Empirical Evidence on The Role of Public Warnings on Physicians Drug Prescriptions Behavior

Pierre Dubois and Tuba Tunçel

Toulouse School of Economics

Harvard Center for Risk Analysis Risk, Perception, and Response Conference

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- Example: new results on the increase of suicidal thinking in children reported in 2004 for selective serotonin reuptake inhibitors (SSRI)



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- Pubic health authority ANSM is in charge of drug authorization and regulation the use of prescription drugs gives usage conditions and recommendations to physicians



Information Release and Warnings

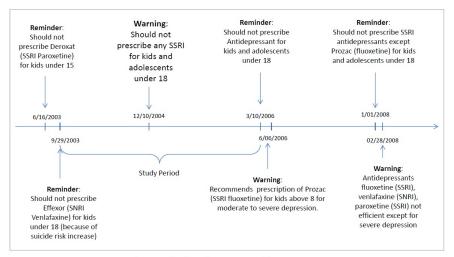


Figure 1: Timeline of Events on Antidepressants



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 - Choice probability of antidepressants with a Random Coefficient Logit Model (allow heterogeneity of decision makers)

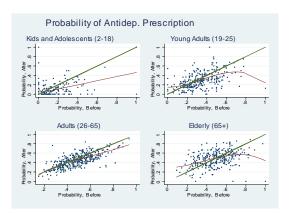
Antidepressant Prescriptions - Means

Table 1: Antidepressant Prescriptions Probabilities at Diagnosis

	•				
Antidep.	All	Kids and	Young Adults	Adults	Elderly
Group	Ages	Ado. (2-18)	(19-25)	(26-65)	(65+)
SSRI	29.4%	10.1%	23.8%	31.9%	29.1%
SNRI	5.5%	1.0%	4.1%	6.3%	4.6%
TCA	2.4%	1.1%	0.9%	2.4%	4.7%
Other	5.6%	1.7%	3.3%	5.4%	10.2%
None	57.1%	86.1%	67.9%	54%	51.4%
Patients	173,207	9,815	19,949	122,178	21,174

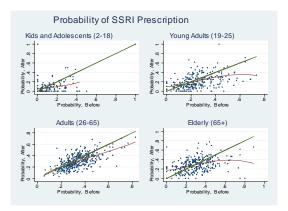
Antidepressant Prescriptions Changes

 Prescription probability for kids and adolescents decreases after warning for almost all physicians with initial prescription probability above 10 %. Much less changes for other age categories.



SSRI Prescriptions Changes

 Probabilities of SSRI prescriptions are lower for kids and adolescents than for other age groups. It decreases after warning, with heterogeneity.



Mixed Logit Results - Means of Marginal Effects

Depression		Mild			Severe		
		Prob. (%) Cha		Change	Prob.	Prob. (%)	
Prescription	Age group	Before	After		Before	After	
No Antidepressant							
	Kids (2-18)	70.6	72.8	+2.2%	14.3	15.9	+1.6%
	Young Adults	17.0	14.6	-2.3%	1.9	1.7	-0.2%
	Adults	17.9	15.0	-3.0%	2.3	1.9	-0.3%
	Elderly	15.9	11.1	-4.8%	1.2	0.8	-0.4%
SSRI							
	Kids (2-18)	16.7	14.2	-2.5%	47.5	43.2	-4.3%
	Young Adults	18.4	19.7	+1.3%	26.9	26.9	-0.1%
	Adults	20.1	18.4	-1.7%	26.9	23.6	-3.3%
	Elderly	20.4	20.9	+0.5%	24.2	23.8	-0.5%



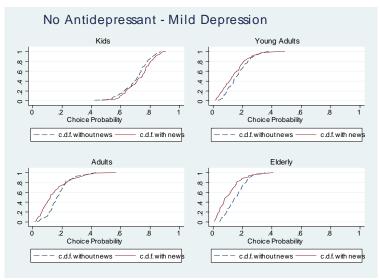
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Depression		Mild				Severe		
		Prob. (%)		Change	Prob.	(%)	Change	
Prescription	Age group	Before	After		Before	After		
SNRI	Kids (2-18)	3.3	3.7	+0.4%	10.6	12.4	+1.7%	
	Young Adults	20.8	22.6	+1.8%	21.2	23.1	+1.9%	
	Adults	20.4	22.9	+2.5%	22.3	24.6	+2.3%	
	Elderly	21.9	22.5	+0.6%	27.0	26.2	-0.9%	
TCA	Kids (2-18)	2.6	2.7	+0.1%	7.2	7.9	+0.7%	
	Young Adults	21.1	21.7	+0.6%	21.5	22.3	+0.8%	
	Adults	22.8	22.0	-0.8%	25.8	24.4	-1.4%	
	Elderly	19.2	22.0	+2.8%	20.0	22.3	+2.3%	
Other	Kids (2-18)	6.8	6.5	-0.2%	20.3	20.6	+0.2%	
	Young Adults	22.7	21.3	-1.3%	28.5	26.1	-2.4%	
	Adults	18.8	21.7	+2.9%	22.7	25.4	+2.8%	
	Elderly	22.6	23.6	+0.9%	27.5	26.9	-0.6%	



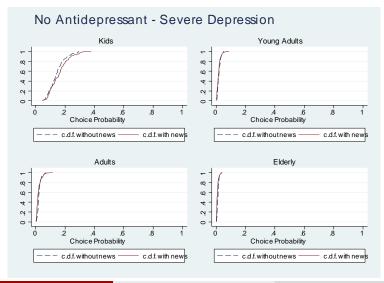
Change in c.d.f. of Predicted Probabilities

No Drug

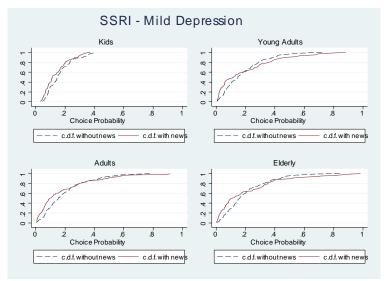


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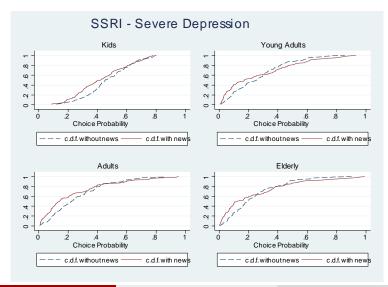
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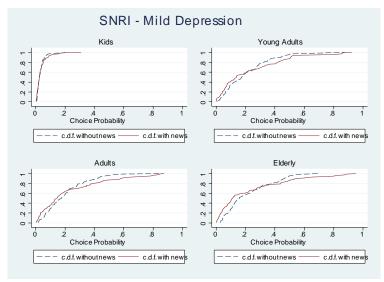
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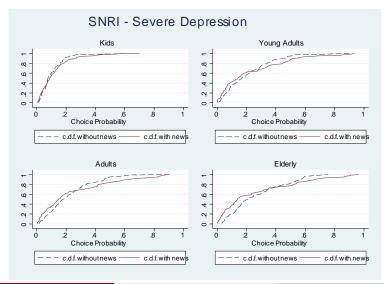
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- Potential explanations: some physicians interpret warning on SSRI for kids and adolescents (which is clearly a 'bad' news about SSRIs for kids and adolescents) as 'bad news' for other age groups too and others as 'good news' for SSRIs in other age groups (they may think if there was bad news for other age groups they would be informed).

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- As warning does not recommend substitutes: different reactions substituting to other drugs or not.

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- Effect may depend on whether physicians are *Bayesian updating* (like in *Rheinberger and Hammitt*)