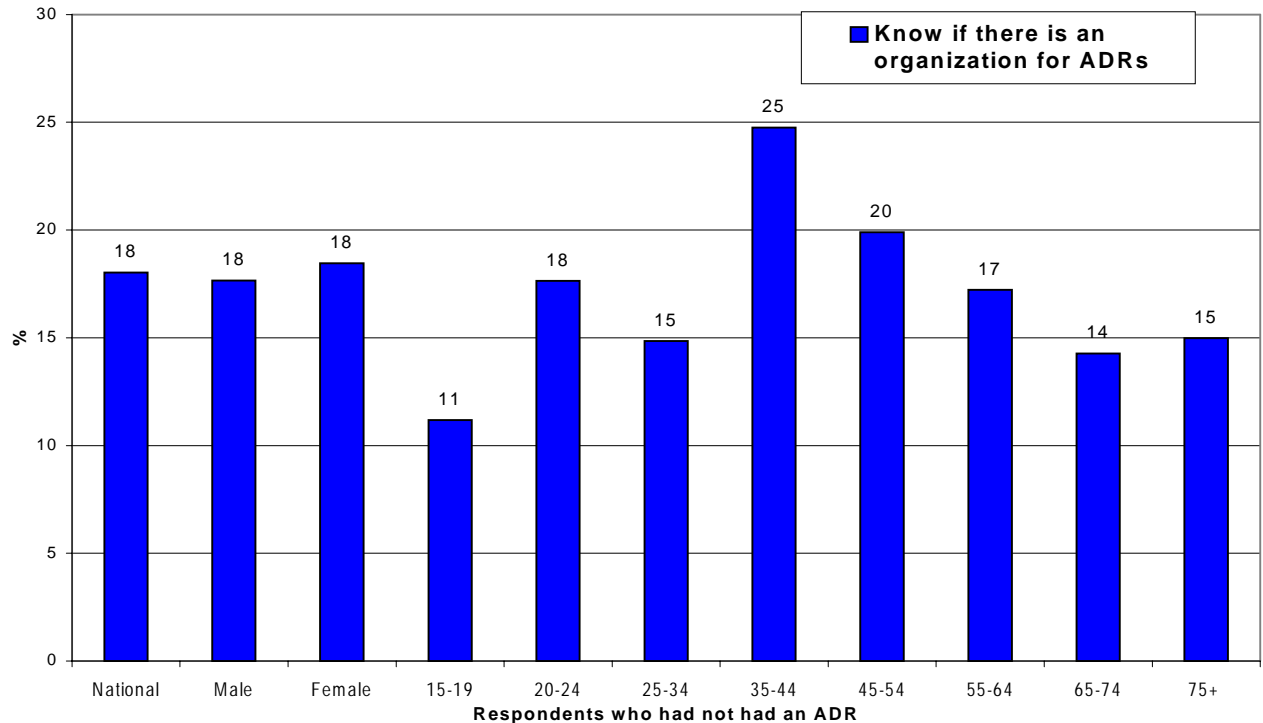
**Overall:**

The person people with ADRs are most likely to contact by a wide margin is the physician with the pharmacist far behind.

Almost no one reported that they would contact the manufacturer. This may be because people are not aware of who the manufacturer of the medication is or of how to contact them, or of the usefulness of such a contact.

A marginally higher percentage who said that they had contacted a government agency, or would contact one if the need arose. It would be useful to know if the public is aware of how to contact the 'government', and what the benefits of such a contact would be.

**Adverse Drug Reactions: One in Five of Those Without ADR Say There Is An ADR Organization. Seniors Among Less Likely To Know**



ADR5. To the best of your knowledge, is there a place or organization where these kinds of adverse reactions are reported, or are you not sure?

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Sample: those who did not report experiencing an adverse drug reaction  
 N=2,748

**Overall:**

One in five of those who did not report an ADR stated that they believed there was a place or organization where these types of adverse reactions are reported (only 5% said there was no such organization, and 77% said they did not know).

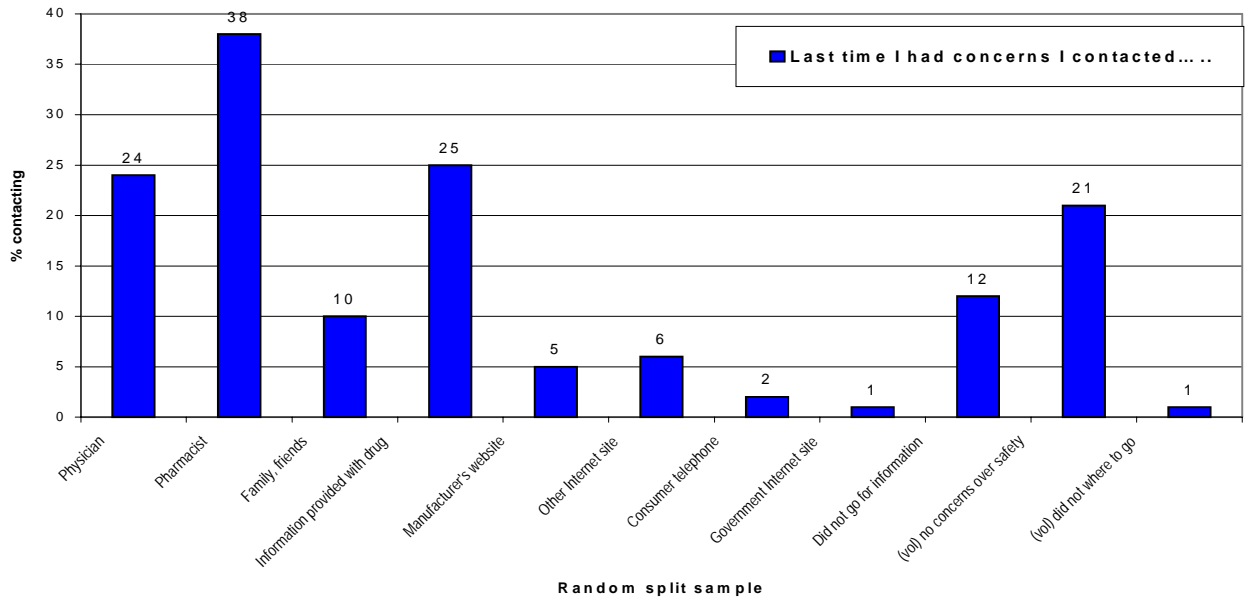
Unlike responses to other questions in this section, there is not a difference in the responses of women and men.

Similarly, older people are less likely to believe there is such an organization than those 35-44.

A review of responses by other variables used in the previous charts, such as family history of cancer, find a similar pattern - that is, those with a family history of cancer are more likely to believe there is such an organization, but the differences are marginal and not statistically significant.



**Adverse Drug Reactions: Those Who Have Not Had ADR Say Pharmacist Is Preferred Source When they Have Concerns About Medication.**



ADR6 Thinking of the last time you had concerns about the safety of a prescription or non-prescription drug product, did you ask someone or go someplace for information, and if so did you go to....(code all that apply) 1. your physician, 2. family or friends, 3. your pharmacist, 4. information provided with the drug when you bought it, 5. the web site of the manufacturer of the medication, 6. another Internet website, 7. consumer information telephone line, 8. a federal or provincial government Internet site, 9. did not go for information, 10. VOLUNTEERED, did not have concerns over safety, 11. (Volunteered) did not know where to go.

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Sample: those who did not report experienced adverse drug reactions

N=2,748

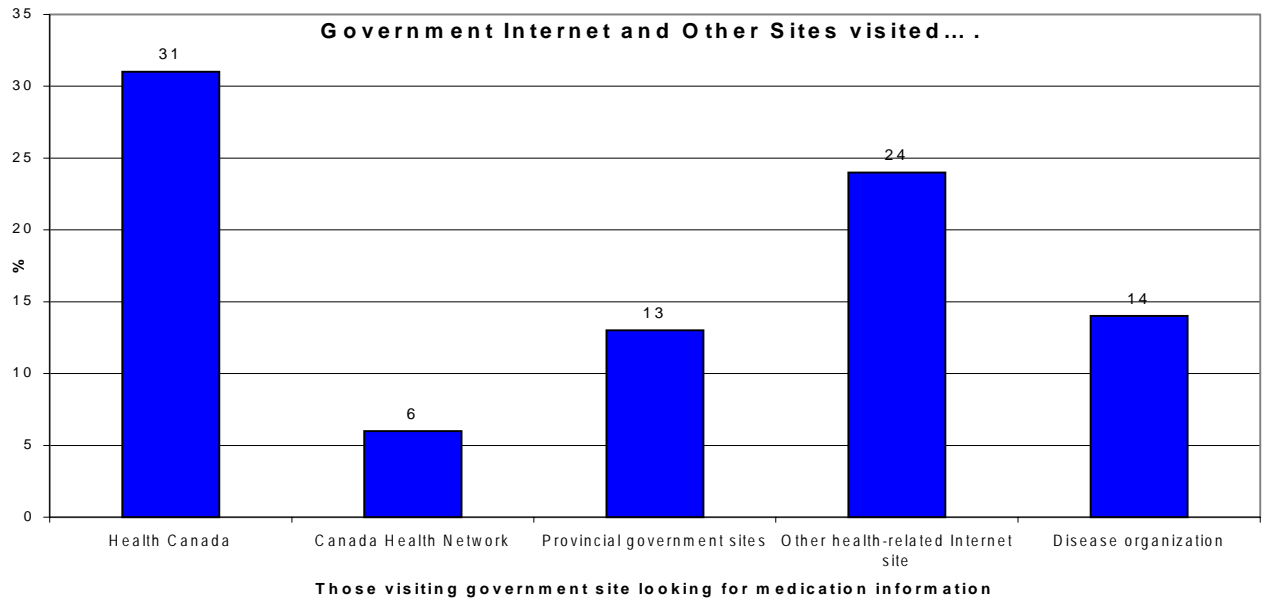
**Overall:**

Among those who had not had an ADR, the pharmacist remains the most frequently mentioned source of information regarding the safety of prescription and non-prescription medication.

The physician, and the product information accompanying the medication, are about 14 percentage points behind the pharmacist, followed closely by that substantial group (21%) who volunteered that they had not had concerns.

What emerges from the findings is that most people say they do not use the Internet sites of the government or the manufacturer to address their concerns over medication. However, the government sites are getting reasonably high levels of visits, and users say they go to them for specific information. It may be that Internet users are not aware of the capacity of government sites to provide information on ADRs.

**Adverse Drug Reactions: Health Canada, With Canada Health Network, Preferred Internet Sites for Health Information**



ADR6b You mentioned going to a federal or provincial government Internet site for information. Was this Health Canada, the Canada Health Network, a Provincial government site, another health-related Internet site, or the site of a disease organization or someplace else?

Survey #23  
 January - April 2002

Sample: those who visited a government or other site for medication information  
 N=70

**Overall:**

The proportion of those seeking assistance from government sources is significantly smaller than had been expected. The subsample is too small to provide more than suggestions about which sites people visited.

In this small group, Health Canada, together with Canada Health Network, have the plurality of visits.