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

Jayne Packham

MedComms Networking Event 1 March 2017
www.MedCommsNetworking.com

Jayne Packham Consultancy
www.jaynepackham.co.uk
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.
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 investigated 197 patients with QF. 180 patients were given 240mg OmegX three times daily (TTO) for 10 days and the rest received placebo. Of the 197 patients, 24 had a complete response, and 113 had a partial response. 38 had acute disease, and 20 had chronic disease. A better response was associated with the use of OmegX (odds ratio, 3.68; 95% confidence interval [CI], 1.63 to 8.01; 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 = 0.003).

James et al published a double blind, randomized, placebo controlled trial in 230 adults with QF. Patients received 360mg OmegX TTO 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). Symptoms resolved quicker in the drug treated group. The number of daily dry coughing episodes in the drug treated group were 10, 15, 5 and 1, and 32, 29, 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 totalled 110, 60, 55 and 20 and in the placebo group totalled 100, 50, 45 and 70 at days 1, 5, 10 and 20 respectively (p=0.001).

Please note that the current SPC states:

OmegX is a broad-spectrum antibiotic indicated for the treatment of community-occurring bacterial infections such as: Upper respiratory tract infections, Otitis media, Acute and chronic bronchitis, Chronic bronchial sequelae, Leukemia and bronchiopneumonitis, Cystitis, urethritis, pyelonephritis, Endocarditis in pregnancy, Gynaecological infections including puerperal sepsis and septicaemia, Chancroid and Pelvicitis.
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 community 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.

James et al published a double blind, randomized, placebo controlled trial in 236 adults with QF. Patients received 30mg DrugX IVD or placebo. Clinical symptoms were assessed at days 1, 5, 10 and 30. The mean duration of QF was 10 days in the treatment group vs. 30 days in the placebo group (p<0.001).

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 5</th>
<th>Day 10</th>
<th>Day 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of daily coughing episodes with DrugX</td>
<td>95</td>
<td>65</td>
<td>5</td>
</tr>
<tr>
<td>Number of daily coughing episodes with placebo</td>
<td>32</td>
<td>26</td>
<td>22</td>
</tr>
<tr>
<td>Number of patients with skin rash with DrugX</td>
<td>115</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>Number of patients with skin rash with placebo</td>
<td>95</td>
<td>55</td>
<td>55</td>
</tr>
</tbody>
</table>

**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

Ann owed two a pea see
Get in touch

- Bespoke in-house training
- Writing projects

www.jaynepackham.co.uk
jayne@jaynepackham.co.uk