



Writing for patients and the public – top tips for medical writers

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MedComms Networking Event 1 March 2017
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Sounds great but ...

A selection of Homemade Dessert's

Freshly brewed Coffee served with Caramelized Biscuits

How about a glass of Wine or Port



The challenge of writing

- What is easy...
 - To write 'rubbish'
 - Put it down and let them figure it out
 - If you can't convince them, confuse them

- What is harder ...
 - To make writing clear, concise and understandable



A personal challenge

- Diploma in Plain English

Plain English Campaign

Fighting for crystal-clear communication since 1979



- Writing is a true skill
- Writing for patients is an amazing skill



In this session

- Quick refresher of key writing skills
- Top tips



Plan before you start

- Have a clear plan about what you want to communicate
 - What do they want to know?
 - Remove the 'so what' information
- Put the most important information first
 - Call to action
 - Executive summary



Be personal

- More information can be provided by the prescribing healthcare professional.
- If you need more information, please ask your doctor, nurse or pharmacist.



Chop to keep sentences short

- **I am writing** in response to your recent enquiry concerning the use of XXX.
- **I must point out that** we are not legally allowed to
- I am enclosing a cheque for **the sum of** £12.96.



Jargon

- Average UK reading age is that of a 9-12 year old child
 - Pharmacovigilance
 - Healthcare professional
 - Adverse event
 - Black triangle additional monitoring
- Understandable vs dumbed down and patronising



Correct, consistent terminology

- Use everyday, conversational words
 - patients
 - patient information leaflets
 - patient websites
- Me: People with sight problems
- RNIB: if you're losing your sight or you're blind or partially sighted



Layout is critical



Smith et al, in double blind randomized study, investigated 197 patients with CF. 100 patients were given 200mg DrugX three times daily (TID) for 10 days and the rest received placebo. Of the 197 patients, 24 had a complete response, and 115 had a partial response; 38 had acute disease, and 29 had chronic disease. A better response was associated with the use of DrugX (odds ratio, 3.68; 95% confidence interval [CI], 1.63 to 8.81; $P = 0.001$) or a prompt presentation to a GP once symptoms had appeared (<2 days) (odds ratio, 2.55; 95% CI, 1.32 to 4.96; $P = 0.006$).

Jones et al published a double blind, randomized placebo controlled trial in 230 adults with CF. Patients received 300mg DrugX TID or placebo. Clinical symptoms were assessed at days 1, 5, 10 and 20. The mean duration of CF was 10 days in the treatment group vs 30 days in the placebo group ($p=0.001$). Symptoms resolved quicker in the drug treated group. The number of daily dry coughing episodes in the drug treated group were 30, 15, 5 and 1, and 32, 20, 22 and 20 in the placebo group, at days 1, 5, 10 and 20 respectively ($p=0.001$). Patients with skin rash in the drug treated group totaled 10, 00, 55 and 30 and in the placebo group totaled 100, 90, 85 and 70 at days 1, 5, 10 and 20 respectively ($p=0.001$).

Please note that the current SPC states:

DrugX is a broad spectrum antibiotic indicated for the treatment of commonly occurring bacterial infections such as: Upper respiratory tract infections, Otitis media, Acute and chronic bronchitis, Chronic bronchial sepsis, Lobar and bronchopneumonia, Cystitis, urethritis, pyelonephritis, Echinococcosis in pregnancy, Gynaecological infections including postpartum sepsis and septic abortion, Gonorrhoea and Penicillitis.



Thank you for your enquiries about DrugX (generic name).

- The use of DrugX to treat Q fever.
- The storage conditions for DrugX.

The use of DrugX to treat Q fever

DrugX is a broad spectrum antibiotic indicated for the treatment of commonly occurring bacterial infections. It is not licensed for the treatment of Q fever and so we cannot recommend its use in this way.

However, I have performed a literature search across our in-house database, Medline and Embase, which has identified two studies where DrugX has successfully treated Q fever.

Jones et al established a double blind, randomised placebo controlled trial in 230 adults with QF. Patients received 300mg DrugX TID or placebo. Clinical symptoms were assessed at days 1, 5, 10 and 20. The mean duration of QF was 10 days in the treatment group vs 30 days in the placebo group ($p=0.001$).

	Day 1	Day 5	Day 10	Day 20
Number of daily coughing episodes with drugX	30	15	5 ($p=0.001$)	1 ($p=0.001$)
Number of daily coughing episodes with placebo	32	28	22	20
Number of patients with skin rash with drugX	110	80	55	30
Number of patients with skin rash with placebo	105	90	85	70 ($p=0.001$)



Understandable images



What is it used for?



Consider text formatting

- DO NOT HESITATE TO CONTACT ME
- *Do not hesitate to contact me*
- The quick brown fox jumps over the lazy dog



Always proof your work

- An ode to a PC



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