PASS Information

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Joint PASS	No
Research question and objectives	Evaluate adult patient healthcare provider knowledge and awareness of cardiovascular risks associated with Strattera and their compliance to the recommendations in the SmPC. Assess their awareness of the availability of risk minimisation tools.
Country(-ies) of study	Denmark, the Netherlands, Spain, Sweden, and the United Kingdom
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1. Abstract

Title

Physician Survey to Assess Effectiveness of Strattera Risk Minimisation Activities in Prescribers Treating Adult Patients with ADHD

Keywords

Atomoxetine, Risk minimisation effectiveness, cardiovascular risk, Assessment survey

Rationale and background

In response to European Union (EU) Pharmacovigilance Working Party recommendations of September 2011, Eli Lilly and Company (Lilly) implemented additional risk minimisation activities beyond amendments to the Summary of Product Characteristics (SmPC) for Strattera. These activities were implemented following an extensive analysis of cardiovascular data from the Lilly clinical trial database that indicated clinically significant effects on blood pressure and heart rate. The purpose of the additional risk minimisation activities was to ensure, as far as possible, appropriate Strattera prescribing and patient monitoring of cardiovascular parameters. In particular, the physician communications, including associated checklists and the measurement recording chart, were intended to inform physicians of the cardiovascular or cerebrovascular disorder contraindication and the recommendation to monitor blood pressure and heart rate in all patients at baseline and during treatment with Strattera. An initial assessment of paediatric patient prescribers was completed and results were reported in 2012. The second assessment of paediatric patient prescribers was completed in Q4 2013 and reported in Q1 2014. The results of these 2 surveys were consistent and demonstrated that physicians were knowledgeable of the risk minimisation measures and were practicing in compliance with the SmPC.

In May 2013, the Marketing Authorisation Holder (MAH) received a positive outcome to extend the use of Strattera to the treatment of adult attention deficit/hyperactivity disorder (ADHD) patients. The MAH committed to assessing this new population of prescribers in the same manner as paediatric prescribers.

Research question and objectives

Research questions

- Are healthcare providers (HCPs) that prescribe Strattera or manage/monitor adult patients using Strattera aware of the cardiovascular risk minimisation measures and are they adherent with the SmPC recommendations to monitor or manage cardiovascular risk?
- Are HCPs that prescribe Strattera or manage/monitor adult patients using Strattera aware and using the Strattera risk minimisation tools that are available?

The main objective of this survey was to assess the knowledge and awareness of Strattera risk minimisation measures as well as adherence to SmPC warnings and precautions among psychiatrists who prescribe Strattera or monitor adult patients treated with Strattera. The secondary objective included an assessment of awareness of the available risk minimisation tools.

Study design

This was a cross-sectional survey to be administered in Denmark, Sweden, the Netherlands, Spain, and the United Kingdom (UK) among psychiatrists who prescribe Strattera and/or monitor adult patients treated with Strattera.

Population:

Psychiatrists were identified via open recruiting using a panel of HCPs within the GfK SE network who have agreed to participate in research surveys. Psychiatrists were invited to participate by phone and email and, if they agreed, an email was sent with the link to the online survey.

Variables:

Awareness, knowledge, and adherence were evaluated and expressed as proportions. Summary tables included descriptive statistics and no formal hypothesis testing will be conducted.

Data sources:

The data for this assessment was obtained using an online survey of healthcare professionals from Denmark, Sweden, the Netherlands, Spain, and the UK.

Study size:

This survey included 250 psychiatrists that prescribe Strattera, or manage/monitor adult ADHD patients using Strattera.

Data analysis:

Data analyses were descriptive and entailed tabular displays of mean values and the frequency distribution of item responses. Results were expressed as proportions and means. Summary tables include descriptive statistics for continuous variables (means) and categorical variables (frequencies, percentages). Results were analysed on an item-by-item or variable-by-variable basis. These descriptive statistics allowed for the assessment of how rates vary for each of the items evaluated. No formal hypothesis testing was conducted.

The risk minimisation activities were considered successful if a majority of psychiatrists participating in the survey were aware of and prescribe Strattera in accordance with the cardiovascular/cerebrovascular contraindications, warnings and precautions, and the recommendation to monitor blood pressure and heart rate in all patients at baseline and during treatment with Strattera.

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2. List of abbreviations

Term	Definition
ADHD	attention deficit/hyperactivity disorder
CHMP	Committee for Medicinal Products for Human Use
DHCP	Direct Healthcare Professional Communication
EMA	European Medicines Agency
EU	European Union
GPs	general practitioners
HCPs	healthcare professionals
MAH	Marketing authorisation holder
MHRA	Medicines and Healthcare Products Regulatory Agency
SmPC	Summary of Product Characteristics
UK	United Kingdom

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5. Milestones

Milestone	Planned date
Start of data collection	30 Jun 2014
End of data collection	30 Sep 2014
Study progress report 1	Not applicable
Interim report 1	Not applicable
Registration in the EU PAS register	08 May 2014
Final report of study results	January 2015

Abbreviations: EU = European Union; N/A = not applicable; PAS = post-authorisation study.

6. Rationale and background

In response to the Committee for Medicinal Products for Human Use (CHMP) Pharmacovigilance Working Party recommendations of September 2011, Lilly implemented additional risk minimization activities beyond amendments to the SmPC for Strattera. These activities were implemented as a result of an extensive analysis of cardiovascular data from the Lilly clinical trial database which indicated more clinically significant effects on blood pressure and heart rate in some patients than had previously been noted. The purpose of the additional risk minimisation activities was to support and foster appropriate Strattera prescribing and patient monitoring of cardiovascular parameters. In particular, the physician communication, associated checklists and measurement recording chart informed physicians of the cardiovascular or cerebrovascular disorder contraindication and the recommendation to monitor blood pressure and heart rate in all patients at baseline and during treatment with Strattera.

An initial assessment of paediatric patient prescribers was completed and results were reported in 2012. The second assessment of paediatric patient prescribers was completed in Q4 2013 and was reported in Q1 2014. As a follow-up to the approval of the adult indication, the current assessment evaluated awareness, knowledge, and adherence among HCPs treating adult patients. The same survey was used but was adapted to adult patient prescribers.

7. Research question and objectives

Research question 1:

- Are HCPs that prescribe Strattera or manage/monitor adult patients using Strattera aware of the cardiovascular risk minimisation measures and are they adherent with the SmPC recommendations to monitor or manage cardiovascular risk?

The main objective of this a survey was to assess the knowledge and awareness of Strattera risk minimisation measures among psychiatrists who prescribe Strattera or monitor adult patients treated with Strattera. This included an assessment of awareness and adherence to the SmPC requirements specific to cardiovascular risks and monitoring including:

- Severe cardiovascular/cerebrovascular disorder contraindication
- Warnings and precautions
- The recommendation to monitor blood pressure and heart rate in patients at baseline and during their treatment with Strattera

Research question 2:

- Are HCPs that prescribe Strattera or manage/monitor adult patients using Strattera aware and using the Strattera risk minimisation tools that are available?

The secondary objective included an assessment of awareness of the available risk minimisation tools, which include:

- Physician's guide for assessing and monitoring cardiovascular risk when prescribing Strattera
- Checklist for actions to take before prescribing/dispensing or administering Strattera
- Checklist for monitoring to manage cardiovascular risks with Strattera treatment
- Measurements recording chart for blood pressure and heart rate.

8. Amendments and updates

Not applicable.

9. Research methods

9.1. Study design

This was a cross-sectional survey administered in Denmark, Sweden, the Netherlands, Spain, and the UK among psychiatrists who prescribe Strattera and/or monitor adult patients treated with Strattera. These countries were selected based on their large market share of Strattera prescriptions. Psychiatrists were identified via open recruiting using a panel of HCPs within the GfK SE network who have agreed to participate in research surveys. Psychiatrists were invited to participate by phone and email and if they agreed, an email was sent with the link to the online survey.

9.2. Setting

Psychiatrists that prescribe Strattera and/or monitor adult patients taking Strattera were invited to participate via email and/or phone to complete the online survey. The survey was designed to take no more than 10 minutes. Participating HCPs had the option of receiving compensation for their time. The amount varied by country and was determined by the standard maximum allowed for each country by local laws and as determined by Lilly's process for fair market value.

9.3. Subjects

Eligibility criteria included the following:

- the physician must be a psychiatrist,
- the physician was not currently employed or contracted by regulatory bodies (for example, the European Medicines Agency [EMA] or Medicines and Healthcare Products Regulatory Agency [MHRA] or other country specific regulatory agencies), Lilly, or GfK Healthcare,
- the physician either has prescribed Strattera or managed/monitored adult patients taking Strattera
- the physician treated patients in Denmark, Sweden, the Netherlands, Spain, and the UK

Screening questions were included at the beginning of the survey to ensure that the respondent met defined eligibility criteria.

9.4. Variables

This assessment evaluated knowledge and awareness of Strattera risk messages specific to cardiovascular risks and monitoring as well as adherence to the SmPC. Knowledge, awareness, and adherence were evaluated and results were expressed as proportions. Summary tables included descriptive statistics and no formal hypothesis testing was conducted.

9.5. Data sources

The data for this reassessment was obtained using an online survey of HCPs from Denmark, Sweden, the Netherlands, Spain, and the UK.

9.6. Bias

Several measures had been taken to avoid any biases to the results:

- At the beginning of the interview physicians were encouraged to complete the interviews in 1 session and were asked to answer all questions frankly and to the best of their knowledge.
- Incorrect or irrelevant answers were included as options as a means to measure physician's knowledge.

Despite measures taken to mitigate any potential bias it is difficult to remove all biases.

9.7. Study size

Table 1 shows the number of psychiatrists who were surveyed.

Table 1. Distribution of Psychiatrists by Country

	All countries	UK	Sweden	Spain	Netherlands	Denmark
Total	250	70	40	70	40	30

The total number of survey respondents for this assessment was 250 psychiatrists from Denmark, Sweden, the Netherlands, Spain, and the UK. These countries were selected because they represented a significant market share of Strattera prescriptions in Europe. At the time of study implementation, the adult indication for Strattera had been approved for approximately 1 year or less in most countries being surveyed. Primary care physicians and general practitioners treating paediatric patients were not included in this survey because they had already been surveyed twice regarding the same knowledge, awareness, and adherence. The sample size was determined based on confidence in obtaining the projected number of respondents within each country, which, in turn, was based on the source adult psychiatrist population that can provide meaningful insight for this survey.

9.8. Data transformation

Surveys were completed online and data were stored on a secure server. Survey participants logged in using unique login identification. Every effort was made to protect participant confidentiality. Participant identifiers were not disseminated or placed on any reports from this study. The analysis was conducted with anonymised data. Unless authorised by the participant (for example, in the case of adverse event [AE] or product complaint reporting), only anonymised data was made available to Lilly in accordance with privacy protection rules as dictated by applicable regulations.

9.9. Statistical methods

9.9.1. Main summary measures

Data analysis was descriptive and entailed tabular displays of values and the frequency distribution of item responses. Awareness, knowledge, and adherence were evaluated and results are expressed as proportions and means. Summary tables include descriptive statistics for continuous variables (means, standard deviations) and categorical variables (frequencies, percentages).

Detailed tables of results per country can be found in Annex 3; an overview of physicians' survey responses is provided below.

9.9.2. Main statistical methods

Results were analysed on an item-by-item or variable-by variable basis. These descriptive statistics allowed for the assessment of how rates varied for each of the items evaluated. No formal hypothesis testing was conducted.

The risk minimisation activities were considered successful if a majority of physicians participating in the survey reported that they were aware of and prescribing Strattera in accordance with the cardiovascular/cerebrovascular contraindications, warnings and precautions, and following the recommendation to monitor blood pressure and heart rate in all patients at baseline and during treatment with Strattera.

9.9.3. Missing values

Results were analysed on an item-by-item or variable-by variable basis. No additional methods were used to address missing values.

9.9.4. Sensitivity analyses

Not applicable.

9.9.5. Amendments to the statistical analysis plan

Not applicable.

9.10. Quality control

All fieldwork suppliers undergo ongoing evaluation and quality control. The following quality control mechanisms were implemented for this quantitative survey:

- error prevention by intelligent programming (among others filtering, error messages)
- consistency checks of the respondents' individual data files regarding plausibility (data logic) and completeness
- re-contacting of respondents after the interviews in order to keep evidence that interviews are really done by the agreed (panel) participants

Under suspicion of any irregularities (for example, detection of equivocal response patterns or consecutive answers of the same multiple choice answer), the data file would be tentatively excluded from analysis and further investigated by the responsible project manager. This situation did not occur during this assessment.

To minimise bias in the survey instrument, the sample of survey participants, and other survey procedures, the following measures were taken, as appropriate:

- evaluation of survey to ensure that questions were not ambiguous or leading
- randomisation of response options presented in a list to reduce positional bias
- monitoring of regional spread of respondents to minimise regional bias
- exclusion of participants employed or contracted by regulatory bodies (such as the EMA), Lilly, or the vendor conducting survey

- quality control measures: for example, exclusion of flatliners (always ticking same answer options in statement batteries)
- assessment of demographic information provided by respondents in order to assess geographical representation. If over representation of any one area was identified, additional sampling from other areas might have been necessary for a more balanced sample. This was not required in this survey.

10. Results

10.1. Participants

Two hundred fifty adult (250) psychiatrists completed the survey (see Table 2).

Table 2. Study population

	Sample Size
Total Psychiatrists	n=250

10.2. Descriptive data

The age and gender distribution of psychiatrists participating in this assessment of risk minimization efforts is displayed in Table 3. The majority of participants y were male (68.8%) and the largest proportion of participants were aged 41 to 50 years (33.6%).

Table 3. Age and gender distribution of Psychiatrists

		Total n (%)
Gender		
	Male	172 (68.8%)
	Female	78 (31.2%)
Age		
	Up to 30 years	3 (1.2%)
	31 - 40 years	66 (26.4%)
	41 - 50 years	84 (33.6%)
	51 - 60 years	70 (28.0%)
	61 years or older	27 (10.8%)
Total (100%)		**250 (100%)**

Table 4 shows that the majority of the total physicians surveyed (56.8%) were prescribing Strattera and/or monitoring patients taking Strattera in a small proportion of their ADHD patients (<25% of ADHD patients).

Table 4. Question Q1: Percentage of ADHD patients prescribed Strattera or managed/monitored on Strattera (question asked to all psychiatrists)

Patients	Psychiatrists
	n (%)
Total	**250 (100%)**
<25%	142 (56.8%)
25-50%	86 (34.4%)
51%-75%	13 (5.2%)
>75%	9 (3.6%)

Abbreviations: ADHD = attention deficit/hyperactivity disorder

10.3. Main results

Table 5 shows how many (number and percent) of the psychiatrists indicated they are performing activities that represent recommended practice for patients who may take or are taking Strattera.

Results of note include:

- More than 90% perceive the following three statements to represent the latest recommended practice:
  - Strattera should be used with caution in patients whose underlying medical conditions could be worsened by increases of blood pressure or heart rate (for example, patients with hypertension, tachycardia, or cardiovascular or cerebrovascular disease).
  - Patients should be referred for further specialist evaluation in the event the patient developed a new cardiovascular disorder or a worsening of a pre-existing cardiovascular disorder.
  - If Strattera is considered, caution should be used in patients with known serious structural cardiac abnormalities and in consultation with a cardiac specialist.

- Measured as average across physicians surveyed, approximately 85% of the participating physicians perceive the following additional statements to represent the latest recommended practice:
  - Strattera should not be used in patients with severe cardiovascular or cerebrovascular disorders whose condition would be expected to deteriorate if they experienced increases in blood pressure or heart rate that could be clinically important.

- A baseline patient history and physical examination is needed to assess for the presence of cardiac disease before prescribing Strattera.
- Heart rate and blood pressure should be measured and recorded in all patients before the Strattera treatment/after each adjustment of dose.
- Heart rate and blood pressure should be measured and recorded in all Strattera patients at least every 6 months during treatment.
- If Strattera patients develop symptoms suggestive of cardiac disease during treatment, they should be referred for a prompt specialist cardiac evaluation.

More than 78% responded correctly to 13 out of the 15 questions on awareness of the recommended practices. Approximately 64% responded correctly to the two remaining recommended practices which referred to the use of the checklists.

Table 5. Question P1: Awareness of latest recommended practice as communicated by RMP (question asked to all physicians)

Green, bold frames tag correct answers

	N (%)
P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the patient receiving treatment and indicate which of these statements represent the latest recommended practice.	
Total	**250 (100%)**
Strattera should be used with caution in patients whose underlying medical conditions could be worsened by increases of blood pressure or heart rate (e.g. patients with hypertension, tachycardia, or cardiovascular or cerebrovascular disease)	**230 (92.0%)**
Strattera should not be used in patients with severe cardiovascular or cerebrovascular disorders whose condition would be expected to deteriorate if they experienced increases in blood pressure or heart rate that could be clinically important	**215 (86.0%)**
A baseline patient history and physical examination is needed to assess for the presence of cardiac disease before prescribing Strattera	**212 (84.8%)**
Heart rate and blood pressure should be measured and recorded in all patients before the Strattera treatment/after each adjustment of dose	**220 (88.0%)**
Patients should be referred for further specialist evaluation in the event the patient developed a new cardiovascular disorder or a worsening of a pre-existing cardiovascular disorder	**229 (91.6%)**
Adverse reactions suspected to be associated with the use of Strattera should be reported via the national reporting system	**207 (82.8%)**
Heart rate and blood pressure should be measured and recorded in all Strattera patients at least every 6 months during treatment	**223 (89.2%)**
There is a risk of increased blood pressure and increased heart rate with the use of Strattera	**209 (83.6%)**
If Strattera is considered, a careful history and physical examination is needed to assess for the presence of cardiac disease, and the patient should receive further specialist cardiac evaluation if initial findings suggest such history or disease	**201 (80.4%)**
If Strattera patients develop symptoms suggestive of cardiac disease during treatment they should be referred for prompt specialist cardiac evaluation	**214 (85.6%)**
If Strattera is considered, caution should be used in patients with known serious structural cardiac abnormalities and in consultation with a cardiac specialist	**226 (90.4%)**
Patients should be referred for specialist cardiac evaluation if initial findings suggest a history or presence of cardiac disease	**199 (79.6%)**
Patients should be referred to further specialist evaluation if they develop new neurologic signs or symptoms	**196 (78.4%)**
For patients receiving Strattera, a checklist for monitoring cardiovascular risks should be followed	**162 (64.8%)**
A checklist for actions to take before prescribing/dispensing or administering Strattera should be followed	**159 (63.6%)**
A reevaluation of the need for ADHD therapy is recommended when patients are continuing treatment with Strattera at 3 months	**134 (53.6%)**
It is not necessary to use Strattera cautiously with pressor agents or medications that may increase blood pressure	**56 (22.4%)**
Before prescribing/ dispensing or administering Strattera, an echocardiography is needed	**19 (7.6%)**

Heart rate and blood pressure should be only measured by a cardiac specialist	**7 (2.8%)**

Abbreviations: ADHD = attention deficit/hyperactivity disorder

Table 6 shows that more than 90% of all surveyed psychiatrists were at least somewhat knowledgeable of the physician guide for assessing and monitoring cardiovascular risks. Approximately 80% of psychiatrists reported being at least somewhat knowledgeable of the checklists and 70% of the measurement recording chart.

Table 6. Question P3: Knowledge of medical information (question asked to all psychiatrists)

	Total n (%)
P3: Please have a look at the following documents. In general, how knowledgeable are you with the content of the following medical information provided for Strattera?	
Total	**250 (100%)**
Physician's guide for assessing and monitoring cardiovascular risks when prescribing Strattera	
(1) Not knowledgeable	**13 (5.2%)**
(2) Somewhat knowledgeable	**161 (64.4%)**
(3) Very knowledgeable	**76 (30.4%)**
Checklist for actions to take before prescribing / dispensing or administering Strattera	
(1) Not knowledgeable	**51 (20.4%)**
(2) Somewhat knowledgeable	**129 (51.6%)**
(3) Very knowledgeable	**70 (28.0%)**
Checklist for monitoring to manage cardiovascular risks with Strattera treatment	
(1) Not knowledgeable	**53 (21.2%)**
(2) Somewhat knowledgeable	**126 (50.4%)**
(3) Very knowledgeable	**71 (28.4%)**
Measurements recording chart	
(1) Not knowledgeable	**73 (29.2%)**
(2) Somewhat knowledgeable	**96 (38.4%)**
(3) Very knowledgeable	**81 (32.4%)**

Table 7 provides data to allow better understanding of why psychiatrists were not knowledgeable of the tools available. Overall, for each of the tools, the majority of psychiatrists indicated they were not aware that the medical information listed was available. As a means to address this, participants were made aware that the risk minimisation tools were available upon request through their local Lilly affiliate.

Table 7. **Question P3a: Knowledge of medical information (question asked to psychiatrists indicating they were not knowledgeable of the medical information provided for Strattera described in Table 6)**

	Total n (%)
Physician's guide for assessing and monitoring cardiovascular risks when prescribing Strattera	
Total	**13 (100%)**
(1) I was not aware this information is available	**11 (84.6%)**
(2) I am aware this information is available but do not remember the content	**2 (15.4%)**
Checklist for actions to take before prescribing / dispensing or administering Strattera	
Total	**51(100%)**
(1) I was not aware this information is available	**49 (96.1%)**
(2) I am aware this information is available but do not remember the content	**2 (3.9%)**
Checklist for monitoring to manage cardiovascular risks with Strattera treatment	
Total	**53 (100%)**
(1) I was not aware this information is available	**48 (90.6%)**
(2) I am aware this information is available but do not remember the content	**5 (9.4%)**
Measurements recording chart	
Total	**73(100%)**
(1) I was not aware this information is available	**63 (86.3%)**
(2) I am aware this information is available but do not remember the content	**10 (13.7%)**

Table 8 shows the responses to the frequency that each risk minimisation tool is used by psychiatrists who prescribe Strattera or manage/monitor patients taking Strattera in adult patients. Among the 237 psychiatrists participating in the assessment who were at least somewhat knowledgeable of the psychiatrist's guide for assessing and monitoring cardiovascular risks, 64.6% use it at least sometimes and 35.4% report never using it.

Among the 199 psychiatrists participating in the reassessment who were at least somewhat knowledgeable of the Checklist for actions to take, 68.8% use it at least sometimes and 31.2% report never using it.

Among the 197 psychiatrists participating in the reassessment who were at least somewhat knowledgeable of the Checklist for monitoring to manage cardiovascular risks, 64% use it at least sometimes and 36% report never using it.

Among the 177 psychiatrists participating in the reassessment who were at least somewhat knowledgeable of the measurements recording chart, 66.7% use it at least sometimes and 33.3% report never using it.

Table 8. Question P4: Usage of provided tools (question asked to psychiatrists indicating they were at least somewhat knowledgeable of the medical information provided for Strattera described in Table 6)

	Total n (%)
P4: What best describes your use of the following tools, provided to physicians, when prescribing Strattera or managing/monitoring treatment with Strattera?	
Physicians guide for assessing and monitoring cardiovascular risks when prescribing Strattera	
Total	**237 (100%)**
(1) Never use	**84 (35.4%)**
(2) Sometimes use	**85 (35.9%)**
(3) Frequent use	**40 (16.9%)**
(4) Always use	**28 (11.8%)**
Checklist for actions to take before prescribing/dispensing or administering Strattera	
Total	**199 (100%)**
(1) Never use	**62 (31.2%)**
(2) Sometimes use	**70 (35.2%)**
(3) Frequent use	**43 (21.6%)**
(4) Always use	**24 (12.1%)**
Checklist for monitoring to manage cardiovascular risks when prescribing Strattera	
Total	**197 (100%)**
(1) Never use	**71 (36.0%)**
(2) Sometimes use	**63 (32.0%)**
(3) Frequent use	**37 (18.8%)**
(4) Always use	**26 (13.2%)**
Measurements recording chart	
Total	**177 (100%)**

(1) Never use	**59 (33.3%)**
(2) Sometimes use	**51 (28.8%)**
(3) Frequent use	**37 (20.9%)**
(4) Always use	**30 (16.9%)**

Table 9 shows psychiatrist adherence to the Strattera SmPC warnings and precautions.

Of the total psychiatrists participating in this survey, the proportion of psychiatrists that consider cardiovascular family medical history for most or all of their patients is 69.6%. The percentage that performed a comprehensive medical history of the patient's past and present comorbid medical disorders or symptoms before prescribing Strattera on most or all of their patients is 87.2%.

In relation to cardiovascular risk assessment, the majority (80.4%) of all psychiatrists treating adult patient were compliant for this practice whereas only 5.2 % report never were doing this assessment.

A physical examination to assess for the presence of cardiac disease was conducted for most or all patients by 54.8% of all psychiatrists in the survey; 23.2% of psychiatrists reported never conducted the examination before prescribing Strattera.

Measurement and recording of heart rate was done for most or all patients by approximately 75.6% of physicians and 81.6% of physicians measure and record blood pressure.

Table 9. Question Q2: Adherence to SmPC warnings and precautions (Awareness of the need for and performance of careful patient assessment and examination before prescribing Strattera) (question asked to all psychiatrists)

Green, bold frames tag correct answers

Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera.	
Total	**250 (100%)**
Careful consideration of cardiovascular family medical history	
(1) None (0%)	**14 (5.6%)**
(2) Some (less than 50%)	**62 (24.8%)**
(3) Most (50% but less than 100%)	**50 (20.0%)**
(4) All (100%)	**124 (49.6%)**
Comprehensive medical history of the patient's past and present co-morbid medical disorders or symptoms	
(1) None (0%)	**4 (1.6%)**
(2) Some (less than 50%)	**28 (11.2%)**
(3) Most (50% but less than 100%)	**55 (22.0%)**
(4) All (100%)	**163 (65.2%)**
Cardiovascular risk assessment (heart problems, heart defects, irregular heartbeat, high blood pressure, or low blood pressure)	
(1) None (0%)	**13 (5.2%)**

(2) Some (less than 50%)	**36 (14.4%)**
(3) Most (50% but less than 100%)	**68 (27.2%)**
(4) All (100%)	**133 (53.2%)**
Physical examination to assess for the presence of cardiac disease	
(1) None (0%)	**58 (23.2%)**
(2) Some (less than 50%)	**55 (22.0%)**
(3) Most (50% but less than 100%)	**58 (23.2%)**
(4) All (100%)	**79 (31.6%)**
Measurement and recording of heart rate	
(1) None (0%)	**21 (8.4%)**
(2) Some (less than 50%)	**40 (16.0%)**
(3) Most (50% but less than 100%)	**61 (24.4%)**
(4) All (100%)	**128 (51.2%)**
Measurement and recording of blood pressure	
(1) None (0%)	**17 (6.8%)**
(2) Some (less than 50%)	**29 (11.6%)**
(3) Most (50% but less than 100%)	**65 (26.0%)**
(4) All (100%)	**139 (55.6%)**
Check thyroid hormone with lab test	
(1) None (0%)	**47 (18.8%)**
(2) Some (less than 50%)	**53 (21.2%)**
(3) Most (50% but less than 100%)	**61 (24.4%)**
(4) All (100%)	**89 (35.6%)**
Check calcium and PTH	
(1) None (0%)	**96 (38.4%)**
(2) Some (less than 50%)	**82 (32.8%)**
(3) Most (50% but less than 100%)	**45 (18.0%)**
(4) All (100%)	**27 (10.8%)**
Check testosterone and estradiol circulating levels	
(1) None (0%)	**159 (63.6%)**
(2) Some (less than 50%)	**62 (24.8%)**
(3) Most (50% but less than 100%)	**20 (8.0%)**
(4) All (100%)	**9 (3.6%)**

SmPC = Summary of Product Characteristics.

Table 10 describes the psychiatrists' awareness of the cardiovascular Strattera contraindications. Of the total psychiatrists, 94.8% would not, in line with latest recommendations, prescribe Strattera when a patient has severe cardiovascular or cerebrovascular disorders whose conditions would be expected to deteriorate if they experience increases in blood pressure or heart rate that could be clinically important.

Table 10. Question Q3: Awareness of contraindications

Green, bold frames tag correct answers

	Total n (%)
Q3: When would you not prescribe Strattera? When a patient has…	
Total	**250 (100%)**
Severe cardiovascular or cerebrovascular disorders whose conditions would be expected to deteriorate if they experience increases in blood pressure or heart rate that could be clinically important	**237 (94.8%)**
Pheochromocytoma	**210 (84.0%)**
Narrow angle glaucoma	**172 (68.8%)**
Thyroid hormone replacement drug treatment	**43 (17.2%)**
Comorbid tics	**44 (17.6%)**
A history of febrile seizures	**47 (18.8%)**
Mild and well controlled hypertension	**11 (4.4%)**

Table 11 shows psychiatrist awareness of recommended patient monitoring actions and associated periodicity.

Approximately 41% of psychiatrists reported that heart rate and blood pressure should be checked at each visit. Another 18.4% of psychiatrists stated that heart rate and blood pressure should be checked after each dose adjustment and then every 6 months, and 28.8% stated that heart rate and blood pressure should be checked every 6 months.

Half of psychiatrists surveyed indicated that the patient should, at each visit, be checked for signs/symptoms for the development of new neurological signs/symptoms. An additional 30.4% stated patients should be checked at least every 6 months or after each dose adjustment and then every 6 months.

Over half (52.4%) of all psychiatrists indicated that the patient should be checked for signs/symptoms of the development of new cardiovascular disorder or worsening of a pre-existing cardiovascular disorder at each visit. An additional 30.8% stated this should be done every 6 months or after each dose adjustment and then every 6 months.

Although only 16.8% of psychiatrists stated a need to reevaluate continued therapy every 12 months, 45.2% felt this should be evaluated at every visit and an additional 32.8% indicated this evaluation should occur either every 6 months or after dose adjustment and then every 6 months.

Table 11. Question Q4: Recommended and performed time period of clinical practices (question asked to all psychiatrists)

Green, bold frames tag correct answers

Q4: Please indicate how often these clinical practices should be performed after Strattera is prescribed to a patient.	
Total	**250 (100%)**
Checks of the heart rate and blood pressure	
(1) At each visit	**102 (40.8%)**
(2) Every 6 months	**72 (28.8%)**
(3) Every 12 months	**21 (8.4%)**
(4) After each dose adjustment and then every 6 months	**46 (18.4%)**
(5) After each dose adjustment and then every 12 months	**4 (1.6%)**
(6) None of these	**5 (2.0%)**
Check for signs/symptoms for the development of new neurologic signs/symptoms	
(1) At each visit	**125 (50.0%)**
(2) Every 6 months	**42 (16.8%)**
(3) Every 12 months	**29 (11.6%)**
(4) After each dose adjustment and then every 6 months	**34 (13.6%)**
(5) After each dose adjustment and then every 12 months	**10 (4.0%)**
(6) None of these	**10 (4.0%)**
Check for signs/symptoms of the development of new cardiovascular disorder or worsening of a pre-existing cardiovascular disorder	
(1) At each visit	**131 (52.4%)**
(2) Every 6 months	**51 (20.4%)**
(3) Every 12 months	**17 (6.8%)**
(4) After each dose adjustment and then every 6 months	**36 (14.4%)**
(5) After each dose adjustment and then every 12 months	**9 (3.6%)**
(6) None of these	**6 (2.4%)**
Reevaluate the need for continued therapy	
(1) At each visit	**113 (45.2%)**
(2) Every 6 months	**51 (20.4%)**
(3) Every 12 months	**42 (16.8%)**
(4) After each dose adjustment and then every 6 months	**31 (12.4%)**
(5) After each dose adjustment and then every 12 months	**11 (4.4%)**
(6) None of these	**2 (0.8%)**

Abbreviations: ADHD = attention deficit/hyperactivity disorder

10.4. Other analyses

Not applicable.

10.5. Adverse events/adverse reactions

The survey was conducted via the Internet (online interviews). Respondents were recruited via email and/or phone. Adverse events and/or product complaints associated with Strattera could be reported while in conversation with the psychiatrist during the phone contact for recruitment purposes. If an adverse event (AE) and/or product complaint was mentioned, GfK or the GfK fieldwork associate was to document and to report the AE and/or product complaint according to Lilly's reporting requirements within the timeframe specified by Lilly.

No AEs or product complaints were reported.

11. Discussion

11.1. Key results

Key summaries from the survey:

- 250 psychiatrists participated in the study.
- 56.8% of the psychiatrists prescribed Strattera or managed/monitored less than 25% of their ADHD patients on Strattera.
- Approximately than 95% of psychiatrists reported they were somewhat or very knowledgeable of the physician's guide.
- Approximately 80% of psychiatrists reported that they somewhat or very knowledgeable of the checklist for actions to take before prescribing Strattera.
- Approximately 79% of psychiatrists reported that they somewhat or very knowledgeable of the checklist for monitoring to manage cardiovascular risks.
- More than 78% of physicians correctly recognized and selected current recommended clinical practices.
- Approximately 95% of psychiatrists would not prescribe Strattera for a patient with severe cardiovascular or cerebrovascular disorders whose conditions would be expected to deteriorate if they experience increases in blood pressure or heart rate that could be clinically important.
- 84% of psychiatrists in this survey would not prescribe Strattera for a patient with pheochromocytoma.
- 68.8% of psychiatrists would not prescribe Strattera for a patient with narrow angle glaucoma.
- Approximately 75% of psychiatrists surveyed measure and record heart rate on most or all of their Strattera treated patients. Approximately 81% measure and record blood pressure on most or all of their patients.
- A majority, 80.4%, of psychiatrists performed a cardiovascular risk assessment on most or all of their patients before prescribing Strattera.
- 84.8% of psychiatrists performed a baseline patient history and physical exam to assess for the presence of cardiac disease before prescribing Strattera.

The majority of psychiatrists was aware and knowledgeable, and was practicing in accordance with the cardiovascular/cerebrovascular contraindications, warnings and precautions. They were aware of and adhere to the recommendation to monitor blood pressure and heart rate in all patients at baseline and during treatment with Strattera

11.2. Limitations

The representativeness of an online survey may be biased because of the exclusion of internet nonusers. This potential limitation on this survey is negligible due to fact that there is an almost complete internet penetration among psychiatrists in all involved countries. A limitation to the use of an online survey is that in order to project a favorable image and to avoid incorrect

answers psychiatrists may have searched the needed information on the internet; they may have used supportive materials.

11.3. Interpretation

The objective of this survey was to assess knowledge and awareness of the risk messages provided by the risk minimisation tools and to assess awareness and adherence to the changes in the SmPC requirements specific to cardiovascular risks and monitoring among psychiatrists treating adult patients with ADHD. Success was defined as the majority of psychiatrists participating in the survey reporting that they are aware of and are prescribing Strattera in accordance with the cardiovascular/cerebrovascular contraindications, warnings and precautions, and the recommendation to monitor blood pressure and heart rate in all patients at baseline and during treatment with Strattera. The results of this assessment showed that the majority of psychiatrists were aware and knowledgeable, and practice in accordance with the cardiovascular/cerebrovascular contraindications, warnings and precautions in the SmPC. Psychiatrists were aware of and adhere to the recommendation to monitor blood pressure and heart rate in all patients at baseline and during treatment with Strattera, regardless of knowledge and use of the tools made available to them.

The findings from this survey of psychiatrists treating adult patients with ADHD were consistent with the initial and reassessment of specialists and GPs treating paediatric patients with ADHD. In general, there was less than a 10% difference in the proportions for survey questions when comparing results from the three surveys. Table 12 shows the comparison of the overall average percentage of physicians who participated in the three surveys.

Table 12. Comparison of key survey results across the three surveys (measured as average percent of respondents)

		Pediatric prescribers		Adult prescriber assessment n(%)
		Initial Assessment n(%)	Re-assessment n(%)	
SmPC recommended practices				
	P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the patient receiving treatment and indicate which of these statements represent the latest recommended practice.			
		86.28%	**86.18%**	**82.72%**
Adherence to SmPC Warnings and Precautions (% treating most or all of their patients)				
	Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera.			
		74.8%	**78.8%**	**77.0%**
Awareness of Contraindications				
	Q3: When would you not prescribe Strattera? When a patient has…			
	Severe cardiovascular or cerebrovascular disorders whose conditions would be expected to deteriorate			
		95.3%	**96.4%**	**94.8%**
	Pheochromocytoma			
		85.5%	**84.0%**	**84.0%**
	Narrow angle glaucoma			
		65.3%	**67.8%**	**68.8%**
Use of the risk minimisation tools at least sometimes (physicians' guide, checklists for actions to take and monitoring to manage)				
	P4: What best describes your use of the following tools, provided to physicians, when prescribing Strattera or managing/monitoring treatment with Strattera?			
		70.1%	**68.8%**	**65.8%**

11.4 Generalisability

The participating psychiatrists represent a sample of psychiatrists in the EU that prescribe to or monitor/manage patients on Strattera. This sample should provide results that are generalisable to the overall population of psychiatrists in the EU who prescribe Strattera and/or monitor patients being treated with Strattera.

12. Other information

NA

13. Conclusion

The findings from this risk minimisation assessment showed that the a priori success criteria were met; specifically the majority of psychiatrists treating adult ADHD patients were aware and knowledgeable of the risk minimisation measures. Also, the majority (80% or more) are performing the most recommended clinical practices in accordance with the cardiovascular/cerebrovascular contraindications, warnings, and precautions. Consistent with the trend seen among specialists and GPs treating pediatric patients, psychiatrists treating adult patients were aware of and were performing the most clinically important practice of monitoring blood pressure and heart rate in all patients at baseline and during treatment with Strattera. The results from this survey reinforced previous findings indicating that the risk minimisation activities were effective and that the SmPC as the primary routine risk minimisation tool appears to be very effective in terms of promoting awareness of the necessary measures and influencing prescribing behaviour as the majority of prescribers indicated that they are adhering to monitoring recommended in the SmPC

14. References

None.

Annex 1. List of standalone documents

Not applicable.

Annex 2. Additional information

Strattera Risk Minimisation Assessment Study Questionnaire

Good morning / afternoon, Dr. .....

GfK Health - an independent agency - is conducting a research study on behalf of Eli Lilly and Company, a pharmaceutical company who developed the medicinal product Strattera (atomoxetine) for the treatment of ADHD. The information obtained from this study will be used to assess the effectiveness of the important product safety information provided to prescribers and those who monitor patients on Strattera. We would appreciate your assistance in this important research study.

Please be assured that any information you give will be treated in confidence. This research conforms to the Data Protection Act, and any information you provide will be combined with responses received from other survey participants in order to provide an overall picture of views. Your identity will not be revealed to the company sponsoring this research. Aggregate results will be provided to regulatory agencies and the company sponsoring this research. This research doesn't involve any promotional material.

You have the right to withdraw from the study at any time during the survey process and to withhold information. Your answers will not affect your ability to prescribe Strattera. You will not be contacted for marketing purposes based on your answers to the survey. Neither the survey sponsor nor its contractors will sell or rent your information.

Prog UK only

We are required to pass on to our client, the company sponsoring this study, details of adverse events/product complaints that are mentioned during the course of market research. Although what you say will, of course, be treated in confidence, should you raise during the discussion an adverse event/product complaint in a specific patient or group of patients, we will need to report this even if it has already been reported by you directly to the company or the regulatory authorities using the MHRA's 'Yellow Card' system.

In such a situation you will be asked whether or not you are willing to waive confidentiality given to you under the Market Research Codes of conduct specifically in relation to that adverse event/product complaint. Everything else you say during the course of the survey will continue to remain confidential, and you will still have the option to remain anonymous if you so wish.

Prog all

Now we would like to ask you a few questions to ensure you qualify to complete the survey.

Thank you!

A. Screening

S1 What is your primary medical specialty?

(1) Child/Adolescent Psychiatrist
(2) Other Non-Pediatricians Psychiatrist
(3) Pediatrician
(4) General Practitioner (GP)
(5) Other, namely _____
➔ **end if "(5)"**

S2 Are you currently employed or contracted by regulatory bodies (e.g. EMA or [UK: MHRA; add name of local regulatory agency], Lilly, or GfK Healthcare?

(1) Yes ➔ **end if "(1) yes"**
(2) No

S3 Do you prescribe Strattera, or manage/monitor patients using Strattera?

(1) Yes
(2) No
➔ **end if "no"**

S4 Do you typically….:
(1) … Both prescribe Strattera AND monitor patients taking Strattera
(2) … Only prescribe Strattera but NOT monitor patients taking Strattera
(3) … Only monitor patients who have already initiated Strattera treatment but NOT prescribe Strattera
(4) …. Neither prescribe Strattera nor monitor patients taking Strattera
➔ **end if #4 is selected**

Introduction

Thank you for agreeing to participate in this study.

The survey should take up to a maximum of 10 minutes to complete.

You may receive compensation of [Please insert] which is commensurate with the time needed to complete this survey. You may also choose not to accept the monetary compensation.

We would be very grateful if you could spend these 10 minutes of your valuable time to assist in our understanding of the effectiveness of Strattera product literature.

Prog all countries

If you wish to contact us about this survey, please contact:_____

If you are interested in GfK's privacy policy, we will provide you with this information upon your request. GfK adheres to the official European Society for Opinion and Market Research (ESOMAR) code of conduct for market research:

http://www.esomar.org/index.php/codes-guidelines.html

Prog UK only

You are about to enter a market research survey.

We are required to pass on to our client, the company sponsoring this study, details of adverse events/product complaints that are mentioned during the course of market research. Although what you say will, of course, be treated in confidence, should you raise during the discussion an adverse event/product complaint in a specific patient or group of patients, we will need to report this even if it has already been reported by you directly to the company or the regulatory authorities using the MHRA's 'Yellow Card' system.

In such a situation you will be asked whether or not you are willing to waive confidentiality given to you under the Market Research Codes of conduct specifically in relation to that adverse event/product complaint. Everything else you say during the course of the survey will continue to remain confidential, and you will still have the option to remain anonymous if you so wish.

Are you happy to proceed with the survey on this basis?

(1) Yes – **Proceed**
(2) No – **Terminate**

"Please click the ""YES"" button, if you agree to participate in the survey.

Prog all countries but UK

You are about to enter a market research survey.

We are required to pass on to our client, the company sponsoring this study, details of adverse events/product complaints that are mentioned during the course of market research. Although what you say will, of course, be treated in confidence, should you raise during the discussion an adverse event/product complaint in a specific patient or group of patients, we will need to report this even if it has already been reported by you directly to the company or the regulatory authorities.

In such a situation you will be asked whether or not you are willing to waive confidentiality given to you under the Market Research Codes of conduct specifically in relation to that adverse event/product complaint. Everything else you say during the course of the survey will continue to remain confidential, and you will still have the option to remain anonymous if you so wish.

Are you happy to proceed with the survey on this basis?

(1) Yes – **Proceed**
(2) No – **Terminate**

Prog all countries

We ask you to consider completing this survey in one sitting. If you should need to interrupt and continue with the survey at a later stage, please be sure to click the original link you received for this survey and you will return to where you left off. Please note that you will not be able to go back to questions once you have submitted a response."

Main Questionnaire

Prog:

1. ***Response time per question to be measured***
2. ***No back buttons***
3. ***, Netherlands; DENMARK: Address base split – first half of addresses for first wave; 2nd half for 2nd wave.***

Q1 What percentage of your ADHD patients do you either prescribe Strattera and/or monitor on Strattera (atomoxetine)?

(1) <25%
(2) 25-50%
(3) 51-75%
(4) >75%

Q2 Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera.

(1) None (0%)
(2) Some (less than 50%)
(3) Most (50% or more but less than 100%)
(4) All (100%)

Do not Prog this comment: This section addresses adherence to SmPC warnings and precautions

	Relevant steps before treatment	**Response**
Q2.1	Careful consideration of cardiovascular family medical history	
Q2.2	Comprehensive medical history of the patient's past and present co-morbid medical disorders or symptoms	
Q2.3	Check thyroid hormones with lab test	
Q2.4	Cardiovascular risk assessment (heart problems, heart defects, irregular heartbeat, high blood pressure, or low blood pressure)	
Q2.5	Physical examination to assess for the presence of cardiac disease.	
Q2.6	Check bone age on X-rays	
Q2.7	Measurement and recording of heart rate	
Q2.8	Measurement and recording of blood pressure	
Q2.9	Check testosterone and estradiol circulating levels	

*Note: Relevant answers in green font

Do not Prog this comment: This section addresses awareness of contraindications

Q3 When would you **not** prescribe Strattera?
Please select all that apply

		Response
Q3.	**When a patient has….**	
Q3.1	Pheochromocytoma	.
Q3.2	Severe cardiovascular or cerebrovascular disorders	□
Q3.3	Thyroid hormone replacement drug treatment	□
Q3.4	Mild and well controlled hypertension	□
Q3.5	A history of febrile seizures	□
Q3.6	Comorbid tics	□
Q3.7	Narrow angle glaucoma	□

*Note: Correct answers in green font

Q4 Please read the clinical practices described below. Please indicate how often these clinical practices should be performed after Strattera is prescribed to a patient?

Prog: ask per medication. Build Grid
Do not prog: This section addresses awareness of the contents of the monitoring checklist for monitoring to manage CV risks with Strattera treatment

(1) At each visit
(2) Every 6 months
(3) Every 12 months
(4) After each dose adjustment and then every 6 months
(5) After each dose adjustment and then every 12 months
(6) None of these

	Actions taken	**Strattera (atomoxetine)** ***Prog: do not program this column***
Q4.1	Re-evaluate the need for continued therapy.	Every 12 months
Q4.2	Checks of the heart rate and blood pressure	After each dose adjustment and then every 6 months
Q4.3	Check for signs/symptoms for the development of new neurologic signs /symptoms	At each visit
Q4.4	Check for signs/symptoms of the development of new cardiovascular disorder or worsening of a pre-existing cardiovascular disorder	At each visit

Awareness of RMP (Prog: do not show this headline)

P1 Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the patient receiving treatment and indicate which of these statements represent the latest recommended practice.

Prog: grid format

[Prog: Randomize order of items]

(1) Yes
(2) No
(3) Do not know

	Information	***Prog: do not program this column*** **Response**
P1.1	There is a risk of increased blood pressure and increased heart rate with the use of Strattera	Y
P1.2	Strattera should not be used in patients with severe cardiovascular or cerebrovascular disorders	Y
P1.3	Strattera should be used with caution in patients whose underlying medical conditions could be worsened by increases of blood pressure or heart rate (e.g. patients with hypertension, tachycardia, or cardiovascular or cerebrovascular disease)	Y
P1.4	A baseline patient history and physical examination is needed to assess for the presence of cardiac disease before prescribing Strattera	Y
P1.5	Heart rate and blood pressure should be measured and recorded in all patients before the Strattera treatment / after each adjustment of dose	Y
P1.6	If Strattera patients develop symptoms suggestive of cardiac disease during treatment they should be referred for prompt specialist cardiac evaluation	Y
P1.7	Adverse reactions suspected to be associated with the use of Strattera should be reported via the national reporting system	Y
P1.8	Patients should be referred for specialist cardiac evaluation if initial findings suggest a history or presence of cardiac disease	Y
P1.9	Heart rate and blood pressure should be measured and recorded in all Strattera patients at least every 6 months during treatment	Y
P1.10	A checklist for actions to take before prescribing/dispensing or administering Strattera should be followed	Y
P1.11 a	If Strattera is considered, a detailed history and careful physical examination is needed to assess for the presence of cardiac disease of concomitant medications including past and present co-morbid medical disorders or symptoms	Y for all
P1.11	If Strattera is considered, a detailed history and careful physical	Y for all

b	examination is needed to assess for the presence of cardiac disease of concomitant medications including family history of sudden cardiac or unexplained death or malignant arrhythmia	
P1.11 c	If Strattera is considered, a detailed history and careful physical examination is needed to assess for the presence of cardiac disease of concomitant medications including physical examination is needed to assess for the presence of cardiac disease	Y for all
P1.12	It is not necessary to use Strattera cautiously with pressor agents or medications that may increase blood pressure	N
P1.13	A re-evaluation of the need for ADHD therapy is recommended when patients are continuing treatment with Strattera at 3 months.	N
P1.14	For patients receiving Strattera, a checklist for monitoring cardiovascular risks should be followed	Y
P1.15	Patients should be referred to further specialist evaluation if they develop new neurologic signs or symptoms	Y
P1.16	Patient should be referred for further specialist evaluation in the event the patient developed a new cardiovascular disorder or a worsening of a pre-existing cardiovascular disorder	Y
P1.17	Heart rate and blood pressure should be only measured by a cardiac specialist	N
P1.18	Before prescribing/dispensing or administering Strattera, an echocardiography is needed	N

We want to focus on your awareness of medical information regarding the treatment of ADHD patients with Strattera.

P3 Please have a look at the following documents. In general, how knowledgeable are you with the content of the following medical information provided for **Strattera**? Please tick the answer that apply
(Single answer per item)

Prog: please show screenshot of these documents

Medical Information	Response
Physicians guide for assessing and monitoring cardiovascular risks when prescribing Strattera	☐
Checklist for actions to take before prescribing/dispensing or administering Strattera	☐
Checklist for monitoring to manage cardiovascular risks with Strattera treatment	☐
Measurements recording chart (for blood pressure and heart rate)	☐

(1) Not knowledgeable
(2) Somewhat knowledgeable
(3) Very knowledgeable

Filter: Ask If awareness is "not knowledgeable" (Code 1) in P3 for Strattera

P3_A. Which statement best describes why you are not knowledgeable *of the content of the following medical information provided for Strattera*:
(1) I was not aware this information is available
(2) I am aware this information is available but do not remember the content

Filter: Ask If awareness at least "somewhat knowledgeable" (Code 2-3) in P3 for Strattera
Prog: please show screenshot of these documents

P4. What best describes your use of the following tools, provided to physicians, when prescribing Strattera or managing/monitoring treatment with Strattera?

Tools	Response
Physicians guide for assessing and monitoring cardiovascular risks when prescribing Strattera	☐
Checklist for actions to take before prescribing/dispensing or administering Strattera	☐
Checklist for monitoring to manage cardiovascular risks with Strattera treatment	☐
Measurements recording chart (for blood pressure and heart rate)	☐

(1) Never use
(2) Sometimes use
(3) Frequently use
(4) Always use

>>All documents are available upon request via your local Lilly affiliate.<<

Demographics

DEMOGRAPHICS

office-based, hospital-based physicians

Finally, we have some demographic questions about you. We will use this information for classification only.

General questions

A1. Gender
[1] male
[2] female

A2. Year of birth (YYYY)
_____

A3. Region (please tick one box only) (country specific)

[UK]

(1) Greater London
(2) South East (Kent, Surrey, Sussex, Hampshire, Isle of Wight, Berks, Bucks, Oxfordshire, Northants)
(3) South West (Avon, Gloucestershire, Wiltshire, Somerset, Dorset, Devon, Cornwall, Isles of Scilly)
(4) Northern (Northumberland, Durham, Cleveland, North Yorkshire, West Yorkshire

A4. What proportion of your time do you spend in the office practice and/or hospital?

_____ % in the office

_____ % in hospital

.....

Total = 100 %

A5. When did you start working in your profession?
_____ (year)

A6. In addition to your indicated primary specialty, do you have a secondary specialty? If so please list:_____

Humberside)

(5) North West (Cumbria, Merseyside, Lancashire, Greater Manchester, Cheshire)

(6) West Midlands (Birmingham, Worcestershire, Warwickshire, Staffordshire, Shropshire)

(7) Trent (South Yorkshire, Nottinghamshire, Derbyshire, Lincolnshire, Rutland, Leicestershire)

(8) Eastern (Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk, Suffolk)

(9) Wales

(10) Scotland

(11) Northern Ireland

[Spain]

(1) Andalucia

(2) Aragón

(3) Asturias

(4) Islas Baleares

(5) País Vasco

(6) Extremadura

(7) Galicia

(8) Islas Canarias

(9) Cantabria

(10) Castilla La Mancha
(11) Castilla León
(12) Cataluña
(13) La Rioja
(14) Madrid
(15) Murcia
(16) Navarra
(17) Valencia

[Sweden]

(1) Götaland
(2) Svealand
(3) Norrland
(4) Malmö
(5) Göteborg
(6) Stockholm

[Denmark]

(1) Region Hovedstaden
(2) Region Sjaelland
(3) Region Syddanmark
(4) Region Midtjylland
(5) Region Nordjylland

[NL]

(1) Noord
(2) Oost

(3) Midden

(4) Zuid

(5) West

Prog: show for all:

Thank you very much for participating in this survey!

Prog: Spain only

"LA EMPRESA asume el compromiso de informar a todos los profesionales sanitarios entrevistados en sus estudios, de la obligación por parte de los mismos de comunicar a las compañías oportunas, los posibles efectos adversos que pudiesen acaecer de sus productos, por motivos de fármaco-vigilancia"

Annex 3. County-specific survey results

Strattera Risk Management - All countries / Lilly

Overview on countries

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
UK	**70**	-	-	-	-	70
	28.0	-	-	-	-	**100.0abcd**
Netherlands	**40**	-	40	-	-	-
	16.0	-	**100.0acde**	-	-	-
Denmark	**30**	30	-	-	-	-
	12.0	**100.0bcde**	-	-	-	-
Sweden	**40**	-	-	-	40	-
	16.0	-	-	-	**100.0abce**	-
Spain	**70**	-	-	70	-	-
	28.0	-	-	**100.0abde**	-	-
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Screening S1: What is your primary medical specialty?

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Psychiatrist	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0
Other	**-**	-	-	-	-	-
	-	-	-	-	-	-
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Screening S2: Are you currently employed or contracted by regulatory bodies (e.g. EMA or MHRA), Lilly, or GfK Healthcare?

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**-**	-	-	-	-	-
	-	-	-	-	-	-
No	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Screening S3: Do you prescribe Strattera, or manage/monitor adult patients using Strattera?

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0
No	**-**	-	-	-	-	-
	-	-	-	-	-	-
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Screening S4: Do you typically ...

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Both prescribe Strattera AND monitor adult patients taking Strattera	**232** **92.8**	28 93.3	35 87.5	66 94.3	37 92.5	66 94.3
Only prescribe Strattera but NOT monitor adult patients taking Strattera	**9** **3.6**	2 6.7	3 7.5	1 1.4	2 5.0	1 1.4
Only monitor adult patients who have already initiated Strattera treatment but NOT prescribe Strattera	**9** **3.6**	- -	2 5.0	3 4.3	1 2.5	3 4.3
Neither prescribe Strattera nor monitor adult patients taking Strattera	**-** **-**	- -	- -	- -	- -	- -
Total	**250** **100.0**	30 100.0	40 100.0	70 100.0	40 100.0	70 100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question Q1: What percentage of your ADHD adult patients do you either prescribe Strattera and/or monitor on Strattera (atomoxetine)?

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
<25 percent	**142**	15	36	40	27	24
	56.8	50.0	**90.0acde**	**57.1e**	**67.5e**	34.3
25-50 percent	**86**	11	4	25	11	35
	34.4	**36.7b**	10.0	**35.7b**	**27.5b**	**50.0bd**
51-75 percent	**13**	2	-	4	1	6
	5.2	6.7	-	5.7	2.5	8.6
>75 percent	**9**	2	-	1	1	5
	3.6	6.7	-	1.4	2.5	7.1
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera.
- Q2.1. Careful consideration of cardiovascular family medical history -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
None (0%)	**14**	1	3	5	3	2
	5.6	3.3	7.5	7.1	7.5	2.9
Some (less than 50%)	**62**	6	9	24	8	15
	24.8	20.0	22.5	34.3	20.0	21.4
Most (50% or more but less than 100%)	**50**	5	4	16	10	15
	20.0	16.7	10.0	22.9	25.0	21.4
All (100%)	**124**	18	24	25	19	38
	49.6	**60.0c**	**60.0c**	35.7	47.5	**54.3c**
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0
Top2 Box: 50% or more patients	**174**	23	28	41	29	53
	69.6	76.7	70.0	58.6	72.5	**75.7c**

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera.
- Q2.2. Comprehensive medical history of the patient's past and present co-morbid medical disorders or symptoms -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
None (0%)	**4**	1	2	1	-	-
	1.6	3.3	5.0	1.4	-	-
Some (less than 50%)	**28**	1	8	7	2	10
	11.2	3.3	**20.0ad**	10.0	5.0	14.3
Most (50% or more but less than 100%)	**55**	5	7	18	9	16
	22.0	16.7	17.5	25.7	22.5	22.9
All (100%)	**163**	23	23	44	29	44
	65.2	76.7	57.5	62.9	72.5	62.9
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0
Top2 Box: 50% or more patients	**218**	28	30	62	38	60
	87.2	**93.3b**	75.0	88.6	**95.0b**	85.7

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera.
- Q2.3. Check thyroid hormones with lab test -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
None (0%)	**47**	5	19	6	3	14
	18.8	16.7	**47.5acde**	8.6	7.5	20.0
Some (less than 50%)	**53**	5	9	18	7	14
	21.2	16.7	22.5	25.7	17.5	20.0
Most (50% or more but less than 100%)	**61**	7	5	22	14	13
	24.4	23.3	12.5	**31.4b**	**35.0b**	18.6
All (100%)	**89**	13	7	24	16	29
	35.6	**43.3b**	17.5	34.3	**40.0b**	**41.4b**
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0
Top2 Box: 50% or more patients	**150**	20	12	46	30	42
	60.0	**66.7b**	30.0	**65.7b**	**75.0b**	**60.0b**

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera.
- Q2.4. Cardiovascular risk assessment (heart problems, heart defects, irregular heartbeat, high blood pressure, or low blood pressure) -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
None (0%)	**13**	-	5	3	2	3
	5.2	-	**12.5a**	4.3	5.0	4.3
Some (less than 50%)	**36**	2	6	14	3	11
	14.4	6.7	15.0	20.0	7.5	15.7
Most (50% or more but less than 100%)	**68**	4	10	26	9	19
	27.2	13.3	25.0	**37.1a**	22.5	27.1
All (100%)	**133**	24	19	27	26	37
	53.2	**80.0bce**	47.5	38.6	**65.0c**	52.9
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0
Top2 Box: 50% or more patients	**201**	28	29	53	35	56
	80.4	**93.3bc**	72.5	75.7	87.5	80.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera.
- Q2.5. Physical examination to assess for the presence of cardiac disease -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
None (0%)	**58**	3	20	16	3	16
	23.2	10.0	**50.0acde**	**22.9d**	7.5	**22.9d**
Some (less than 50%)	**55**	2	8	27	8	10
	22.0	6.7	20.0	**38.6abde**	20.0	14.3
Most (50% or more but less than 100%)	**58**	9	5	14	15	15
	23.2	30.0	12.5	20.0	**37.5bc**	21.4
All (100%)	**79**	16	7	13	14	29
	31.6	**53.3bc**	17.5	18.6	35.0	**41.4bc**
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0
Top2 Box: 50% or more patients	**137**	25	12	27	29	44
	54.8	**83.3bce**	30.0	38.6	**72.5bc**	**62.9bc**

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera.
- Q2.6. Check calcium and PTH -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
None (0%)	**96**	11	27	26	11	21
	38.4	36.7	**67.5acde**	37.1	27.5	30.0
Some (less than 50%)	**82**	12	8	32	8	22
	32.8	40.0	20.0	**45.7bd**	20.0	31.4
Most (50% or more but less than 100%)	**45**	3	3	7	12	20
	18.0	10.0	7.5	10.0	**30.0abc**	**28.6abc**
All (100%)	**27**	4	2	5	9	7
	10.8	13.3	5.0	7.1	**22.5bc**	10.0
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0
Top2 Box: 50% or more patients	**72**	7	5	12	21	27
	28.8	23.3	12.5	17.1	**52.5abc**	**38.6bc**

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera.
- Q2.7. Measurement and recording of heart rate -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
None (0%)	**21**	-	6	12	-	3
	8.4	-	**15.0ad**	**17.1ade**	-	4.3
Some (less than 50%)	**40**	3	6	21	2	8
	16.0	10.0	15.0	**30.0ade**	5.0	11.4
Most (50% or more but less than 100%)	**61**	6	13	17	11	14
	24.4	20.0	32.5	24.3	27.5	20.0
All (100%)	**128**	21	15	20	27	45
	51.2	**70.0bc**	37.5	28.6	**67.5bc**	**64.3bc**
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0
Top2 Box: 50% or more patients	**189**	27	28	37	38	59
	75.6	**90.0bc**	70.0	52.9	**95.0bc**	**84.3c**

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera.
- Q2.8. Measurement and recording of blood pressure -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
None (0%)	**17**	-	4	10	-	3
	6.8	-	**10.0d**	**14.3ade**	-	4.3
Some (less than 50%)	**29**	2	7	14	1	5
	11.6	6.7	**17.5d**	**20.0de**	2.5	7.1
Most (50% or more but less than 100%)	**65**	6	9	23	11	16
	26.0	20.0	22.5	32.9	27.5	22.9
All (100%)	**139**	22	20	23	28	46
	55.6	**73.3c**	50.0	32.9	**70.0c**	**65.7c**
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0
Top2 Box: 50% or more patients	**204**	28	29	46	39	62
	81.6	**93.3bc**	72.5	65.7	**97.5bc**	**88.6bc**

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera.
- Q2.9. Check testosterone and estradiol circulating levels -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
None (0%)	**159**	23	35	41	26	34
	63.6	**76.7e**	**87.5cde**	58.6	65.0	48.6
Some (less than 50%)	**62**	7	3	22	12	18
	24.8	23.3	7.5	**31.4b**	**30.0b**	**25.7b**
Most (50% or more but less than 100%)	**20**	-	2	6	2	10
	8.0	-	5.0	8.6	5.0	**14.3a**
All (100%)	**9**	-	-	1	-	8
	3.6	-	-	1.4	-	**11.4bcd**
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0
Top2 Box: 50% or more patients	**29**	-	2	7	2	18
	11.6	-	5.0	10.0	5.0	**25.7abcd**

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question Q3: When would you not prescribe Strattera? Please select all that apply. When a patient has...

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Pheochromocytoma	**210**	24	31	63	33	59
	84.0	80.0	77.5	90.0	82.5	84.3
Severe cardiovascular or cerebrovascular disorders	**237**	30	36	64	39	68
	94.8	100.0	90.0	91.4	97.5	97.1
Thyroid hormone replacement drug treatment	**43**	3	8	15	2	15
	17.2	10.0	**20.0d**	**21.4d**	5.0	**21.4d**
Mild and well controlled hypertension	**11**	1	-	3	2	5
	4.4	3.3	-	4.3	5.0	7.1
A history of febrile seizures	**47**	2	4	19	5	17
	18.8	6.7	10.0	**27.1ab**	12.5	**24.3a**
Comorbid tics	**44**	3	2	18	5	16
	17.6	10.0	5.0	**25.7b**	12.5	**22.9b**
Narrow angle glaucoma	**172**	24	32	50	24	42
	68.8	80.0	**80.0e**	71.4	60.0	60.0
Total	**764**	87	113	232	110	222
	305.6	290.0	282.5	331.4	275.0	317.1

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question Q4: Please read the clinical practices described below. Please indicate how often these clinical practices should be performed after Strattera is prescribed to an adult patient?
- Q4.1. Re-evaluate the need for continued therapy -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
1) At each visit	**113**	11	14	34	20	34
	45.2	36.7	35.0	48.6	50.0	48.6
2) Every 6 months	**51**	7	11	16	6	11
	20.4	23.3	27.5	22.9	15.0	15.7
3) Every 12 months	**42**	9	5	9	4	15
	16.8	**30.0cd**	12.5	12.9	10.0	21.4
4) After each dose adjustment and then every 6 months	**31**	-	7	9	9	6
	12.4	-	**17.5a**	**12.9a**	**22.5ae**	8.6
5) After each dose adjustment and then every 12 months	**11**	2	2	2	1	4
	4.4	6.7	5.0	2.9	2.5	5.7
None of these	**2**	1	1	-	-	-
	0.8	3.3	2.5	-	-	-
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question Q4: Please read the clinical practices described below. Please indicate how often these clinical practices should be performed after Strattera is prescribed to an adult patient?
- Q4.2. Checks of the heart rate and blood pressure -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
1) At each visit	**102**	10	13	34	19	26
	40.8	33.3	32.5	48.6	47.5	37.1
2) Every 6 months	**72**	7	12	16	11	26
	28.8	23.3	30.0	22.9	27.5	37.1
3) Every 12 months	**21**	4	5	7	1	4
	8.4	13.3	12.5	10.0	2.5	5.7
4) After each dose adjustment and then every 6 months	**46**	8	7	10	8	13
	18.4	26.7	17.5	14.3	20.0	18.6
5) After each dose adjustment and then every 12 months	**4**	1	1	2	-	-
	1.6	3.3	2.5	2.9	-	-
None of these	**5**	-	2	1	1	1
	2.0	-	5.0	1.4	2.5	1.4
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question Q4: Please read the clinical practices described below. Please indicate how often these clinical practices should be performed after Strattera is prescribed to an adult patient?
- Q4.3. Check for signs/symptoms for the development of new neurologic signs/symptoms -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
1) At each visit	**125**	16	17	39	17	36
	50.0	53.3	42.5	55.7	42.5	51.4
2) Every 6 months	**42**	5	8	7	8	14
	16.8	16.7	20.0	10.0	20.0	20.0
3) Every 12 months	**29**	5	6	7	3	8
	11.6	16.7	15.0	10.0	7.5	11.4
4) After each dose adjustment and then every 6 months	**34**	1	6	13	7	7
	13.6	3.3	15.0	**18.6a**	17.5	10.0
5) After each dose adjustment and then every 12 months	**10**	1	2	3	3	1
	4.0	3.3	5.0	4.3	7.5	1.4
None of these	**10**	2	1	1	2	4
	4.0	6.7	2.5	1.4	5.0	5.7
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question Q4: Please read the clinical practices described below. Please indicate how often these clinical practices should be performed after Strattera is prescribed to an adult patient?
- Q4.4. Check for signs/symptoms of the development of new cardiovascular disorder or worsening of a pre-existing cardiovascular disorder -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
1) At each visit	**131**	14	22	39	20	36
	52.4	46.7	55.0	55.7	50.0	51.4
2) Every 6 months	**51**	8	6	11	8	18
	20.4	26.7	15.0	15.7	20.0	25.7
3) Every 12 months	**17**	5	3	4	2	3
	6.8	**16.7e**	7.5	5.7	5.0	4.3
4) After each dose adjustment and then every 6 months	**36**	3	6	12	6	9
	14.4	10.0	15.0	17.1	15.0	12.9
5) After each dose adjustment and then every 12 months	**9**	-	2	3	2	2
	3.6	-	5.0	4.3	5.0	2.9
None of these	**6**	-	1	1	2	2
	2.4	-	2.5	1.4	5.0	2.9
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.1. There is a risk of increased blood pressure and increased heart rate with the use of Strattera -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**209**	27	36	54	35	57
	83.6	90.0	90.0	77.1	87.5	81.4
No	**22**	2	1	7	3	9
	8.8	6.7	2.5	10.0	7.5	12.9
Do not know	**19**	1	3	9	2	4
	7.6	3.3	7.5	12.9	5.0	5.7
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.2. Strattera should not be used in patients with severe cardiovascular or cerebrovascular disorders -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**215**	27	31	59	35	63
	86.0	90.0	77.5	84.3	87.5	90.0
No	**23**	3	8	6	3	3
	9.2	10.0	**20.0e**	8.6	7.5	4.3
Do not know	**12**	-	1	5	2	4
	4.8	-	2.5	7.1	5.0	5.7
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.3. Strattera should be used with caution in patients whose underlying medical conditions could be worsened by increases of blood pressure or heart rate **(e.g. patients with hypertension, tachycardia, or cardiovascular or cerebrovascular disease) -**

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**230**	29	37	64	35	65
	92.0	96.7	92.5	91.4	87.5	92.9
No	**13**	-	1	4	5	3
	5.2	-	2.5	5.7	**12.5a**	4.3
Do not know	**7**	1	2	2	-	2
	2.8	3.3	5.0	2.9	-	2.9
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.4. A baseline patient history and physical examination is needed to assess for the presence of cardiac disease before prescribing Strattera -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**212**	29	31	56	33	63
	84.8	**96.7bc**	77.5	80.0	82.5	90.0
No	**24**	1	4	8	4	7
	9.6	3.3	10.0	11.4	10.0	10.0
Do not know	**14**	-	5	6	3	-
	5.6	-	**12.5ae**	**8.6e**	**7.5e**	-
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.5. Heart rate and blood pressure should be measured and recorded in all patients before the Strattera treatment/after each adjustment of dose -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**220**	30	30	59	37	64
	88.0	**100.0bc**	75.0	84.3	**92.5b**	**91.4b**
No	**15**	-	6	4	1	4
	6.0	-	**15.0a**	5.7	2.5	5.7
Do not know	**15**	-	4	7	2	2
	6.0	-	10.0	10.0	5.0	2.9
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.6. If Strattera patients develop symptoms suggestive of cardiac disease during treatment they should be referred for prompt specialist cardiac evaluation -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**214**	25	31	59	36	63
	85.6	83.3	77.5	84.3	90.0	90.0
No	**16**	3	4	3	2	4
	6.4	10.0	10.0	4.3	5.0	5.7
Do not know	**20**	2	5	8	2	3
	8.0	6.7	12.5	11.4	5.0	4.3
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.7. Adverse reactions suspected to be associated with the use of Strattera should be reported via the national reporting system -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**207**	27	30	57	35	58
	82.8	90.0	75.0	81.4	87.5	82.9
No	**15**	2	3	4	3	3
	6.0	6.7	7.5	5.7	7.5	4.3
Do not know	**28**	1	7	9	2	9
	11.2	3.3	17.5	12.9	5.0	12.9
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.8. Patients should be referred for specialist cardiac evaluation if initial findings suggest a history or presence of cardiac disease -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**199**	26	26	55	32	60
	79.6	**86.7b**	65.0	78.6	80.0	**85.7b**
No	**29**	3	7	8	6	5
	11.6	10.0	17.5	11.4	15.0	7.1
Do not know	**22**	1	7	7	2	5
	8.8	3.3	17.5	10.0	5.0	7.1
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.9. Heart rate and blood pressure should be measured and recorded in all Strattera patients at least every 6 months during treatment -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**223**	29	31	60	39	64
	89.2	**96.7b**	77.5	85.7	**97.5b**	**91.4b**
No	**13**	1	5	4	-	3
	5.2	3.3	**12.5d**	5.7	-	4.3
Do not know	**14**	-	4	6	1	3
	5.6	-	10.0	8.6	2.5	4.3
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.10. A checklist for actions to take before prescribing/dispensing or administering Strattera should be followed -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**159**	19	16	42	28	54
	63.6	63.3	40.0	**60.0b**	**70.0b**	**77.1bc**
No	**47**	7	14	10	7	9
	18.8	23.3	**35.0ce**	14.3	17.5	12.9
Do not know	**44**	4	10	18	5	7
	17.6	13.3	**25.0e**	**25.7e**	12.5	10.0
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.12. If Strattera is considered, a careful history and physical exam is needed to assess for the presence of cardiac disease, and the patient should receive further specialist cardiac evaluation if initial findings suggest such history or disease. -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**201**	28	24	57	32	60
	80.4	**93.3b**	60.0	**81.4b**	80.0	**85.7b**
No	**32**	2	10	7	8	5
	12.8	6.7	**25.0ace**	10.0	**20.0e**	7.1
Do not know	**17**	-	6	6	-	5
	6.8	-	**15.0ad**	8.6	-	7.1
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.13. If Strattera is considered, caution should be used in patients with known serious structural cardiac abnormalities and in consultation with a cardiac specialist. -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**226**	30	36	58	37	65
	90.4	**100.0c**	90.0	82.9	92.5	92.9
No	**13**	-	3	4	2	4
	5.2	-	7.5	5.7	5.0	5.7
Do not know	**11**	-	1	8	1	1
	4.4	-	2.5	**11.4e**	2.5	1.4
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.14. It is not necessary to use Strattera cautiously with pressor agents or medications that may increase blood pressure -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**56**	10	3	15	13	15
	22.4	**33.3b**	7.5	21.4	**32.5b**	21.4
No	**165**	18	34	46	20	47
	66.0	60.0	**85.0acde**	65.7	50.0	67.1
Do not know	**29**	2	3	9	7	8
	11.6	6.7	7.5	12.9	17.5	11.4
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.15. A re-evaluation of the need for ADHD therapy is recommended when patients are continuing treatment with Strattera at 3 months. -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**134**	12	21	34	26	41
	53.6	40.0	52.5	48.6	**65.0a**	58.6
No	**93**	15	16	27	12	23
	37.2	50.0	40.0	38.6	30.0	32.9
Do not know	**23**	3	3	9	2	6
	9.2	10.0	7.5	12.9	5.0	8.6
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.16. For patients receiving Strattera, a checklist for monitoring cardiovascular risks should be followed -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**162**	18	16	43	27	58
	64.8	60.0	40.0	**61.4b**	**67.5b**	**82.9abc**
No	**52**	8	17	13	9	5
	20.8	**26.7e**	**42.5ce**	**18.6e**	**22.5e**	7.1
Do not know	**36**	4	7	14	4	7
	14.4	13.3	17.5	20.0	10.0	10.0
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.17. Patients should be referred to further specialist evaluation if they develop new neurologic signs or symptoms -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**196**	22	30	54	32	58
	78.4	73.3	75.0	77.1	80.0	82.9
No	**36**	5	5	12	6	8
	14.4	16.7	12.5	17.1	15.0	11.4
Do not know	**18**	3	5	4	2	4
	7.2	10.0	12.5	5.7	5.0	5.7
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.18. Patient should be referred for further specialist evaluation in the event the patient developed a new cardiovascular disorder or a worsening of a pre-existing cardiovascular disorder -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**229**	30	37	62	35	65
	91.6	**100.0d**	92.5	88.6	87.5	92.9
No	**14**	-	1	6	4	3
	5.6	-	2.5	8.6	10.0	4.3
Do not know	**7**	-	2	2	1	2
	2.8	-	5.0	2.9	2.5	2.9
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.19. Heart rate and blood pressure should be only measured by a cardiac specialist -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**7**	1	-	1	1	4
	2.8	3.3	-	1.4	2.5	5.7
No	**240**	29	40	68	39	64
	96.0	96.7	100.0	97.1	97.5	91.4
Do not know	**3**	-	-	1	-	2
	1.2	-	-	1.4	-	2.9
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice.
- P1.20. Before prescribing/dispensing or administering Strattera, an echocardiography is needed -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Yes	**19**	1	-	3	3	12
	7.6	3.3	-	4.3	7.5	**17.1bc**
No	**211**	29	37	57	35	53
	84.4	**96.7ce**	**92.5e**	81.4	87.5	75.7
Do not know	**20**	-	3	10	2	5
	8.0	-	7.5	**14.3a**	5.0	7.1
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

P3. In general, how knowledgeable are you with the content of this medical information provided for Strattera?
- Physicians guide for assessing and monitoring cardiovascular risks when prescribing Strattera -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Not knowledgeable	**13**	1	2	5	2	3
	5.2	3.3	5.0	7.1	5.0	4.3
Somewhat knowledgeable	**161**	18	31	44	17	51
	64.4	60.0	**77.5d**	**62.9d**	42.5	**72.9d**
Very knowledgeable	**76**	11	7	21	21	16
	30.4	36.7	17.5	30.0	**52.5bce**	22.9
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

P3a. Which statement best describes why you are not knowledgeable of the content of the following medical information provided for Strattera:
- Physicians guide for assessing and monitoring cardiovascular risks when prescribing Strattera -

Subsample: 'Not knowledgeable' in previous question (P3)

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**13***	1**	2**	5**	2**	3**
(Precoded answers)						
I was not aware this information is available	**11**	1	2	4	2	2
	84.6	100.0	100.0	80.0	100.0	66.7
I am aware this information is available but do not remember the content	**2**	-	-	1	-	1
	15.4	-	-	20.0	-	33.3
Total	**13**	1	2	5	2	3
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base; ** very small base (under 30) ineligible for sig testing

Strattera Risk Management - All countries / Lilly

P3. In general, how knowledgeable are you with the content of this medical information provided for Strattera?
- Checklist for actions to take before prescribing/dispensing or administering Strattera -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Not knowledgeable	**51**	5	12	18	9	7
	20.4	16.7	**30.0e**	**25.7e**	22.5	10.0
Somewhat knowledgeable	**129**	14	23	34	16	42
	51.6	46.7	57.5	48.6	40.0	**60.0d**
Very knowledgeable	**70**	11	5	18	15	21
	28.0	**36.7b**	12.5	25.7	**37.5b**	**30.0b**
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

P3a. Which statement best describes why you are not knowledgeable of the content of the following medical information provided for Strattera:
- Checklist for actions to take before prescribing/dispensing or administering Strattera -

Subsample: 'Not knowledgeable' in previous question (P3)

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**51***	5**	12**	18**	9**	7**
(Precoded answers)						
I was not aware this information is available	**49**	5	12	17	8	7
	96.1	100.0	100.0	94.4	88.9	100.0
I am aware this information is available but do not remember the content	**2**	-	-	1	1	-
	3.9	-	-	5.6	11.1	-
Total	**51**	5	12	18	9	7
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base; ** very small base (under 30) ineligible for sig testing

Strattera Risk Management - All countries / Lilly

P3. In general, how knowledgeable are you with the content of this medical information provided for Strattera?
- Checklist for monitoring to manage cardiovascular risks with Strattera trestment -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Not knowledgeable	**53**	6	11	20	9	7
	21.2	20.0	**27.5e**	**28.6e**	22.5	10.0
Somewhat knowledgeable	**126**	16	23	31	14	42
	50.4	53.3	**57.5d**	44.3	35.0	**60.0d**
Very knowledgeable	**71**	8	6	19	17	21
	28.4	26.7	15.0	27.1	**42.5b**	30.0
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

P3a. Which statement best describes why you are not knowledgeable of the content of the following medical information provided for Strattera:
- Checklist for monitoring to manage cardiovascular risks with Strattera trestment -

Subsample: 'Not knowledgeable' in previous question (P3)

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**53***	6**	11**	20**	9**	7**
(Precoded answers)						
I was not aware this information is available	**48**	6	11	19	7	5
	90.6	100.0	100.0	95.0	77.8	71.4
I am aware this information is available but do not remember the content	**5**	-	-	1	2	2
	9.4	-	-	5.0	22.2	28.6
Total	**53**	6	11	20	9	7
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base; ** very small base (under 30) ineligible for sig testing

Strattera Risk Management - All countries / Lilly

P3. In general, how knowledgeable are you with the content of this medical information provided for Strattera?
- Measurements recording chart (for blood pressure and heart rate) -

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Not knowledgeable	**73**	10	20	24	11	8
	29.2	**33.3e**	**50.0de**	**34.3e**	**27.5e**	11.4
Somewhat knowledgeable	**96**	11	15	27	12	31
	38.4	36.7	37.5	38.6	30.0	44.3
Very knowledgeable	**81**	9	5	19	17	31
	32.4	30.0	12.5	27.1	**42.5b**	**44.3bc**
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

P3a. Which statement best describes why you are not knowledgeable of the content of the following medical information provided for Strattera:
- Measurements recording chart (for blood pressure and heart rate) -

Subsample: 'Not knowledgeable' in previous question (P3)

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**73***	10**	20**	24**	11**	8**
(Precoded answers)						
I was not aware this information is available	**63**	8	17	20	10	8
	86.3	80.0	85.0	83.3	90.9	100.0
I am aware this information is available but do not remember the content	**10**	2	3	4	1	-
	13.7	20.0	15.0	16.7	9.1	-
Total	**73**	10	20	24	11	8
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base; ** very small base (under 30) ineligible for sig testing

Strattera Risk Management - All countries / Lilly

Question P4: What best describes your use of the following tools, provided to physicians, when prescribing Strattera or managing/monitoring treatment with Strattera?
All documents are available upon request via your local Lilly affiliate.
- P4.1. Physicians guide for assessing and monitoring cardiovascular risks when prescribing Strattera -

Subsample: Somewhat knowledgeable/Very knowledgeable (P3)

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**237**	29**	38*	65*	38*	67*
(Precoded answers)						
1) Never use	**84**	10	23	16	16	19
	35.4	34.5	**60.5ce**	24.6	42.1	28.4
2) Sometimes use	**85**	10	8	32	13	22
	35.9	34.5	21.1	**49.2b**	34.2	32.8
3) Frequently use	**40**	7	4	12	2	15
	16.9	24.1	10.5	18.5	5.3	**22.4d**
4) Always use	**28**	2	3	5	7	11
	11.8	6.9	7.9	7.7	18.4	16.4
Total	**237**	29	38	65	38	67
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base; ** very small base (under 30) ineligible for sig testing

Strattera Risk Management - All countries / Lilly

Question P4: What best describes your use of the following tools, provided to physicians, when prescribing Strattera or managing/monitoring treatment with Strattera?
All documents are available upon request via your local Lilly affiliate.
- P4.2. Checklist for actions to take before prescribing/dispensing or administering Strattera -

Subsample: Somewhat knowledgeable/Very knowledgeable (P3)

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**199**	25**	28**	52*	31*	63*
(Precoded answers)						
1) Never use	**62**	5	16	14	14	13
	31.2	20.0	57.1	26.9	**45.2e**	20.6
2) Sometimes use	**70**	9	7	21	9	24
	35.2	36.0	25.0	40.4	29.0	38.1
3) Frequently use	**43**	10	4	14	2	13
	21.6	40.0	14.3	**26.9d**	6.5	20.6
4) Always use	**24**	1	1	3	6	13
	12.1	4.0	3.6	5.8	19.4	**20.6c**
Total	**199**	25	28	52	31	63
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base; ** very small base (under 30) ineligible for sig testing

Strattera Risk Management - All countries / Lilly

Question P4: What best describes your use of the following tools, provided to physicians, when prescribing Strattera or managing/monitoring treatment with Strattera?
All documents are available upon request via your local Lilly affiliate.
- P4.3. Checklist for monitoring to manage cardiovascular risks with Strattera treatment -

Subsample: Somewhat knowledgeable/Very knowledgeable (P3)

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**197**	24**	29**	50*	31*	63*
(Precoded answers)						
1) Never use	**71**	7	19	12	15	18
	36.0	29.2	65.5	24.0	**48.4c**	28.6
2) Sometimes use	**63**	8	5	24	10	16
	32.0	33.3	17.2	**48.0e**	32.3	25.4
3) Frequently use	**37**	8	4	9	-	16
	18.8	33.3	13.8	**18.0d**	-	**25.4d**
4) Always use	**26**	1	1	5	6	13
	13.2	4.2	3.4	10.0	19.4	20.6
Total	**197**	24	29	50	31	63
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base; ** very small base (under 30) ineligible for sig testing

Strattera Risk Management - All countries / Lilly

Question P4: What best describes your use of the following tools, provided to physicians, when prescribing Strattera or managing/monitoring treatment with Strattera?
All documents are available upon request via your local Lilly affiliate.
- P4.4. Measurements recording chart (for blood pressure and heart rate) -

Subsample: Somewhat knowledgeable/Very knowledgeable (P3)

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**177**	20**	20**	46*	29**	62*
(Precoded answers)						
1) Never use	**59**	8	13	8	14	16
	33.3	40.0	65.0	17.4	48.3	25.8
2) Sometimes use	**51**	6	4	21	7	13
	28.8	30.0	20.0	**45.7e**	24.1	21.0
3) Frequently use	**37**	4	2	10	2	19
	20.9	20.0	10.0	21.7	6.9	30.6
4) Always use	**30**	2	1	7	6	14
	16.9	10.0	5.0	15.2	20.7	22.6
Total	**177**	20	20	46	29	62
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base; ** very small base (under 30) ineligible for sig testing

Strattera Risk Management - All countries / Lilly

Demographics A1: Gender

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Precoded answers)						
Male	**172**	22	32	40	22	56
	68.8	73.3	**80.0cd**	57.1	55.0	**80.0cd**
Female	**78**	8	8	30	18	14
	31.2	26.7	20.0	**42.9be**	**45.0be**	20.0
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Demographics A2: Age

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Open answers)						
Up to 30 years	**3**	2	-	-	-	1
	1.2	**6.7c**	-	-	-	1.4
31-40 years	**66**	4	8	25	5	24
	26.4	13.3	20.0	**35.7ad**	12.5	**34.3ad**
41-50 years	**84**	4	11	24	13	32
	33.6	13.3	27.5	**34.3a**	32.5	**45.7a**
51-60 years	**70**	9	14	20	17	10
	28.0	30.0	**35.0e**	**28.6e**	**42.5e**	14.3
61+ years	**27**	11	7	1	5	3
	10.8	**36.7cde**	**17.5ce**	1.4	**12.5c**	4.3
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0
Mean value	**47.9**	**53.9ce**	**51.0ce**	44.7	**52.3ce**	44.3

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Demographics A3: Region

Subsample: United Kingdom

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**70***	-**	-**	-**	-**	70*
(Precoded answers)						
Greater London	**9**	-	-	-	-	9
	12.9	-	-	-	-	12.9
South East (Kent, Surrey, Sussex, Hampshire, Isle of Wight, Berks, Bucks, Oxfordshire, Northants)	**4**	-	-	-	-	4
	5.7	-	-	-	-	5.7
South West (Avon, Gloucestershire, Wiltshire, Somerset, Dorset, Devon, Cornwall, Isles of Scilly)	**2**	-	-	-	-	2
	2.9	-	-	-	-	2.9
Northern (Northumberland, Durham, Cleveland, North Yorkshire, West Yorkshire Humberside)	**5**	-	-	-	-	5
	7.1	-	-	-	-	7.1
North West (Cumbria, Merseyside, Lancashire, Greater Manchester, Cheshire)	**11**	-	-	-	-	11
	15.7	-	-	-	-	15.7
West Midlands (Birmingham, Worcestershire, Warwickshire, Staffordshire, Shropshire)	**7**	-	-	-	-	7
	10.0	-	-	-	-	10.0
Trent (South Yorkshire, Nottinghamshire, Derbyshire, Lincolnshire, Rutland, Leicestershire)	**7**	-	-	-	-	7
	10.0	-	-	-	-	10.0
Eastern (Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk, Suffolk)	**12**	-	-	-	-	12
	17.1	-	-	-	-	17.1
Wales	**5**	-	-	-	-	5
	7.1	-	-	-	-	7.1
Scotland	**6**	-	-	-	-	6
	8.6	-	-	-	-	8.6
Northern Ireland	**2**	-	-	-	-	2
	2.9	-	-	-	-	2.9

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base; ** very small base (under 30) ineligible for sig testing

Strattera Risk Management - All countries / Lilly

Demographics A3: Region

Subsample: United Kingdom

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**70***	-**	-**	-**	-**	70*
(Precoded answers)						
Total	**70**	-	-	-	-	70
	100.0	-	-	-	-	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base; ** very small base (under 30) ineligible for sig testing

Strattera Risk Management - All countries / Lilly

Demographics A3: Region

Subsample: Denmark

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**30***	30*	-**	-**	-**	-**
(Precoded answers)						
Region Hovedstaden	**9**	9	-	-	-	-
	30.0	30.0	-	-	-	-
Region Sjaelland	**2**	2	-	-	-	-
	6.7	6.7	-	-	-	-
Region Syddanmark	**7**	7	-	-	-	-
	23.3	23.3	-	-	-	-
Region Midtjylland	**5**	5	-	-	-	-
	16.7	16.7	-	-	-	-
Region Nordjylland	**7**	7	-	-	-	-
	23.3	23.3	-	-	-	-
Total	**30**	30	-	-	-	-
	100.0	100.0	-	-	-	-

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base; ** very small base (under 30) ineligible for sig testing

Strattera Risk Management - All countries / Lilly

Demographics A3: Region

Subsample: Sweden

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**40***	-**	-**	-**	40*	-**
(Precoded answers)						
Götaland	**3**	-	-	-	3	-
	7.5	-	-	-	7.5	-
Svealand	**10**	-	-	-	10	-
	25.0	-	-	-	25.0	-
Norrland	**4**	-	-	-	4	-
	10.0	-	-	-	10.0	-
Malmö	**4**	-	-	-	4	-
	10.0	-	-	-	10.0	-
Göteborg	**3**	-	-	-	3	-
	7.5	-	-	-	7.5	-
Stockholm	**16**	-	-	-	16	-
	40.0	-	-	-	40.0	-
Total	**40**	-	-	-	40	-
	100.0	-	-	-	100.0	-

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base; ** very small base (under 30) ineligible for sig testing

Strattera Risk Management - All countries / Lilly

Demographics A3: Region

Subsample: Netherlands

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**40***	-**	40*	-**	-**	-**
(Precoded answers)						
Noord	**6**	-	6	-	-	-
	15.0	-	15.0	-	-	-
Oost	**9**	-	9	-	-	-
	22.5	-	22.5	-	-	-
Midden	**8**	-	8	-	-	-
	20.0	-	20.0	-	-	-
Zuid	**13**	-	13	-	-	-
	32.5	-	32.5	-	-	-
West	**4**	-	4	-	-	-
	10.0	-	10.0	-	-	-
Total	**40**	-	40	-	-	-
	100.0	-	100.0	-	-	-

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base; ** very small base (under 30) ineligible for sig testing

Strattera Risk Management - All countries / Lilly

Demographics A3: Region

Subsample: Spain

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**70***	-**	-**	70*	-**	-**
(Precoded answers)						
Andalucia	**11**	-	-	11	-	-
	15.7	-	-	15.7	-	-
Aragón	**-**	-	-	-	-	-
	-	-	-	-	-	-
Asturias	**1**	-	-	1	-	-
	1.4	-	-	1.4	-	-
Cantabria	**-**	-	-	-	-	-
	-	-	-	-	-	-
Castilla-León	**2**	-	-	2	-	-
	2.9	-	-	2.9	-	-
Castilla La Mancha	**5**	-	-	5	-	-
	7.1	-	-	7.1	-	-
Cataluña	**17**	-	-	17	-	-
	24.3	-	-	24.3	-	-
Ceuta y Melilla	**-**	-	-	-	-	-
	-	-	-	-	-	-
Extremadura	**3**	-	-	3	-	-
	4.3	-	-	4.3	-	-
Galicia	**2**	-	-	2	-	-
	2.9	-	-	2.9	-	-
Islas Baleares	**3**	-	-	3	-	-
	4.3	-	-	4.3	-	-
Islas Canarias	**2**	-	-	2	-	-
	2.9	-	-	2.9	-	-
Madrid	**15**	-	-	15	-	-
	21.4	-	-	21.4	-	-
Murcia	**1**	-	-	1	-	-
	1.4	-	-	1.4	-	-
Navarra	**1**	-	-	1	-	-
	1.4	-	-	1.4	-	-

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base; ** very small base (under 30) ineligible for sig testing

Strattera Risk Management - All countries / Lilly

Demographics A3: Region

Subsample: Spain

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**70***	-**	-**	70*	-**	-**
(Precoded answers)						
Pais Vasco	**1**	-	-	1	-	-
	1.4	-	-	1.4	-	-
La Rioja	**-**	-	-	-	-	-
	-	-	-	-	-	-
Valencia	**6**	-	-	6	-	-
	8.6	-	-	8.6	-	-
Total	**70**	-	-	70	-	-
	100.0	-	-	100.0	-	-

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base; ** very small base (under 30) ineligible for sig testing

Strattera Risk Management - All countries / Lilly

demographics A4: What proportion of your time do you spend in the office practice and/or hospital?
% in the office

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Open answers)						
None at all (= 0%)	**19**	9	8	-	1	1
	7.6	**30.0cde**	**20.0cde**	-	2.5	1.4
1 - 9 percent	**6**	1	-	-	1	4
	2.4	3.3	-	-	2.5	**5.7c**
10 - 19 percent	**22**	4	2	4	-	12
	8.8	**13.3d**	5.0	5.7	-	**17.1cd**
20 - 29 percent	**38**	2	11	2	5	18
	15.2	6.7	**27.5ac**	2.9	**12.5c**	**25.7ac**
30 - 39 percent	**13**	1	1	2	-	9
	5.2	3.3	2.5	2.9	-	**12.9cd**
40 - 49 percent	**12**	1	4	4	1	2
	4.8	3.3	10.0	5.7	2.5	2.9
50 - 59 percent	**15**	-	2	7	1	5
	6.0	-	5.0	10.0	2.5	7.1
60 - 69 percent	**6**	-	-	1	1	4
	2.4	-	-	1.4	2.5	5.7
70 - 79 percent	**7**	-	-	2	3	2
	2.8	-	-	2.9	7.5	2.9
80 - 89 percent	**24**	-	1	16	3	4
	9.6	-	2.5	**22.9abde**	7.5	5.7
90 - 99 percent	**31**	2	2	15	9	3
	12.4	6.7	5.0	**21.4be**	**22.5be**	4.3
100 percent	**57**	10	9	17	15	6
	22.8	**33.3e**	**22.5e**	**24.3e**	**37.5e**	8.6
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0
Mean value (excl.0)	**61.1**	64.0	**53.4e**	**75.3be**	**78.4be**	39.5
Mean value (incl.0)	**56.4**	44.8	42.8	**75.3abe**	**76.4abe**	39.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

demographics A4: What proportion of your time do you spend in the office practice and/or hospital?
% in the office

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Open answers)						
Std.dev.	**37.3**	45.5	38.6	26.9	31.6	30.9
Median	**55**	**23e**	**25e**	**85e**	90	28

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

demographics A4: What proportion of your time do you spend in the office practice and/or hospital?
% in hospital

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Open answers)						
None at all (= 0%)	**57**	10	9	17	15	6
	22.8	**33.3e**	**22.5e**	**24.3e**	**37.5e**	8.6
1 - 9 percent	**11**	-	1	5	4	1
	4.4	-	2.5	7.1	**10.0e**	1.4
10 - 19 percent	**28**	2	1	15	5	5
	11.2	6.7	2.5	**21.4be**	12.5	7.1
20 - 29 percent	**21**	-	1	13	5	2
	8.4	-	2.5	**18.6abe**	**12.5ae**	2.9
30 - 39 percent	**2**	-	-	-	1	1
	0.8	-	-	-	2.5	1.4
40 - 49 percent	**6**	-	-	1	1	4
	2.4	-	-	1.4	2.5	5.7
50 - 59 percent	**17**	-	2	9	1	5
	6.8	-	5.0	**12.9a**	2.5	7.1
60 - 69 percent	**11**	1	4	2	1	3
	4.4	3.3	10.0	2.9	2.5	4.3
70 - 79 percent	**25**	2	4	3	2	14
	10.0	6.7	10.0	4.3	5.0	**20.0cd**
80 - 89 percent	**28**	2	8	3	3	12
	11.2	6.7	**20.0c**	4.3	7.5	**17.1c**
90 - 99 percent	**25**	4	2	2	1	16
	10.0	**13.3c**	5.0	2.9	2.5	**22.9bcd**
100 percent	**19**	9	8	-	1	1
	7.6	**30.0cde**	**20.0cde**	-	2.5	1.4
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0
Mean value (excl.0)	**56.4**	82.8	**73.9c**	32.7	37.7	**66.8c**
Mean value (incl.0)	**43.6**	**55.2cd**	**57.3cd**	24.7	23.5	**61.0cd**

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

demographics A4: What proportion of your time do you spend in the office practice and/or hospital?
% in hospital

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Open answers)						
Std.dev.	**37.3**	45.5	38.6	26.9	31.6	30.9
Median	**45**	**78c**	**75c**	15	10	**73cd**

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Demographics A5: When did you start working in your profession?

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Open answers)						
Up to 5 years ago	**7**	2	2	3	-	-
	2.8	**6.7e**	5.0	4.3	-	-
6-10 years ago	**46**	3	7	14	9	13
	18.4	10.0	17.5	20.0	22.5	18.6
11-15 years ago	**56**	3	7	18	5	23
	22.4	10.0	17.5	25.7	12.5	**32.9ad**
16-20 years ago	**47**	3	10	11	7	16
	18.8	10.0	25.0	15.7	17.5	22.9
21+ years ago	**94**	19	14	24	19	18
	37.6	**63.3bce**	35.0	34.3	**47.5e**	25.7
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0
Mean value	**18.7**	**23.1ce**	18.5	17.6	**20.3e**	17.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

Strattera Risk Management - All countries / Lilly

Demographics A6: In addition to your indicated primary specialty, do you have a secondary specialty?

	All countries					
	Total	Denmark (a)	Netherlands (b)	Spain (c)	Sweden (d)	UK (e)
Base (100%)	**250**	30*	40*	70*	40*	70*
(Open answers)						
Yes	**198**	25	33	56	32	52
	79.2	83.3	82.5	80.0	80.0	74.3
No	**52**	5	7	14	8	18
	20.8	16.7	17.5	20.0	20.0	25.7
Total	**250**	30	40	70	40	70
	100.0	100.0	100.0	100.0	100.0	100.0

Proportions/Means: Columns Tested (5% risk level) - a/b/c/d/e
* small base

	Page	Table	Title	Base Description	Base
●	1		Strattera Risk Management - All countries / Lilly Overview on countries		250
	2		Strattera Risk Management - All countries / Lilly Screening S1: What is your primary medical specialty?		250
	3		Strattera Risk Management - All countries / Lilly Screening S2: Are you currently employed or contracted by regulatory bodies (e.g. EMA or MHRA), Lilly, or GfK Healthcare?		250
	4		Strattera Risk Management - All countries / Lilly Screening S3: Do you prescribe Strattera, or manage/monitor adult patients using Strattera?		250
	5		Strattera Risk Management - All countries / Lilly Screening S4: Do you typically ...		250
●	6		Strattera Risk Management - All countries / Lilly Question Q1: What percentage of your ADHD adult patients do you either prescribe Strattera and/or monitor on Strattera (atomoxetine)?		250
●	7		Strattera Risk Management - All countries / Lilly Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera. - Q2.1. Careful consideration of cardiovascular family medical history -		250
●	8		Strattera Risk Management - All countries / Lilly Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera. - Q2.2. Comprehensive medical history of the patient’s past and present co-morbid medical disorders or symptoms -		250
●	9		Strattera Risk Management - All countries / Lilly Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera. - Q2.3. Check thyroid hormones with lab test -		250
●	10		Strattera Risk Management - All countries / Lilly Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera. - Q2.4. Cardiovascular risk assessment (heart problems, heart defects, irregular heartbeat, high blood pressure, or low blood pressure) -		250

	Page	Table	Title	Base Description	Base
●	11		Strattera Risk Management - All countries / Lilly Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera. - Q2.5. Physical examination to assess for the presence of cardiac disease -		250
●	12		Strattera Risk Management - All countries / Lilly Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera. - Q2.6. Check calcium and PTH -		250
●	13		Strattera Risk Management - All countries / Lilly Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera. - Q2.7. Measurement and recording of heart rate -		250
●	14		Strattera Risk Management - All countries / Lilly Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera. - Q2.8. Measurement and recording of blood pressure -		250
●	15		Strattera Risk Management - All countries / Lilly Question Q2: Please state the percentage (%) of Strattera patients for whom you carry out the following examinations prior to initiating treatment (prescribing) Strattera. - Q2.9. Check testosterone and estradiol circulating levels -		250
●	16		Strattera Risk Management - All countries / Lilly Question Q3: When would you not prescribe Strattera? Please select all that apply. When a patient has...		250
●	17		Strattera Risk Management - All countries / Lilly Question Q4: Please read the clinical practices described below. Please indicate how often these clinical practices should be performed after Strattera is prescribed to an adult patient? - Q4.1. Re-evaluate the need for continued therapy -		250
	18		Strattera Risk Management - All countries / Lilly Question Q4: Please read the clinical practices described below. Please indicate how often these clinical practices should be performed after Strattera is prescribed to an adult patient? - Q4.2. Checks of the heart rate and blood pressure -		250
●	19		Strattera Risk Management - All countries / Lilly Question Q4: Please read the clinical practices described below. Please indicate how often these clinical practices should be performed after Strattera is prescribed to an adult patient? - Q4.3. Check for signs/symptoms for the development of new neurologic signs/symptoms -		250

	Page	Table	Title	Base Description	Base
●	20		Strattera Risk Management - All countries / Lilly Question Q4: Please read the clinical practices described below. Please indicate how often these clinical practices should be performed after Strattera is prescribed to an adult patient? - Q4.4. Check for signs/symptoms of the development of new cardiovascular disorder or worsening of a pre-existing cardiovascular disorder -		250
	21		Strattera Risk Management - All countries / Lilly Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.1. There is a risk of increased blood pressure and increased heart rate with the use of Strattera -		250
●	22		Strattera Risk Management - All countries / Lilly Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.2. Strattera should not be used in patients with severe cardiovascular or cerebrovascular disorders -		250
●	23		Strattera Risk Management - All countries / Lilly Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.3. Strattera should be used with caution in patients whose underlying medical conditions could be worsened by increases of blood pressure or heart rate		250
●	24		Strattera Risk Management - All countries / Lilly Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.4. A baseline patient history and physical examination is needed to assess for the presence of cardiac disease before prescribing Strattera -		250
●	25		Strattera Risk Management - All countries / Lilly Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.5. Heart rate and blood pressure should be measured and recorded in all patients before the Strattera treatment/after each adjustment of dose -		250

	Page	Table	Title	Base Description	Base
	26		Strattera Risk Management - All countries / Lilly Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.6. If Strattera patients develop symptoms suggestive of cardiac disease during treatment they should be referred for prompt specialist cardiac evaluation -		250
	27		Strattera Risk Management - All countries / Lilly Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.7. Adverse reactions suspected to be associated with the use of Strattera should be reported via the national reporting system -		250
●	28		Strattera Risk Management - All countries / Lilly Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.8. Patients should be referred for specialist cardiac evaluation if initial findings suggest a history or presence of cardiac disease -		250
●	29		Strattera Risk Management - All countries / Lilly Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.9. Heart rate and blood pressure should be measured and recorded in all Strattera patients at least every 6 months during treatment -		250
●	30		Strattera Risk Management - All countries / Lilly Question P1: Please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.10. A checklist for actions to take before prescribing/dispensing or administering Strattera should be followed -		250
●	31		Strattera Risk Management - All countries / Lilly Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.12. If Strattera is considered, a careful history and physical exam is needed to assess for the presence of cardiac disease, and the patient should receive further specialist cardiac evaluation if initial findings suggest such history or disease. -		250

	Page	Table	Title	Base Description	Base
●	32		Strattera Risk Management - All countries / Lilly Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.13. If Strattera is considered, caution should be used in patients with known serious structural cardiac abnormalities and in consultation with a cardiac specialist. -		250
●	33		Strattera Risk Management - All countries / Lilly Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.14. It is not necessary to use Strattera cautiously with pressor agents or medications that may increase blood pressure -		250
●	34		Strattera Risk Management - All countries / Lilly Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.15. A re-evaluation of the need for ADHD therapy is recommended when patients are continuing treatment with Strattera at 3 months. -		250
●	35		Strattera Risk Management - All countries / Lilly Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.16. For patients receiving Strattera, a checklist for monitoring cardiovascular risks should be followed -		250
	36		Strattera Risk Management - All countries / Lilly Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.17. Patients should be referred to further specialist evaluation if they develop new neurologic signs or symptoms -		250
●	37		Strattera Risk Management - All countries / Lilly Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.18. Patient should be referred for further specialist evaluation in the event the patient developed a new cardiovascular disorder or a worsening of a pre-existing cardiovascular disorder -		250

	Page	Table	Title	Base Description	Base
	38		Strattera Risk Management - All countries / Lilly Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.19. Heart rate and blood pressure should be only measured by a cardiac specialist -		250
●	39		Strattera Risk Management - All countries / Lilly Question P1: Again please consider the point at which you initiate treatment with Strattera and the subsequent period of monitoring of the adult patient receiving treatment and indicate which of these statements represent the latest recommended practice. - P1.20. Before prescribing/dispensing or administering Strattera, an echocardiography is needed -		250
●	40		Strattera Risk Management - All countries / Lilly P3. In general, how knowledgeable are you with the content of this medical information provided for Strattera? - Physicians guide for assessing and monitoring cardiovascular risks when prescribing Strattera -		250
	41		Strattera Risk Management - All countries / Lilly P3a. Which statement best describes why you are not knowledgeable of the content of the following medical information provided for Strattera: - Physicians guide for assessing and monitoring cardiovascular risks when prescribing Strattera - Subsample: 'Not knowledgeable' in previous question (P3)		13
●	42		Strattera Risk Management - All countries / Lilly P3. In general, how knowledgeable are you with the content of this medical information provided for Strattera? - Checklist for actions to take before prescribing/dispensing or administering Strattera -		250
	43		Strattera Risk Management - All countries / Lilly P3a. Which statement best describes why you are not knowledgeable of the content of the following medical information provided for Strattera: - Checklist for actions to take before prescribing/dispensing or administering Strattera - Subsample: 'Not knowledgeable' in previous question (P3)		51
●	44		Strattera Risk Management - All countries / Lilly P3. In general, how knowledgeable are you with the content of this medical information provided for Strattera? - Checklist for monitoring to manage cardiovascular risks with Strattera trestment -		250
	45		Strattera Risk Management - All countries / Lilly P3a. Which statement best describes why you are not knowledgeable of the content of the following medical information provided for Strattera: - Checklist for monitoring to manage cardiovascular risks with Strattera trestment - Subsample: 'Not knowledgeable' in previous question (P3)		53

	Page	Table	Title	Base Description	Base
●	46		Strattera Risk Management - All countries / Lilly P3. In general, how knowledgeable are you with the content of this medical information provided for Strattera? - Measurements recording chart (for blood pressure and heart rate) -		250
	47		Strattera Risk Management - All countries / Lilly P3a. Which statement best describes why you are not knowledgeable of the content of the following medical information provided for Strattera: - Measurements recording chart (for blood pressure and heart rate) - Subsample: 'Not knowledgeable' in previous question (P3)		73
●	48		Strattera Risk Management - All countries / Lilly Question P4: What best describes your use of the following tools, provided to physicians, when prescribing Strattera or managing/monitoring treatment with Strattera? All documents are available upon request via your local Lilly affiliate. - P4.1. Physicians guide for assessing and monitoring cardiovascular risks when prescribing Strattera - Subsample: Somewhat knowledgeable/Very knowledgeable (P3)		237
●	49		Strattera Risk Management - All countries / Lilly Question P4: What best describes your use of the following tools, provided to physicians, when prescribing Strattera or managing/monitoring treatment with Strattera? All documents are available upon request via your local Lilly affiliate. - P4.2. Checklist for actions to take before prescribing/dispensing or administering Strattera - Subsample: Somewhat knowledgeable/Very knowledgeable (P3)		199
●	50		Strattera Risk Management - All countries / Lilly Question P4: What best describes your use of the following tools, provided to physicians, when prescribing Strattera or managing/monitoring treatment with Strattera? All documents are available upon request via your local Lilly affiliate. - P4.3. Checklist for monitoring to manage cardiovascular risks with Strattera treatment - Subsample: Somewhat knowledgeable/Very knowledgeable (P3)		197
●	51		Strattera Risk Management - All countries / Lilly Question P4: What best describes your use of the following tools, provided to physicians, when prescribing Strattera or managing/monitoring treatment with Strattera? All documents are available upon request via your local Lilly affiliate. - P4.4. Measurements recording chart (for blood pressure and heart rate) - Subsample: Somewhat knowledgeable/Very knowledgeable (P3)		177
●	52		Strattera Risk Management - All countries / Lilly Demographics A1: Gender		250

	Page	Table	Title	Base Description	Base
●	53		Strattera Risk Management - All countries / Lilly Demographics A2: Age		250
	54		Strattera Risk Management - All countries / Lilly Demographics A3: Region Subsample: United Kingdom		70
	55		Strattera Risk Management - All countries / Lilly Demographics A3: Region Subsample: United Kingdom		70
	56		Strattera Risk Management - All countries / Lilly Demographics A3: Region Subsample: Denmark		30
	57		Strattera Risk Management - All countries / Lilly Demographics A3: Region Subsample: Sweden		40
	58		Strattera Risk Management - All countries / Lilly Demographics A3: Region Subsample: Netherlands		40
	59		Strattera Risk Management - All countries / Lilly Demographics A3: Region Subsample: Spain		70
	60		Strattera Risk Management - All countries / Lilly Demographics A3: Region Subsample: Spain		70
●	61		Strattera Risk Management - All countries / Lilly demographics A4: What proportion of your time do you spend in the office practice and/or hospital? % in the office		250
●	62		Strattera Risk Management - All countries / Lilly demographics A4: What proportion of your time do you spend in the office practice and/or hospital? % in the office		250
●	63		Strattera Risk Management - All countries / Lilly demographics A4: What proportion of your time do you spend in the office practice and/or hospital? % in hospital		250

	Page	Table	Title	Base Description	Base
●	64		Strattera Risk Management - All countries / Lilly demographics A4: What proportion of your time do you spend in the office practice and/or hospital? % in hospital		250
●	65		Strattera Risk Management - All countries / Lilly Demographics A5: When did you start working in your profession?		250
	66		Strattera Risk Management - All countries / Lilly Demographics A6: In addition to your indicated primary specialty, do you have a secondary specialty?		250

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