

# Measurably better patient communication

Production and usability testing  
of patient information materials

October 2005

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## **Measurably better patient communication**

### **This is Consumation's mission**

#### **To produce better patient information**

Patient information affects your patients' quality of life. They can be delighted or frustrated at the materials you give them to read. Properly designed information, and messages that are understood, can make people's lives better *and* enhance your corporate image. Patients tell us they're delighted with the information we produce. Wouldn't it be great if people felt like that about your information?

#### **To succeed within regulatory constraints**

We advised the European Commission when it was drawing up its readability guideline. We have close links with CRIA in Australia, world authorities on information design. We know how to achieve great results within the constraints of European regulation, and within the limits of technology. But we know the real experts are your patients. Measurable user-testing is at the heart of all we do. We listen to patients, we act on their suggestions, and then we test our work on them. So don't expect us to tell you how good our work is. Your patients will do that for us.

#### **To bring you and your patients closer together**

We'll help you talk to patients about complex technical issues in their own language. Research shows that readers are often cynical about information from manufacturers. But it also shows that unjust suspicion and mistrust can be countered by the techniques of skilled information design. We are experts in the field of communications research, with special expertise in food and health. It's our speciality – and we do it better than anyone else.

## Five reasons you need better information

### **1** User-friendly information is a legal requirement

It's not always easy to keep to the spirit of user-friendliness, when the letter of the law is so demanding. Our user-testing strengthens your hand.

### **2** Good communications build up the bottom line

We can talk science to your patients, in their own language. Patients will be grateful – and grateful patients are likely to be loyal patients.

### **3** If your message doesn't get across, some rubbish will

Press, Internet, media hype: there's a lot of drug disinformation out there. We can make sure the truth is accessible, relevant, clear and practical.

### **4** Well-informed patients use medicines better

More and more, people want to be partners in their medical care. You can help them. Top quality information is the best tool they can have.

### **5** 'Failure to warn' provides grounds for litigation

Cases based in 'failure to warn' are beginning to interest UK lawyers. Failing to invest in state-of-the-art information could be a false economy!

## Measurably better patient communication

## The benefits you can expect

Consumation will improve the quality use of medicines within existing regulations by designing excellent consumer information. The results you can expect are:

- More effective and better quality use of the medicines you produce
- Specialist solutions to regulatory problems
- Improved user relationships and consumer loyalty
- Ethical leadership within the industry
- Protection against future litigation, through best practice in communication.

Consumers benefit from excellent information that is tailored to their needs.

## How Consumation achieves success

Consumers are different to you and me. They use most medicines when they are ill. They cannot always be persuaded to follow the instructions in the way that regulators want them to, and they naturally understand a lot less about medicines than the manufacturers, regulators or other professionals.

**Consumation succeeds by talking to consumers in their own language.** Research tells us that the most successful mode of communication is a conversation – with its non-verbal signals, and the opportunities it offers for checking that the message has got through. Clearly, we can't have a conversation with a piece of paper. But we *can* use the model of conversation in the design of documents. We do this in interviews with potential users which test ideas and solicit feedback, as part of the process of information design.

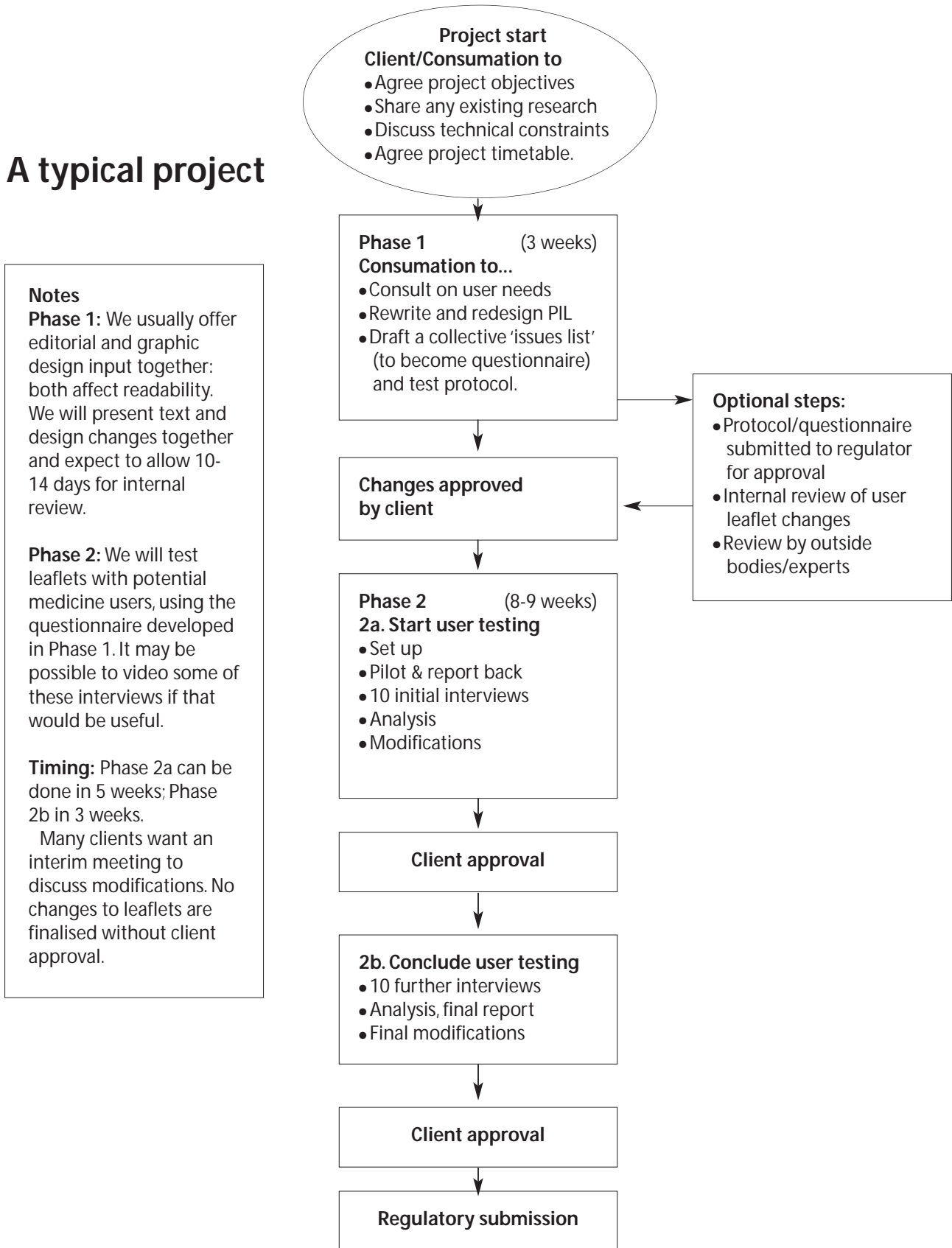
These are the building blocks of a typical Consumation project:

- We identify the dozen key points about a given medicine that must be clearly understood by each user, and use these to build a questionnaire
- We recruit potential users of the product and interview them, using the questionnaire to find out how people use and react to the information leaflet we give them. This allows us to give a score to existing or newly-drafted leaflets
- We bring the results back to our client, and agree areas we need to work on
- We then re-design the leaflet, within appropriate regulatory requirements, to the highest standards of information design
- Our client approves the new design
- We test, and score, the new design against the same criteria as the old
- We present clients with the new design and both sets of scores – hard evidence of how the re-designed information has improved in user-friendliness.

# Consumation

Consumer information design

## A typical project



## Meet the team

**David Dickinson MA FRSA, Principal consultant**, has 15 years' experience in building bridges between the health business and consumers, and was the founder of Consumation in 1997, after 7 years as editor of the award-winning consumer magazine *Health Which?* Since 1997, he has worked with bodies as various as the UK's Food Standards Agency and the Multiple Sclerosis Society – but most of his work has been in medicines leaflets. Working with leading companies and with regulators including the EMEA, MHRA and the European Commission, he has also published on the information needs of medicines users in *Patient Education and Counseling* and the *British Medical Journal*. David sits on the UK's Expert Advisory Group on patient information, is much in demand as a speaker, and keeps in close touch with global developments in patient communication and its regulatory implications.



**Suzy Gallina BA** has an honours degree from the renowned University of Reading in Typography and Graphic Communciation. She is an information designer with a strong track record in typography, magazine editorial and information design. Her special interests include health and medicines, but she also works on voluntary and charity projects. She is a sympathetic interviewer, and her wide experience, over 20 years, embraces type, design, use of clear language, usability testing and project management.

**Jane Teather MA** (Cantab) is an information designer whose academic background was in the biomedical sciences and medical research. She moved to a marketing and technical writing in the communications industry before becoming a full-time information designer in 1991. Her special skills include technical and other writing; design, layout and typography; digital illustration; print and production consultancy; editing and proofreading.

# Consumation

## Consumer information design

### These generic model leaflets show typical design styles

### Burofen tablets

Ibuprofen 200mg

**Please read this leaflet and keep it. You may need to come back to it. It is meant for you to read before you take your medicine, but it will be useful later on as well.**

This medicine is yours. Your doctor has prescribed it for you personally and you should not pass it on to anybody else – it may harm them, even if they have the same illness.

**If you have any questions, please ask your doctor.**

**Burofen 200**  
Ibuprofen 200mg  
White oval tablets, marked IB-200

The active ingredient in Burofen tablets is Ibuprofen, 200mg per tablet. Burofen comes in packs of 10, 30 or 90 film-coated tablets.

**Other ingredients of the tablets are:** croscopolone, hydroxypropyl cellulose, lactose monohydrate, magnesium stearate, microcrystalline cellulose, polyethylene glycol, silicon dioxide, talc, titanium dioxide E171. Burofen tablets are designed to be swallowed whole.

**Manufacturers**  
Makers Mark plc, The Factory, Northtown, North Yorks YO1 800.

**Licence-holders**  
Licenses Holdings plc, Great South Road, Southtown, Surrey CR0 5PD, UK.

### How to take your medicine

In this leaflet:

- 1** What Burofen is and what it does
- 2** Before you take Burofen
- 3** Taking Burofen
- 4** Possible side effects
- 5** Storing Burofen

**1** **What Burofen is and what it does:** more about your medicine

Burofen is a painkiller, one of a family called non-steroidal anti-inflammatory drugs (NSAIDs). It is a treatment for the pain caused by rheumatoid arthritis. It is also used for muscle pain, especially the pain backache, neuralgia (nerve pain), migraine, headache, tooth ache, period pains, feverishness, and symptoms of colds and flu. It works by damping down inflammation, which is often the cause of pain and fever.

**What arthritis is**  
Arthritis just means painful joints. Osteoarthritis is the more common type of wear-and-tear arthritis, which most often affects people over 60. Rheumatoid arthritis is a particularly painful type which most commonly affects people between the ages of 30 and 50.

**What arthritis feels like**  
With rheumatoid arthritis, you may have felt pain which is worse in the morning. Many people say their joints feel 'hot' when they flare up.

**2** **Before you take Burofen:** things to check before you start

**Some people shouldn't take Burofen at all**  
Talk to your doctor if you have any of the conditions in this list or if you're not sure

- **Don't start taking the tablets...**
- **if you have a stomach ulcer** (peptic ulcer) or used to
- **if you are allergic** to any of the ingredients (see box left)
- **if you react badly to milk or lactose** (if you are lactose-intolerant)
- **if you have ever had allergic reactions to ibuprofen, aspirin or other NSAIDs.** These may include wheezing, rash or runny nose.

**Taking Burofen may make things worse. Talk to a doctor first.**

**Some people need to take special care with Burofen**

- **if you have kidney, liver or heart problems** (or if you used to). If you do have kidney problems and you have to take Burofen, your doctor may test your kidneys before and after
- **if you have asthma** (or used to)
- **if you are breastfeeding** You can take the tablets when you're breastfeeding. A little ibuprofen does get into breast milk, but it's unlikely to do your child any harm
- **if you are over 60** Older people are more at risk from the serious effects of any

reactions. If you are over 60, take just enough Burofen to make you feel better.

**If you're worried, talk to a pharmacist (chemist) or doctor.**

**Burofen and other medicines**  
If you are taking a medicine listed here, talk to a doctor or pharmacist before taking Burofen

- **drugs that thin the blood** (anticoagulants). Burofen may make the blood thinner still
- **drugs for high blood pressure** (antihypertensives). Burofen and other NSAIDs may work against them
- **aspirin** (or other painkillers in the NSAID family). If you take these at the same time as Burofen, you are more likely to get a bad reaction
- **water tablets** (diuretics). Burofen (and all NSAIDs) may work against these.

**Women who are pregnant or breast feeding**  
Don't take Burofen if you're pregnant or planning to get pregnant. If you're breast feeding, you can still take Burofen.

**If you drive or use machines**  
Burofen has no effect on your ability to drive or use machines.

**3** **Taking Burofen:** getting the dose right

**The usual dose...**

These are the doses you should take, unless your doctor told you something different.

**Adults (18 and over)**  
**For the first three days:** take 2 tablets a day, in the morning and the evening, with at least 10 hours between tablets.  
**From the fourth day onwards:** 1 tablet every day, at any time.

Swallow the tablets whole with a glass of water.

Take Burofen with food: just after a meal is best.

Burofen is not meant for people under 12.

**Don't take more than 2 tablets in one day.**

When you first start treatment, you need to build up the amount of Burofen in your system. For the first three days, take 2 tablets a day. After that, take 1 tablet a day. See the diagram, above.

From the fourth day onwards, it doesn't really matter when you take your tablets, but it may be easier to remember them if you have a special time each day, like breakfast time.

**If you miss a dose,** don't worry. Check how long it is until you're due to take your next tablet. If it's more than 10 hours till your next tablet, take the missed dose straight away. If it's less than 10 hours, forget about the missed dose. Take the next tablet as usual, and carry on from there.

**If you take too many tablets, talk to a doctor as soon as you can.** Tell them you are taking this medicine. You may get some reactions to the medicine, or you may need some tests.

**If you feel that the medicine is not working,** talk to a doctor.

**4** **Possible side effects** what to look for, what to do

Some people get side effects when they take Burofen. Most people don't. Remember that there are benefits to taking your medicine: for most people, the benefits are much more likely than the side-effects.

Look out for any of these, and if you notice them, or anything else unusual that you think is due to taking Burofen, tell a doctor or pharmacist (chemist) as soon as you can.

**Common effects**  
*these may affect 2 to 6 people in every 100 people:*  
**Digestion:** indigestion, feeling sick, pain in the gut  
**Skin:** Itching, rash

**Uncommon effects**  
*these may affect 1 or 2 people in every 100 people:*  
**Brain and head:** headaches, dizziness, hearing disturbances

**Rare effects**  
*these may affect less than 1 in every 100 people:*  
**Digestion:** stomach ulcers or internal bleeding  
**Skin:** peeling or blistered skin  
**Blood:** thrombocytopenia – easy bruising, if blood has too few platelets  
**Whole body:** flu-like illness or jaundice (yellowish skin), producing less urine – kidney failure

**5** **Storing Burofen:** keeping your medicine

Keep Burofen away from children – somewhere they can't see it or reach it

Keep in a dry place at less than 25 C (75 F).

Don't take the tablets after the expiry date printed on the box.

This leaflet was last changed 10 January 2000.

now turn over ►

### How to take your medicine

**3** **Taking Burofen:** getting the dose right

**The usual dose...**

These are the doses you should take, unless your doctor told you something different.

**Adults (18 and over)**  
**For the first three days:** take 2 tablets a day, in the morning and the evening, with at least 10 hours between tablets.  
**From the fourth day onwards:** 1 tablet every day, at any time.

Swallow the tablets whole with a glass of water.

Take Burofen with food: just after a meal is best.

Burofen is not meant for people under 12.

**Don't take more than 2 tablets in one day.**

**4** **Possible side effects** what to look for, what to do

Some people get side effects when they take Burofen. Most people don't. Remember that there are benefits to taking your medicine: for most people, the benefits are much more likely than the side-effects.

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










**5** **Storing Burofen:** keeping your medicine

Keep Burofen away from children – somewhere they can't see it or reach it

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Don't take the tablets after the expiry date printed on the box.

This leaflet was last changed 10 January 2000.

	Day 1:	Day 2:	Day 3:	Day 4:	Day 5:	Day 6 and every day after that:
Morning	2 tablets 	2 tablets 	2 tablets 	1 tablet 	1 tablet 	1 tablet 
Evening						
						Any time of day

# Consumation

## Consumer information design

Open box  
January 2002

### Burofen tablets

#### About Burofen

**Burofen is for treating pain**  
Burofen is a painkiller. It treats the pain caused by rheumatoid arthritis. It is also used for muscle pain, especially backache, neuralgia (nerve pain), migraine, headache, tooth ache, period pains, feverishness, and symptoms of colds and flu. It's one of a family of medicines called *non-steroidal anti-inflammatory drugs* (NSAIDs for short).

**What this medicine does**  
Burofen is not a cure for your condition, but it can make it easier to live with. Burofen and medicines like it are called anti-inflammatory drugs because they damp down the inflammation which is often the cause of pain or fever. They work by cutting down the body's production of inflammatory substances called *prostaglandins*. You should notice that the pain becomes less intense. That should make it easier for you to live your life normally.

**What arthritis is**  
Arthritis just means painful joints. **Osteoarthritis** is the more common type of wear-and-tear arthritis, which most often affects people over 60. **Rheumatoid arthritis** is a particularly painful type which most commonly affects people between the ages of 30 and 50.

#### Burofen Do's and Don'ts

**Don't**

**Don't use Burofen at all...**

- If you have a stomach ulcer (peptic ulcer) or used to have one.
- If you are allergic to any of the ingredients (see box, far left).
- If you have ever had allergic reactions to **ibuprofen, aspirin** or other anti-inflammatory painkillers in the same family. Reactions may include wheezing, rash or runny nose.
- If you react badly to milk or lactose (if you are lactose-intolerant).
- If you are pregnant or planning to get pregnant.
- After the expiry date on the box.

**If any of these applies to you, talk to your doctor or pharmacist.**

**Don't give Burofen...**

- To children under 12. Your doctor or pharmacist will suggest other medicines for younger children.

**Do**

**Do use Burofen...**

- exactly as your doctor told you to.

**Do take Burofen...**

- with a glass of water: swallow the tablets whole.
- with food; preferably after a meal.

**You can use Burofen...**

- If you drive or use machines: Burofen has no effect on your ability.
- If you are breast feeding, you can still take Burofen. A little ibuprofen does get into breast milk, but it's unlikely to do your child any harm.

#### Taking Burofen

**How much to take...**

- **Adults:** 2 tablets every four hours as needed. No more than 8 in 24 hours.
- **Children 12-18 years:** 1 tablet every four hours as needed. No more than 4 in 24 hours.
- **Not for children under 12**

**Swallow the tablets whole, with a glass of water and with food, preferably after a meal.**

**Don't take too much...**

- Don't take more than 8 tablets in 24 hours. See a doctor after 3 days.
- If you take too many tablets, talk to a doctor as soon as you can.
- If you miss a dose, don't worry. Forget about the missed dose. Take the next tablet as usual, and carry on from there.

**Taking Burofen with other medicines...**  
**Make sure your doctor knows if you are taking a medicine listed here:**

- **Drugs that thin the blood** (anti-coagulants). Burofen may make the blood thinner still.
- **Drugs for high blood pressure** (anti-hypertensives). Burofen may work against them.
- **Aspirin** (or other other anti-inflammatory painkillers). If you take these at the same time, you are more likely to get side effects.
- **Water tablets** (diuretics). Burofen may work against these.

**Burofen 200**  
Ibuprofen 200mg  
White oval tablets, marked IB-200

Burofen comes in packs of 10, 30 or 90 film-coated tablets.

**The active ingredient** in Burofen tablets is ibuprofen, 200mg per tablet.

**Other ingredients** are croscopolidone, hydroxypropyl cellulose, lactose monohydrate, magnesium stearate, microcrystalline cellulose, polyethylene glycol, silicon dioxide, talc, titanium dioxide E171.

**Manufacturer**  
Makers Mark plc, The Factory, Northtown, North Yorks YO1 800, UK.

**License-holder**  
Licensee Holdings plc, Great South Road, Southtown, Surrey CR0 5PD, UK.

**Side effects** **over page**

#### Possible side effects of Burofen

**Serious effects: see a doctor at once**  
These are likely to affect less than 1 in every 100 people

- Severe stomach pain, which may be a sign of ulcers or bleeding
- Skin peeling or blisters
- Unusual or easy bruising, caused by shortage of platelets in the blood (thrombocytopenia)
- Flu-like illness
- Yellowish skin or eyes (jaundice)
- Signs of allergy – breathlessness, wheezing, swollen lips, feeling faint
- Producing much less urine, which can be caused by kidney failure.

**If you notice any of these, stop taking Burofen and tell a doctor at once.**

**Less serious, but tell a doctor**  
These are likely to affect 1 or 2 in every 100 people

- Headaches
- Dizziness
- Hearing disturbances.

**If you find these are troubling you, talk to a doctor when you can.**

**Minor effects: tell doctor or pharmacist**  
These are likely to affect 2 to 6 in every 100 people

- Indigestion
- Feeling sick
- Pain in the gut
- Itching
- Rash.

**If you find these are troubling you, talk to a doctor or pharmacist.**

**Some people get side effects** when they take Burofen. Most people don't. For most people, the benefits are much more likely than the side-effects.

**Burofen does not cause drowsiness**, so you can still drive or use machines when you've taken it.

**Look out for any of the effects** listed above, and if you notice them, or anything else unusual that you think is caused by Burofen, **tell a doctor or pharmacist** (chemist) as soon as you can.

#### More information

**Storing Burofen**

- **Keep Burofen away from children** – somewhere they can't see it or reach it.
- Keep in a dry place at less than 25°C (75°F).
- Don't take the tablets after the expiry date printed on the box.

**Other help with pain**

- **Many hospitals have pain clinics.** If you are suffering from a lot of pain for a long time, there may be other treatments that can help. Ask your doctor for details.
- **Self help and support groups** can give advice on your condition and put you in touch with other people who have been through the same thing. Ask your local library for details.
- **Makers Mark runs a helpline** by phone and email which can put you in touch with specially trained advisers who can help you cope with pain.

**Email:** pain-care@makersmark.com  
**Freephone:** 00800 123 4567.

This leaflet was last changed 10 January 2002.

**For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder.**

België/Belgique/Belgien (Nom/Nasam) (Adresse/Adres) L-0000 (Localité) Tel./Tel. + (N° de téléphone/telefoonno)	Luxembourg/Luxemburg (Nom) (Adresse) L-0000 (Localité) Tel. + (N° de téléphone)
Danmark (Navn) (Adresse) DK-0000 (by) Tel. + (telefonnummer)	Niederland (Naam) (Adres) NL-0000 TredenamenE (stad) Tel. + (Telefoonnummer)
Deutschland Name (Anschrift) D-00000 (Stadt) Tel. + (Telefonnummer)	Österreich (Name) (Anschrift) D-00000 (Stadt) Tel. + (Telefonnummer)
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España (Nombre) (Dirección) E-00000 (Ciudad) Tel. + (Teléfono)	Suomi/Finland (Nimi/Nasam) (Osoite/Adress) FIN-00000 (Postitoimipaikka/Stad) Fuh/Tel. + (Puhelinnumero/Telefonnummer)
France (Nom) (Adresse) F-00000 (Localité) Tel. + (Numéro de téléphone)	Sverige (Namn) (Adress) S-000 00 (Stad) Tfn. + (Telefonnummer)
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Italia (Nome) (Indirizzo) I-00000 (Località) Tel. + (Numero di telefono)	

## What information do patients need about medicines?

David Dickinson, D K Theo Raynor; James G Kennedy; Silvia Bonaccorso, Jeffrey L Sturchio

Partnership between health professionals and patients depends, in part, on the provision and exchange of accurate and reliable information about drugs, but who should provide it? We invited contributors to answer the question from the perspectives of patients, clinicians, and the pharmaceutical industry

## Ask the patients—they may want to know more than you think

David Dickinson, D K Theo Raynor

People's appetite for information about their treatment is often greater than doctors believe.<sup>1</sup> Clearly, patients vary in the extent of their desire for partnership in making medical decisions. It follows that part of the duty of a health professional is to work out how much partnership a patient wants, and what information he or she needs to support that level of partnership.<sup>2,3</sup>

### What do people want to know?

People have a broad range of information preferences that may differ at different times and for different reasons. They may want more information than prescribers want to give—for example, about the possible side effects of a drug.<sup>1,4</sup> They may place different interpretations on information about likely risks, and they may question the benefits of taking a drug when they are not greatly concerned by the medical “problem” that the treatment is meant to solve. They may well rate the practicalities of how to take a drug higher than the details of the inert components of the pills or the drug manufacturer's address.

In interviewing people about drug treatments,<sup>5,6</sup> we have consistently noticed that people respond to four essential aspects of a drug:

- Side effects
- What it does and what it's for
- Do's and don'ts
- How to take it.

### Who is trusted as a source of information?

Our work with medicine users shows clear trends, in common with consumer surveys:

- Health professionals are the most popular source for drug advice
- Electronic media (internet and television) are becoming important sources
- Non-expert help (such as friends and family) is always popular.

A range of information sources is preferred, but that doesn't challenge health professionals' premier position. Lay or non-expert sources are generally used to help people fit expert information into their everyday life or to fill the gaps after a consultation that left certain questions unanswered.

It follows that the ideal source of drug information would be

- Accurate, up to date, reliable, and practically useful
- Accessible in language, format, and tone
- Capable of customisation or personalisation
- Available at different levels of detail at different times
- Informative about conditions as well as treatments
- Striking a balance between a treatment's beneficial and adverse effects
- Available at the time of a consultation and consistent with best advice
- Linked to other reliable and consistent sources of advice and information.

A structured source of information to enable better use of drugs in Britain is being piloted as part of “Ask about medicines week.” Under the guidance of an advisory board that includes representatives of patients, health professionals, regulatory authorities, and the drug industry, new sources of information have been drafted. Medicine guides—practical online guides to individual drugs—are linked to new content on NHS Direct Online about the conditions being treated. The pilot project covers epilepsy and colds and flu. The aim of the project is to provide access to consistent, high quality, multilevel patient information that complements the detailed information leaflets contained in most drug packs. This information should eventually be accessible in multiple media and could be used by doctors, nurses, and pharmacists for personalised counselling whenever drugs are prescribed or dispensed.

Contributors and sources: DD is a health communications specialist and former editor of *Health Which?* magazine. He is currently co-chair of Ask About Medicines Week, an initiative to change the way people talk about drug treatments. DKTR is an academic pharmacist with a special interest in communication, and this article draws on his 20 years of research into people's needs for drug information.

Competing interests: DD has been paid by several pharmaceutical companies to conduct user testing of patient information leaflets.

- 1 Berry DC, Michas IC, Gillie T, Forster M. What do patients want to know about their medicines, and what do doctors want to tell them? A comparative study. *Psychol Health* 1997;12:467-80.
- 2 Blenkinsopp A, Bashford J, Dickinson D. Health professionals need to identify how much information patients want. *BMJ* 1998;317:413.
- 3 Coulter A, Entwistle V, Gilbert D. Sharing decisions with patients: is the information good enough? *BMJ* 1999;318:318-22.
- 4 Berry DC, Knapp P, Raynor DK. Provision of information about drug side effects to patients. *Lancet* 2002;359:853-4.
- 5 Dickinson D, Raynor DK, Duman M. Patient information leaflets for medicines: using consumer testing to determine the best design. *Patient Educ Couns* 2001;43:147-59.
- 6 Raynor DK, Savage I, Knapp P, Henley J. We are the experts: people with asthma talk about their medicine information needs. *Patient Educ Couns* (in press).

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and their users

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