# Survey on experiences with phytopharmaceuticals via an online based questionnaire (PhytoVIS)

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# Administrative details

#### **PURI**

https://redirect.ema.europa.eu/resource/28113

#### **EU PAS number**

EUPAS7082

#### **Study ID**

28113

#### **DARWIN EU® study**

No

#### **Study countries**

Germany

#### Study description

This study aims to collect data on application experiences of phytopharmaceuticals. The majority of phytopharmaceuticals in Germany are not covered by the statutory health insurance. Therefore GPs don't have the feasibility to prescribe herbal medicines nor to follow up the treatment. Furthermore the patients' compliance is hardly or not auditable. Data regarding reasons for applying pharmaceuticals, adverse effects or tolerance to herbal medicines are not systematically collected in Germany. PhytoVIS was initiated in order to gain information on the effect experience of patients taking phytompharmaceuticals. The study is not designed to take into account specific subgroups, but to collect data of all natural persons who have been taking herbal medicine during the previous eight weeks on the date of questioning. Amoung others the 'Clinical Global Impression Scale - Efficacy' (GGI-E) questionnaire will be used. Nota bene this study cannot deliver specific proofs on the effectiveness of different drugs. Rather PhytoVIS takes into account the overall effect experience during the therapeutic intervention. Thereby other factors and the course of disease play a role. Concerning adverse events no linkage to causal relationships is possible. Yet all adverse events will be documented and allow a more detailed evaluation. In addition to that data gained on children, pregnant women, and elderly people are valuable, since there are hardly any data available on these subgroups. A secondary endpoint of PhytoVIS is the collection of information on the way of purchase of the medicine as well as on way of recommendation, which will add to the knowledge on health services research.20 000 data sets will be collected via the online database 'PhytoVIS', that was successfully tested and validated in a pilot phase with 2000 data sets. Natural persons will be questioned at pharmacies.

#### **Study status**

**Finalised** 

### Research institution and networks

### **Institutions**

# Institute of Medical Statistics and Epidemiology (IMSIE Cologne)

Germany

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Institution

**Educational Institution** 

Not-for-profit

# Contact details

**Study institution contact** 

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Primary lead investigator

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**Primary lead investigator** 

# Study timelines

Date when funding contract was signed

Actual: 10/04/2014

#### Study start date

Planned: 07/07/2014

Actual: 08/07/2014

#### Data analysis start date

Planned: 01/02/2017 Actual: 01/02/2017

#### **Date of final study report**

Planned: 29/12/2017

Actual: 20/02/2018

# Sources of funding

Other

# More details on funding

Kooperation Phytopharmaka

# Study protocol

2014-0027-Protocol\_SDPP\_7082.pdf(112.43 KB)

# Regulatory

Was the study required by a regulatory body?

No

#### Is the study required by a Risk Management Plan (RMP)?

Not applicable

# Methodological aspects

#### **Study topic:**

Human medicinal product

#### Study type:

Non-interventional study

#### Scope of the study:

Drug utilisation

Other

#### If 'other', further details on the scope of the study

Health service research

#### **Data collection methods:**

Primary data collection

#### Main study objective:

Information about patients' experience on effectiveness and tolerance of phytopharmaceuticals.

# Study Design

#### Non-interventional study design

Other

#### Non-interventional study design, other

Retrospective online survey

# Population studied

#### Short description of the study population

The study population was not restricted in any way: any natural person had to be interviewed. The only inclusion criterion was that patients had to have taken an herbal medicinal product during the last eight weeks before the survey.

#### Age groups

Term newborn infants (0 – 27 days)

Infants and toddlers (28 days - 23 months)

Children (2 to < 12 years)

Adolescents (12 to < 18 years)

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

#### Special population of interest

Hepatic impaired

**Immunocompromised** 

Pregnant women

Renal impaired

#### **Estimated number of subjects**

20000

# Study design details

#### Data analysis plan

For ascertainment of the patients' opinions and experiences on effectiveness and tolerance of phytopharmaca the validated scale of the questionnaire 'Clinical Global Impression Scale - Efficacy' (CGI-E) is utilised. The CGI-E consists

of a matrix with 16 fields that builds up the relation between adverse effects and therapeutic effects. The scores range from four (maximum) to 0,25 (minimum). An index of efficacy is calculated, where any values > 1.00 correspond to a predominant therapeutic effect, the value 1.00 means that the effects cancel each other out, any value < 1.00 reflects that adverse effects predominate. The secondary endpoint of the study, health service research on the phytopharmaceuticals' purchase and recommendation are inquired by questions about (1) the source of recommendations, e.g. pharmacist, doctor, family, friends, advertisement etc. and (2) the site of purchase, e.g. pharmacy, drug store, supermarket, organic food store.

### **Documents**

#### Study results

PhytoVIS Report v1.0 final.pdf(782.47 KB)

# Data management

## **ENCePP Seal**

This study has been awarded the ENCePP seal



#### **Conflicts of interest of investigators**

2014-0027-Dol R Moesges\_SDPP\_7082.pdf(243.34 KB)

#### Composition of steering group and observers

Declaration Steering Committee ENCEPP SDPP 7082.pdf(429.82 KB)

#### Signed code of conduct

2014-0027-CoC Declaration-SDPP 7082.pdf(543.88 KB)

#### Signed code of conduct checklist

2014-0027-CoC checklist-SDPP 7082.pdf(351.23 KB)

#### Signed checklist for study protocols

2014-0027-Checklist protocol-SDPP 7082 (2).pdf(437.7 KB)

#### Data sources

#### Data sources (types)

Disease registry

Drug dispensing/prescription data

Drug registry

Electronic healthcare records (EHR)

Other

#### Data sources (types), other

Prospective patient-based data collection, This study is a classical anonymously conducted survey based on an electronic CRF.

# Use of a Common Data Model (CDM)

#### **CDM** mapping

No

# Data quality specifications

Unknown		
Check completeness		
Unknown		

# **Check stability**

**Check conformance** 

Unknown

# **Check logical consistency**

Unknown

# Data characterisation

#### **Data characterisation conducted**

Unknown