

Presentation

on

**Understanding Current Prescription Trends in Management
of Cardiovascular Disorders & Challenges observed at
different Stake Holders**



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By

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INTRODUCTION



- The study aimed to understand doctor's prescription trends and the reasons that influence them to prescribe a particular brand in the management of Cardiovascular Disorders (CVD).
- The study also aimed to find out the challenges observed at different stake holders i.e. patients level, and doctor level.
- Semi structured questionnaire was utilized for data collection from respondents i.e. 100 Doctors comprising of General practitioners, Specialists/Cardiologists) from the cities of Mumbai & Jaipur.
- Data was collected & analysed with the help of Ms Excel.
- Framing of Market strategies



Research Question

- What is the Prescription behaviour of Doctors in management of Cardiovascular Disorders?
- What are the challenges faced by different stake holders in management of Cardiovascular Disorders?



Objectives

- To study the reasons influencing doctor's prescription, in management of Cardiovascular Disorders
- To study the challenges observed at different stake holders in Cardiovascular Disorder management



Research Methodology



Study Areas: Mumbai & Jaipur

Study Design: Exploratory

Design Tool:

Sample Size: 100 Doctors (General Practitioners, Cardiologists)

Sampling Method: Random Sampling

Inclusion criteria: The Doctors practising as GP's & Cardiologists

Data Collection:

Primary Data was collected by through semi structured questionnaire having open ended questions.

Data Analysis

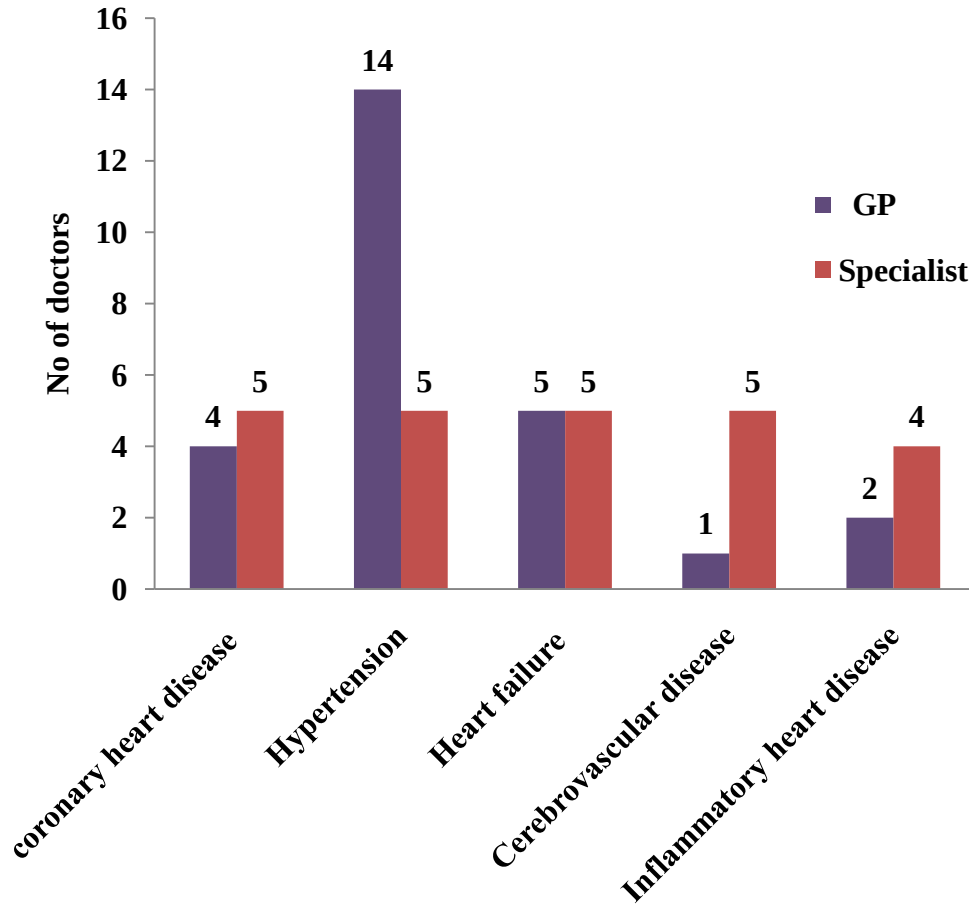
The tool used for Data analysis was Microsoft Excel



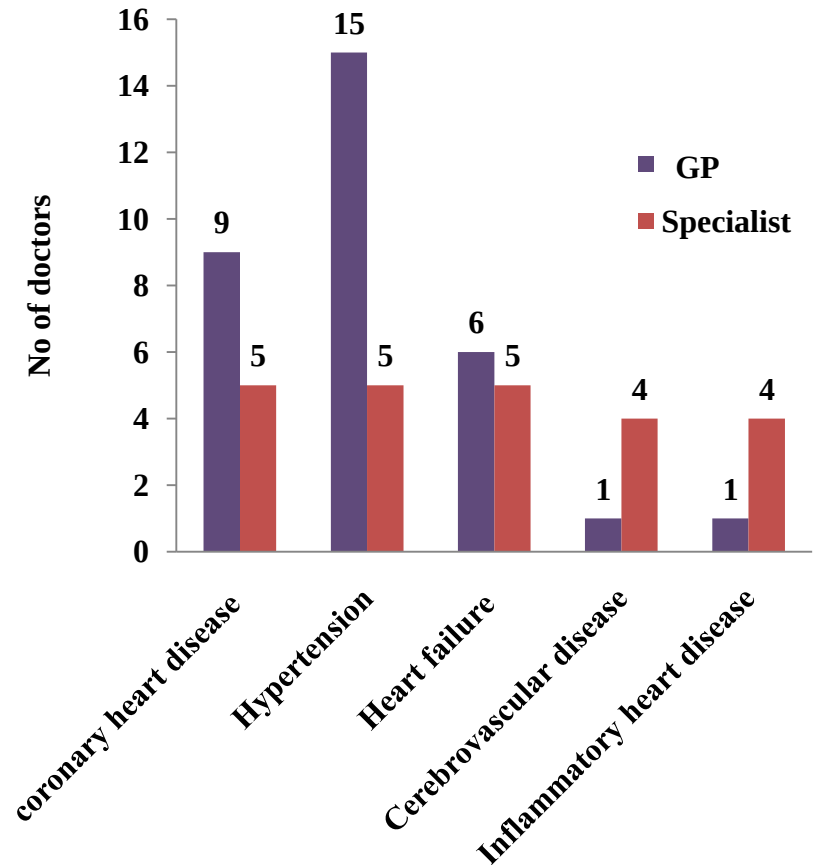
DATA ANALYSIS



Mumbai



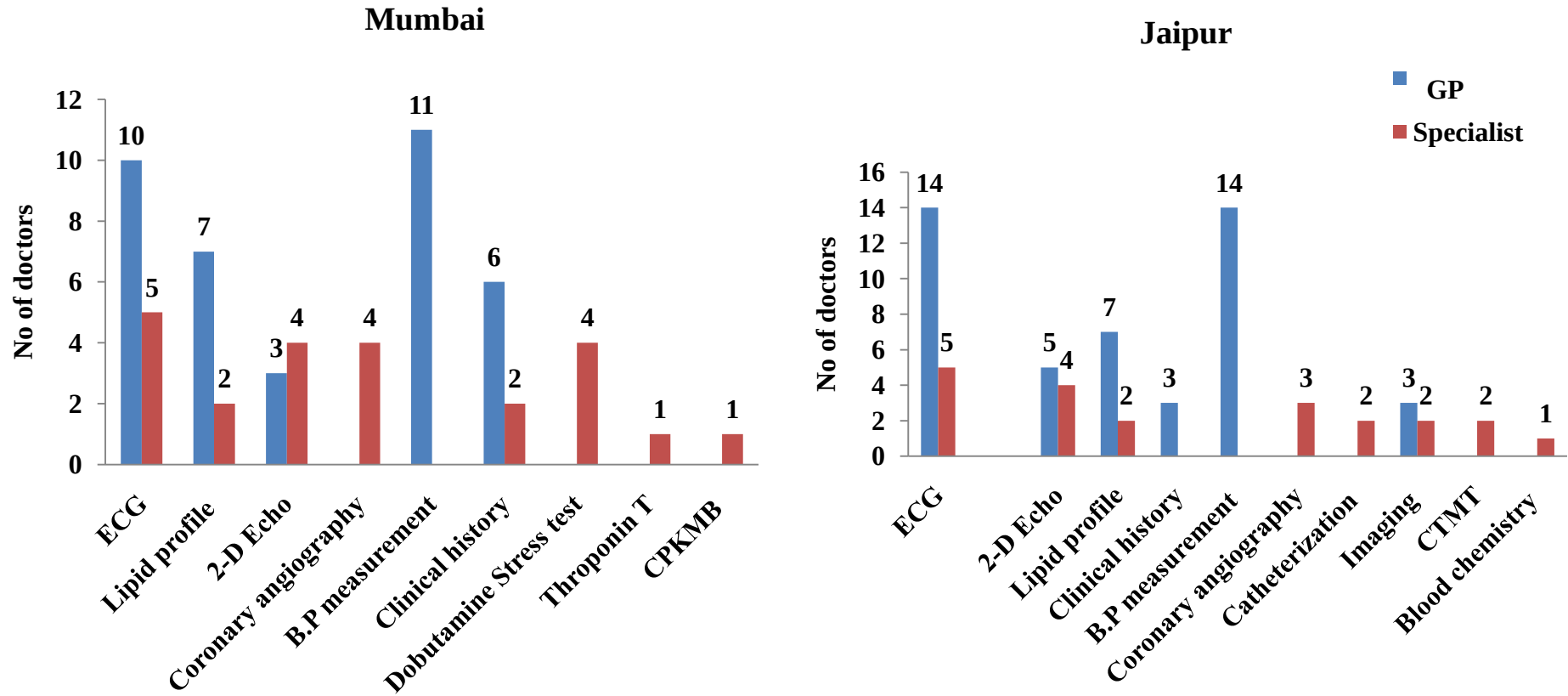
Jaipur



1. The different types of CVD managed in-clinic:

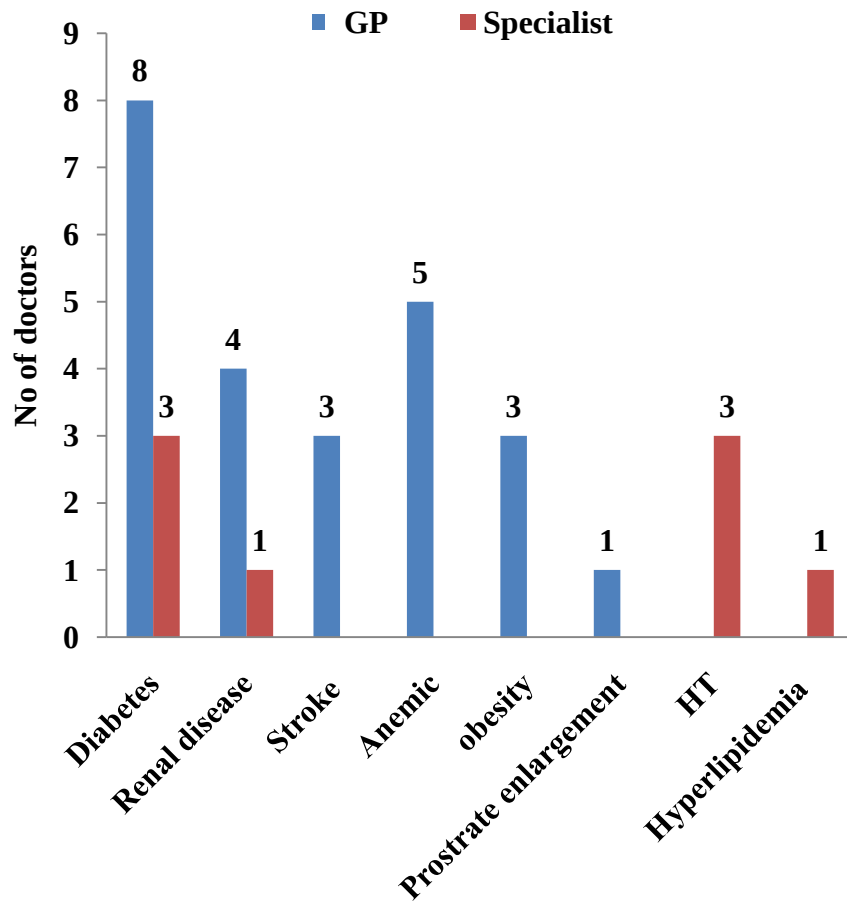
It was found that maximum cases of *Hypertension* was managed by GP & Specialists.

2. In both the cities it was recorded that **B.P measurement** was most preferred diagnostic tool for diagnoses of the Hypertension. Other mostly used tools were ECG, lipid profile and coronary angiography.

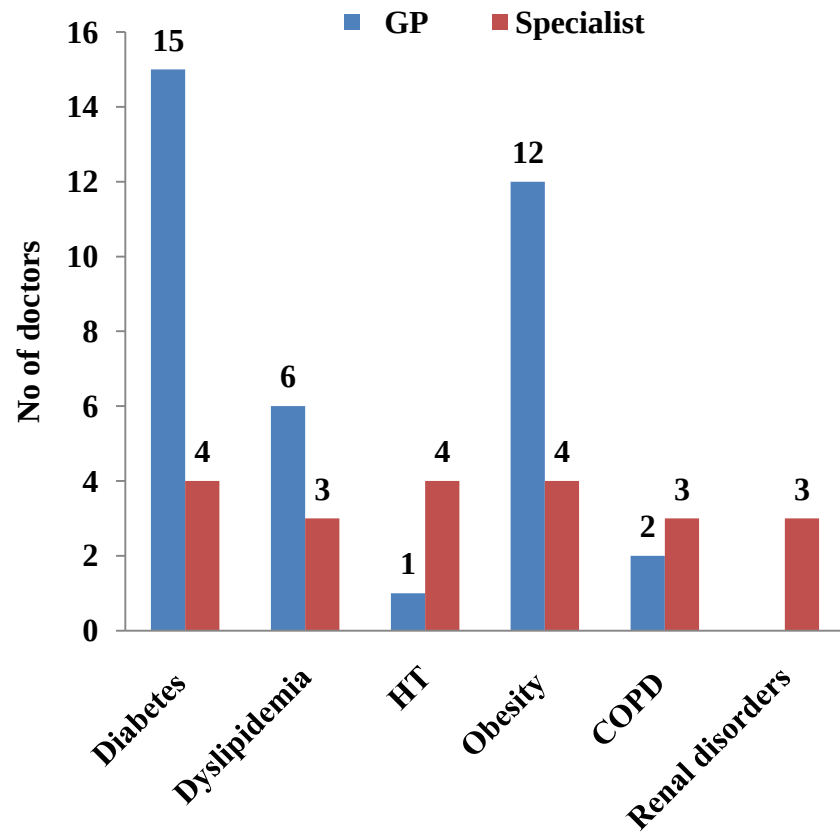


In Mumbai, many specialists used Throponin T and CKMB tests as diagnostic tools; whereas, Jaipur specialists used CTMT and Catheterization tests as the diagnostic tools for handling CVD cases.

Mumbai



Jaipur



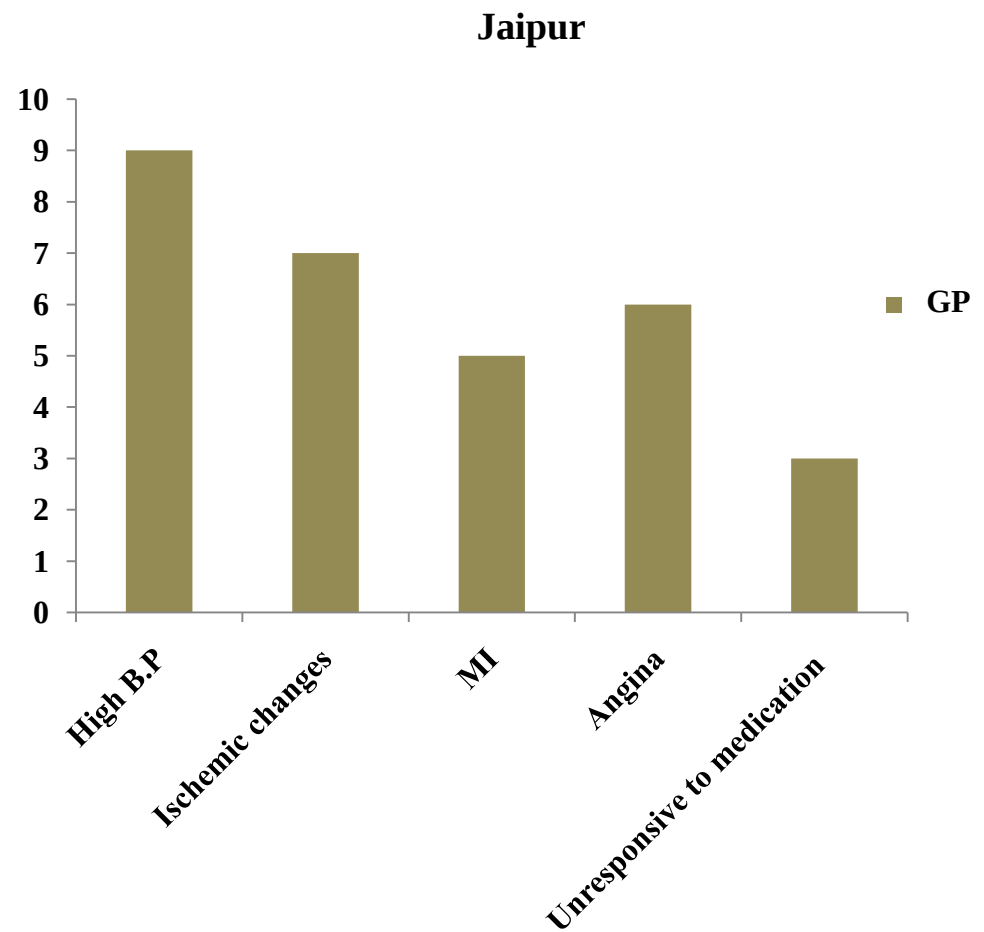
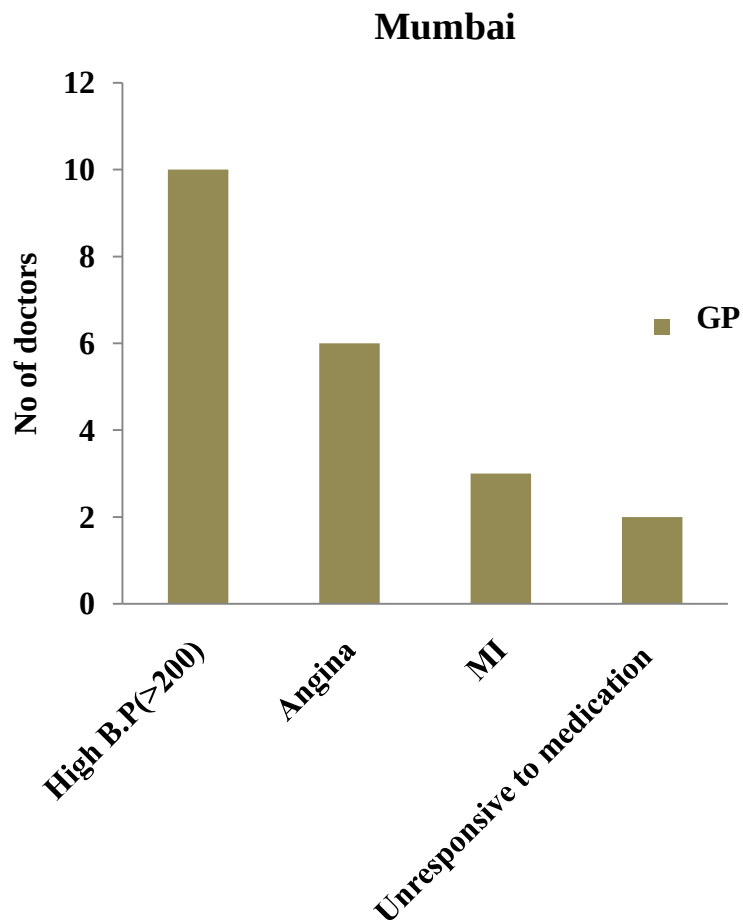
3. **Diabetes** was seen as the **co morbidity** associated with cardio vascular diseases

In Mumbai, other co- morbid conditions were anemia and renal disease.

In Jaipur, other major co-morbidity associated with CVD was found to be obesity and dyslipidemia.

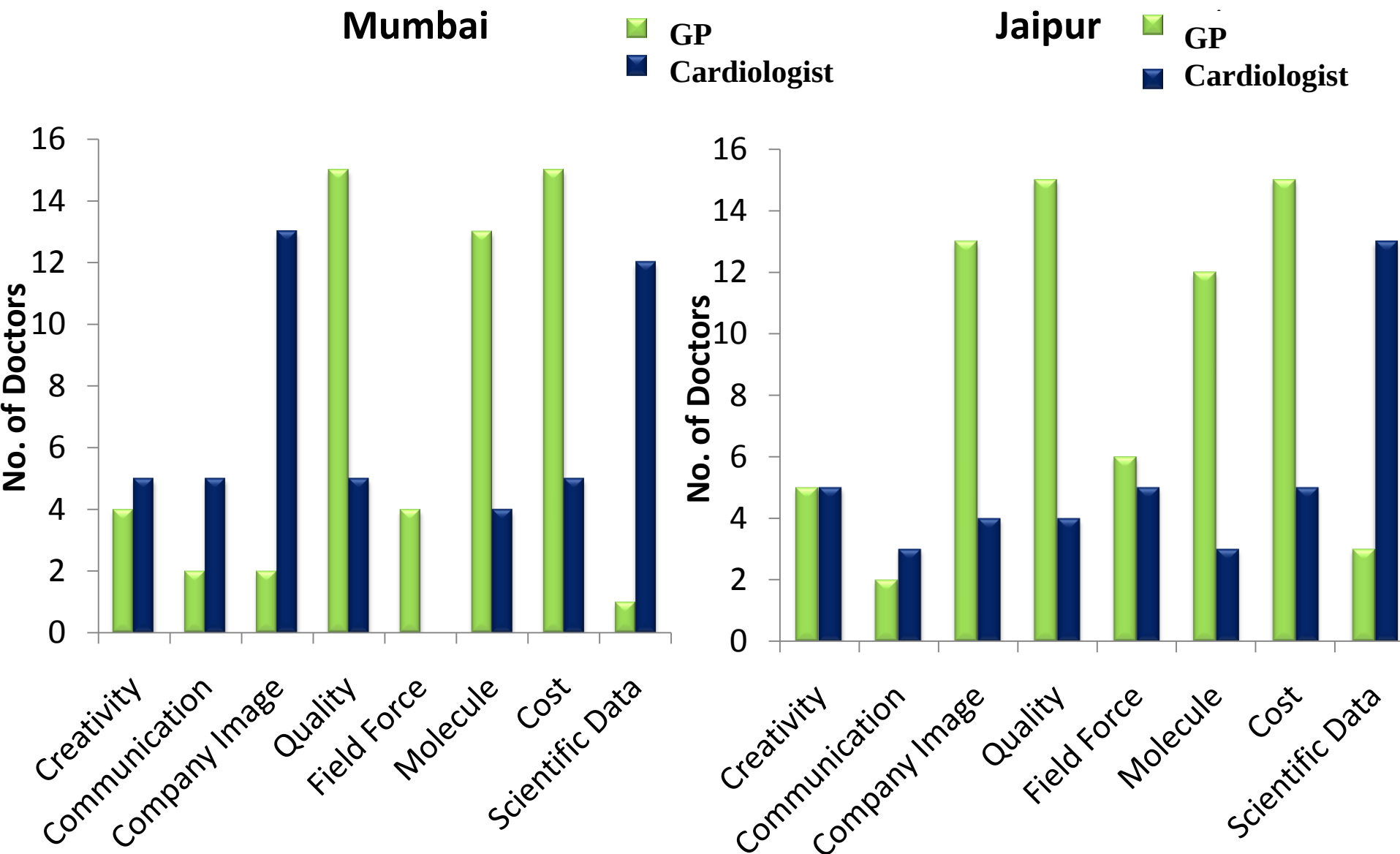
4. The **preferred molecules** in the management of the following **Cardiovascular Diseases**.

Coronary Heart Disease	Hypertension	Heart Failure	Inflammatory Heart Disease	Cerebrovascular Disease
• Aspirin • Atorvastatin • ACE Inhibitors • Aspirin+ combinations • Clopidogrel	• Betablocckers • Ace inhibitors • Diuretics • Metaprolol • Rosartan • Nifidipine • Calcium Channel blockers	• ACE Inhibitors • ARB • Diuretics • Spironolactones • Beta blockers • Lasix • Digoxin • Calcium channel blockers	• Convulsions • Diuretics • Anti-inflammatory • Statins • Steroids • Depends on type of inflammation patient suffers	• Ecosprin • Atorvastatin • Antiplatelets • Beta blockers • Anticoagulants



5. From the obtained statistical data, it is clearly evident that Patients having High B.P (>200) are **referred to cardiologist** for further treatment by General Practitioners.

Severe Ischemic changes and angina were other reasons when a GP refer a patient to a Cardiologist for timely treatment in Jaipur.

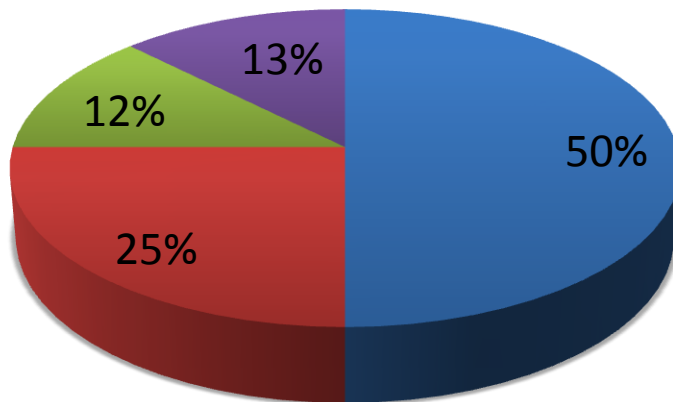


6. The most important **factors considered by GP for prescribing a brand** is *Quality, Molecule superiority and cost* in the treatment of CVD in both the cities.

In Mumbai, Cardiologists consider Company image where as scientific data is considered in Jaipur as well.

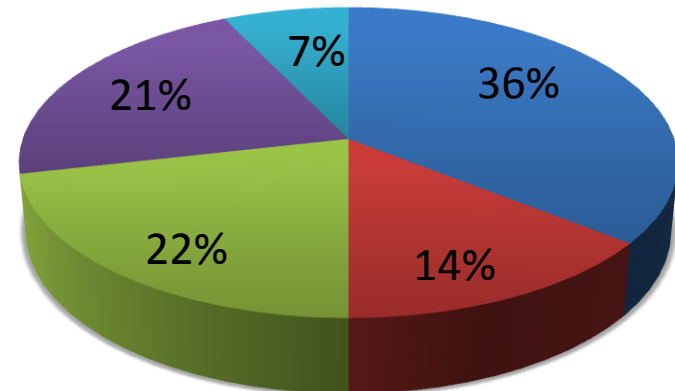
Mumbai , (Specialist)

- International Guidelines
- Indian studies
- Comparative studies
- Long term studies



Jaipur , (Specialist)

- International Guidelines
- Indian studies
- Comparative studies
- Long term studies
- Drug authority approval

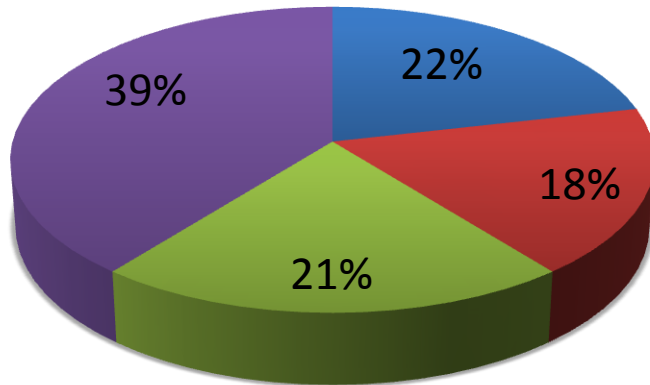


7. Kind of Communication makes believability in a specific brand:

As recorded Mumbai and Jaipur Specialist (Cardiologist) believes in International Guidelines.

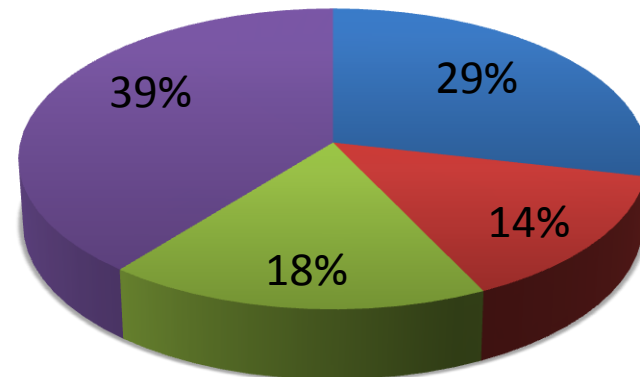
Mumbai (GP)

- International Guidelines
- Indian studies
- Comparative studies
- Long term studies

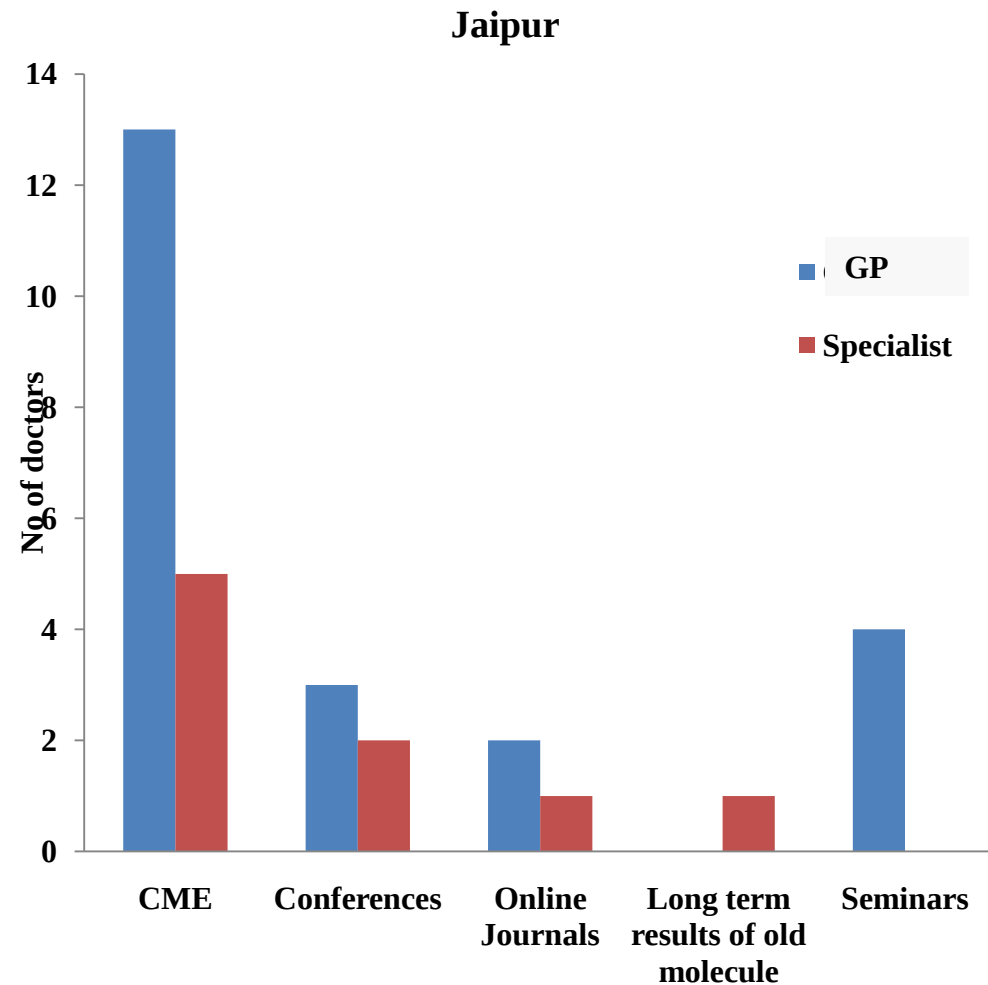
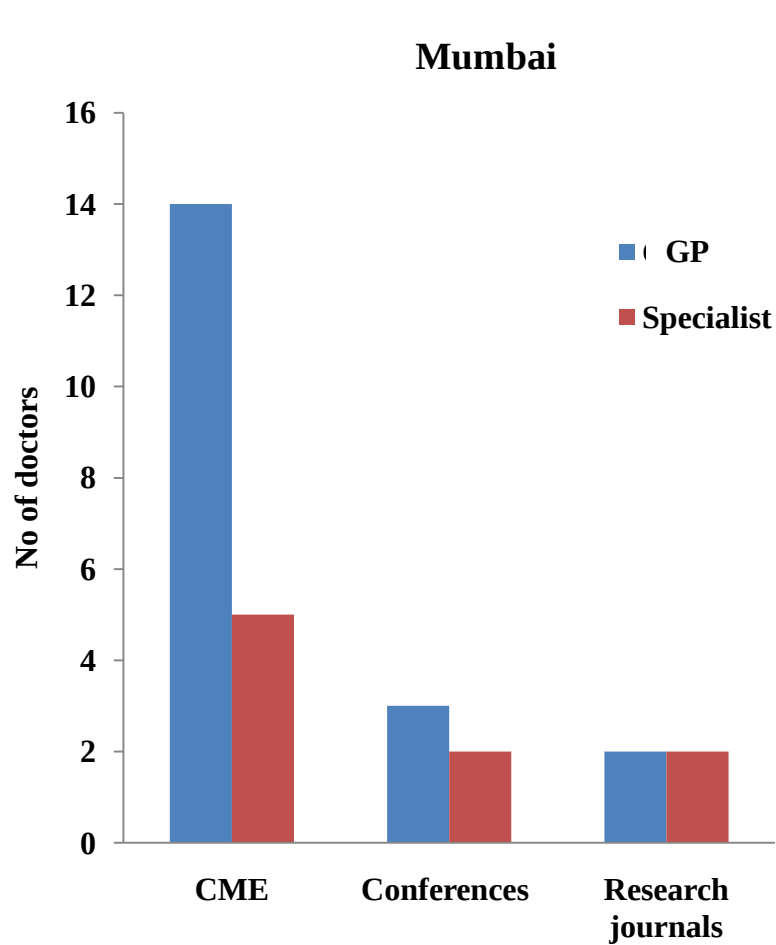


Jaipur (GP)

- International Guidelines
- Indian studies
- Comparative studies
- Long term studies

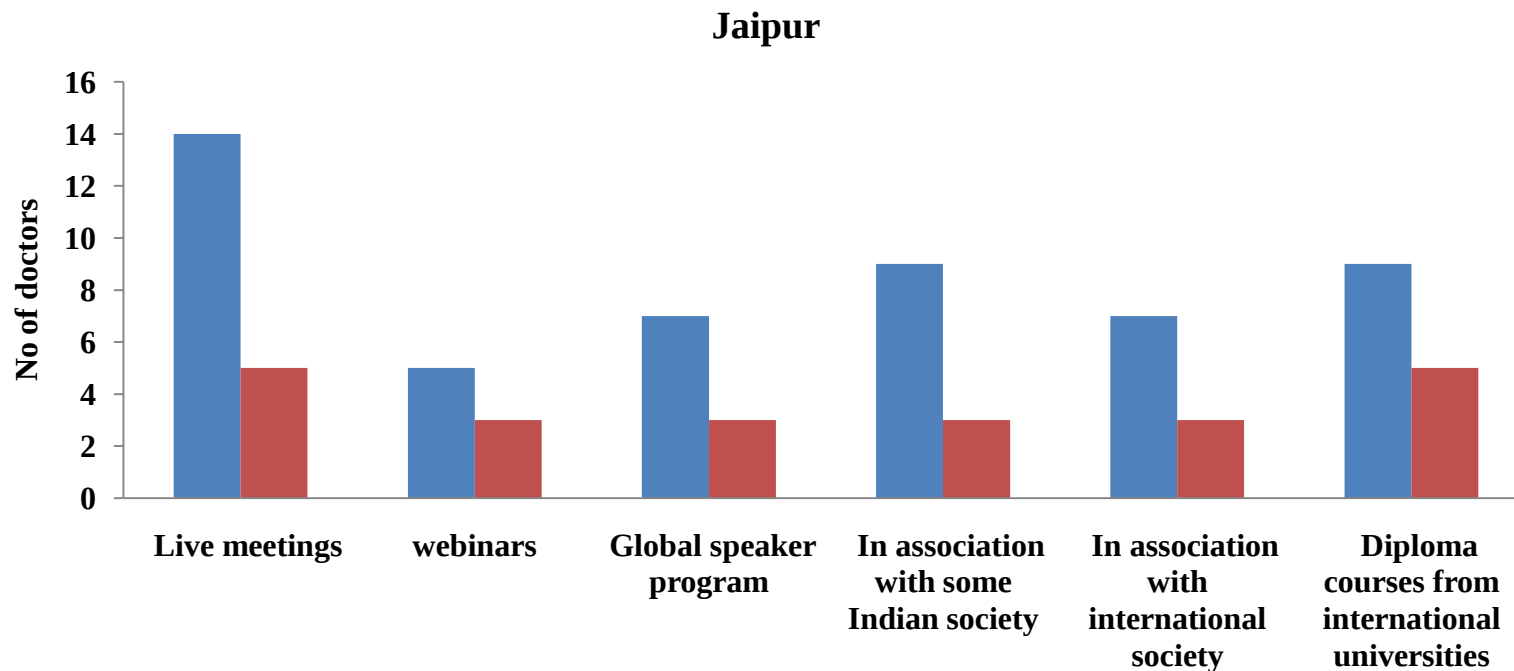
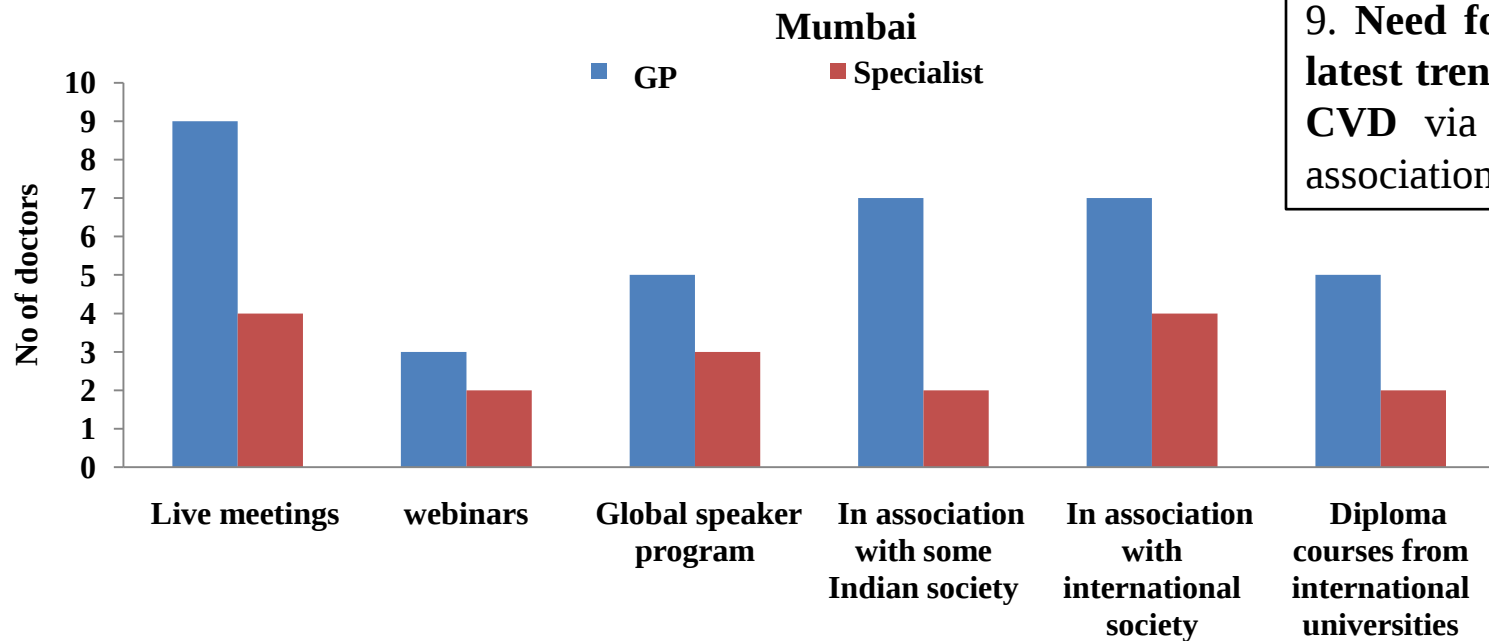


For Mumbai and Jaipur GP's long term studies increases believability in a specific brand

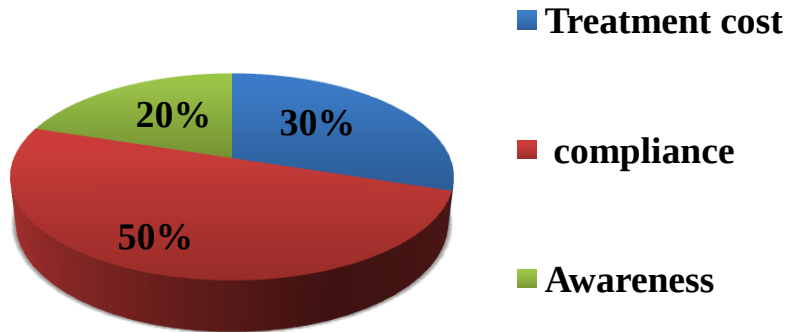


8. CME and Conferences were the **medical education needs** for the doctors of Mumbai as well as Jaipur.
For Jaipur GP's seminars was also requested for in- clinic medical education.

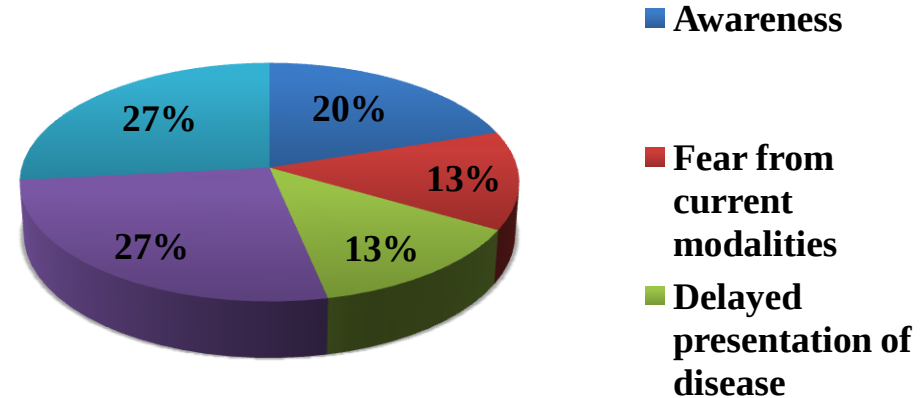
9. Need for updates regarding latest trends in management of CVD via live meetings or in association with Societies.



Mumbai,(Speciality)

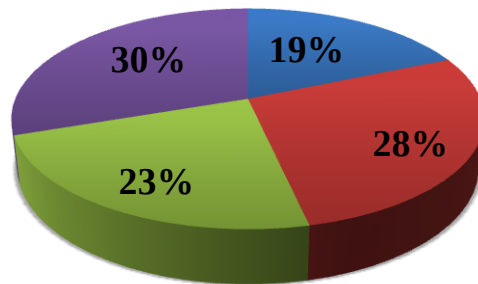


Jaipur , (Specialist)



Mumbai (GP)

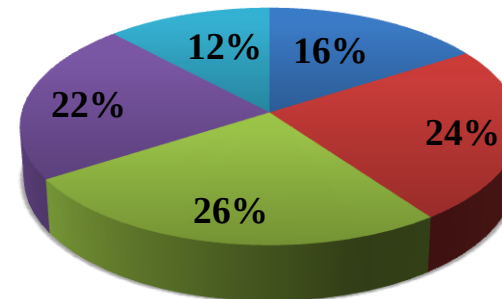
- Irregular medication
- Treatment cost
- Awareness
- Lack of diet control



At patient level

Jaipur (GP)

- Illiteracy
- lack of diet control
- Treatment cost
- Irregular medication
- Awareness

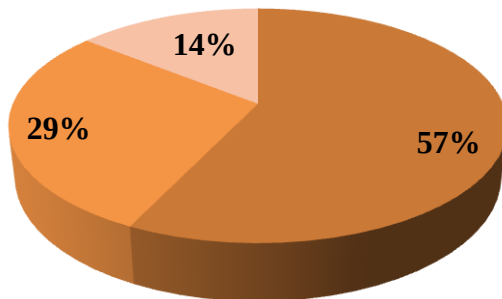


10. Challenges Faced at Patient level are treatment cost and lack of awareness by specialists of Mumbai and Jaipur.

For Gp's other challenges such as irregular medication, illiteracy was also major faced.

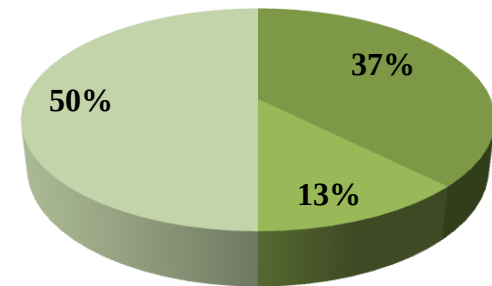
Mumbai ,(Specialist)

- Convincing patients
- Irregular follow ups
- Lack of Infrastructure



Jaipur ,(specialist)

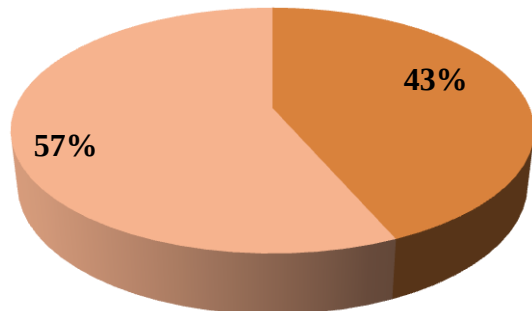
- Irregular follow ups
- Lack of diagnostic tools
- Convincing patients



At Doctor level

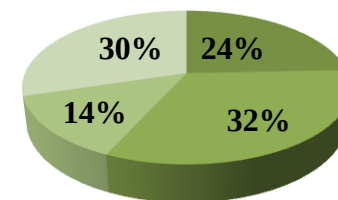
Mumbai , (GP)

- Irregular follow up
- convincing patient



Jaipur (GP)

- compliance
- Convincing patients
- Lack of diagnostic tools
- Lack of education



At Doctor level- Specialists faces challenges such as *irregular follow up* of patients but for Gp's *convincing patient* is also a task.

Conclusion

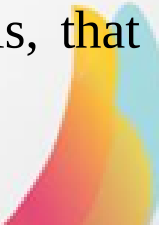
- The overall findings of the study helped us to understand the prescription behaviour of the general practitioners as well as the specialists (Cardiologists) and the reasons that influence them to prescribe various brands in the cardiac segment, the challenges faced at different stake holder level.
- ECG and B.P measurement were the most preferred diagnostic tool used in the diagnosis of CVD with Aspirins, lifestyle modifications and regular exercises being the best preventive therapy for treatment of CVD. Beta blockers, ACE inhibitors, ARB's were the commonly used 1st and 2nd line therapies for treating CVD.



- The efficacy, quality, cost and medical superiority are few main factors that motivated the doctors to prescribe any brand in both the cities. Reputation of the company was also one of the factors.
- It was found that the most preferred mode of communication by the doctors that made them believe in a specific brand were Indian studies and international Guidelines. Doctors wanted to be updated on the latest trends through CMEs, live meetings, as these meetings would have face to face interactions which would help them to stay updated.



- Medical representative play a vital role in the pharmaceutical industry and have to be well educated with product knowledge, etiquettes and good communication skills.
- Therefore the overall findings and observations helped us to know the prescription behaviour and challenges faced at stake holder level in Mumbai and Jaipur..
- Illiteracy is a major problem faced and hence convincing patients for treatment becomes difficult.
- Seriousness with respect to the diseases is lacking in patients. They take the disease lightly which can sometimes lead to serious consequences
- Lack of well trained nursing staff for treating CVD
- In some cases, inspite of best efforts no results are seen, such cases are challenging
- Medical representatives should help doctors use the online research journals, that keeps them updated.



Strategies

- Creating awareness among patients who are suffering from Hypertension, Heart failure and other CVD via campaigns and workshops.
- Celebrating various Health Days Such as World PAH Day, World Hypertension Day and creating awareness among Doctors, patients, paramedics level.
- *Preventive Therapy*
 - Lifestyle Modifications
 - Timely treatment of the disease
 - Diet Control
 - Salt Restriction
- A visual Aid must communicate Effectiveness & Bioavailability of the molecule as they motivate Doctors to Rx a particular brand.



- Organizing CME'S, Live meetings and associating with international societies such as American association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), Australian Cardiovascular Health & Rehabilitation association (ACRA) for promoting their products.
- Proper training & field force motivation campaign can be done by showing them videos and various activities involving doctors as well as patients as they are the major stakeholders.



Thank You!!

