EDITORIAL

pfizerdiabetes.com
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Occasionally, in this space, we review matters of concern to consumers and clinicians regarding clinical care. Recently, I commented on 1 on 1 health™, the consumer Web portal for GlaxoSmithKline (P&T, February 2004). In this issue of P&T, I would like to add some context for another important Web portal for consumers and physicians, namely, www.pfizerdiabetes.com.

I believe that it is important for all P&T committee members to become aware of how patients access educational materials about drugs and drug therapies. This Web site is a fascinating one, with internal linkages for both health care professionals and consumers. I shall review these in turn and then offer some caveats for the future.

The component of pfizerdiabetes.com that is intended for health care professionals is well organized and visually pleasing. It contains many links to other resources, such as the American Diabetes Association and the National Kidney Foundation. Some interactive materials, such as Journal Manager, automatically organize recently published peer-reviewed information about the treatment of type-2 diabetes. Naturally, this site focuses on Glucotrol XL® extended-release tablets (glipizide), an important Pfizer product. Yet, as a physician with a special password-protected access point, I am able to order samples; educational materials; practice tools such as pens, clipboards, and similar items; and additional clinical literature. I especially liked the survey component that enables physicians to establish two-way communication with a giant pharmaceutical company like Pfizer.

How can Pfizer know the value of such a site without direct feedback? I encourage all P&T committee members who are involved in the care of patients with type-2 diabetes to visit the health care professional segment and to fill out the survey form.

The other arm of pfizerdiabetes.com is clearly labeled for those who are not health care professionals. I looked at this material as well and found a description of “GXL for Living,” shorthand for “Glucotrol for Living.” This interesting section offered access to meal-planning menus; coupons for other related products, such as Lubriderm® lotion; and a unique calorie counter. I felt that the information available to nonprofessionals was reasonably free of bias and that it adequately described the known side effects of Glucotrol®.

I also found the section labeled “Common Questions” to be helpful. In this part, consumers can review frequently asked questions about Glucotrol® therapy, including such topics as: “How often do I take it? What are the known side effects? How can I remember to do all the right things for my diabetes?”

My view of consumer-oriented materials on the Web is rather neutral; that is, I am in favor of whatever works. Because few data are available to let us know the true impact of these sites, I have been reluctant to make strong value judgments one way or another.

It strikes me that the Web site is on a par with 1 on 1 health™, although Pfizer’s goals and objectives might be different from those of GlaxoSmithKline’s. Even so, some caveats are important. My review of these pharmaceutical company-sponsored consumer and professional portals is not meant to be exhaustive. Surely, other sulfonylureas in the marketplace are probably comparable with and less expensive than Glucotrol XL®. However, one cannot help being impressed by the scope and depth of the Web-based tools put forward by such giants as GlaxoSmithKline and Pfizer.

Many questions remain in my mind about the value of these sites. How do we measure their impact—the number of “hits,” the number of patients who receive a prescription, and the total sales? I would call on the industry to support a neutral third-party evaluation of these ever-expanding consumer portals. I believe that P&T committee members would like metrics that would enable them to measure the impact of these sites. In turn, this would make it simple for us to refer clinicians and consumers to one site, as opposed to another, thereby improving physician adherence with practice guidelines and patient compliance with drug regimens.

I believe that, in the long run, these sites will be modified and will become effective adjuncts in our clinical armamentarium. In the meantime, I hope that the industry will pick up my gauntlet and will provide investigators with resources to begin measuring the impact of these efforts.

As usual, I am interested in your views. You can reach me at my e-mail address, david.nash@jefferson.edu.