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Creating professional + ethical doctors

Direct To Consumer Advertising

A PharmAware Resource

Advertising has a big impact not just on patients but doctors as well. But How? Here we explore this topic

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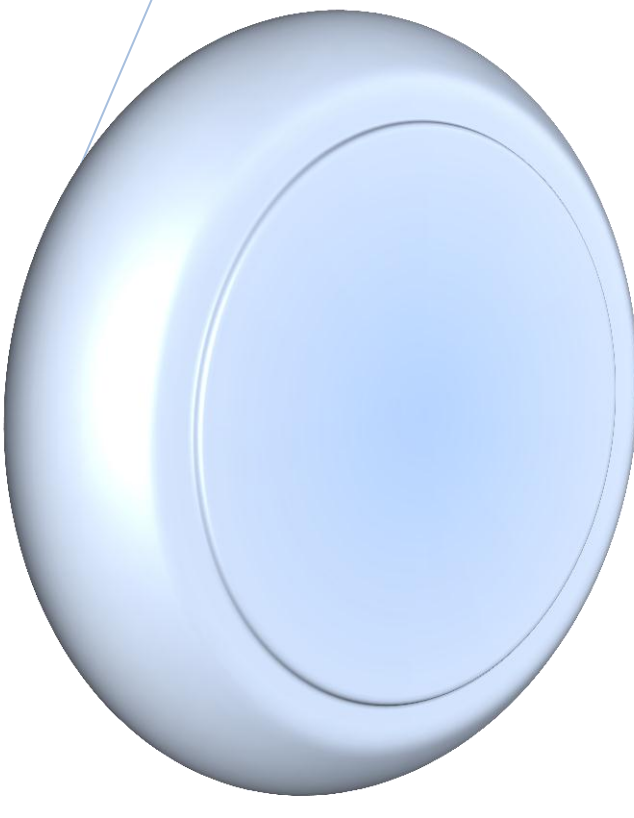

Direct to Consumer Advertising

Introduction

Direct to Consumer Advertising (DTCA) may occur in many forms: Drug adverts on TV, radio broadcasts, magazine ads, posters in health clinics, patient leaflets.

It is legal in Australia, the USA and many developing countries. It is illegal in Canada and has recently been banned in New Zealand (1), but due to shared radio and TV broadcasting, some DTCA filters through to Canada from the States and to NZ from Australia. It is illegal to advertise prescription-only medicines in Europe according EU legislation (2). The only TV adverts we should be exposed to are the ones for over-the-counter brand named drugs. However, it is very difficult to regulate, particularly in less economically developed European countries.

DTCA is criticised because it is more often than not misleading (3), it does not state or it understates the risks of the drug and emotional and evocative images are used, so patients are given a false impression of the benefits of the drug (4). Studies have shown that DTCA encourages patients to seek information from doctors and pharmacists (5). In some cases, this may be a good thing. For example, for treatable conditions that may be stigmatising and embarrassing, DTCA may be useful in raising awareness that a drug is available and increase the number of people seeking help. However, evidence suggests that DTCA encourages unnecessary uptake of health services and an increased burden on physicians. You might argue 'Patients have a right to information on drugs' and 'Isn't it up to the Dr to prescribe the right drug anyway so what harm can it do?' but actually, evidence suggests that doctors are under an increasing pressure to prescribe what the patient asks for (6) and wouldn't it make more sense for health providers to provide independent unbiased sources of information to patients instead of them depending on DTCA to find out about treatments?

The net-effect of DTCA is an increase in drug expenditure. The National Institute of Healthcare Management Foundation conducted a study of the 50 most heavily advertised drugs in the US and demonstrated that these drugs accounted for 48% of the increase in US drug expenditure between 1999 and 2000 (7).

For a more thorough discussion of the arguments for and against DTCA you can read the following articles:

1. Quick et al. Ensuring ethical drug promotion - whose responsibility? (Lancet Article)
2. Mansfield, P. We can win against DTCA - Healthy Skepticism Int. News
3. Mintzes, B. et al. Direct to Consumer Advertising (BMJ Article)

EU Patient Information Proposal

In recent years, there have been several attempts by the European Commission to increase the amount of information provided directly to patients from pharmaceutical companies (8). These EU proposals on patient information are worrying as there is a very fine, and somewhat blurry, line between what should be classed as information and what should be classed as advertisement. TV and radio advertisement will remain illegal, but the industry

may be able to provide websites and health information publications for patient use. The big question is: who will regulate this and make sure that they don't use this as a platform for DTCA in disguise? See this link to Health Action International's explanation and concerns on this topic HAI Presentation on EU Patient Info Directive

Pharma-Funded Patient Groups

Another worrying pattern/trend in Europe over the last ten years has been the huge increase in pharma-funded patient organisations. These consumer groups have direct access to hundreds of people, all seeking information on the best available treatments. It is no wonder then that big companies target these organisations, providing them with sponsorship and stacks of information about the drugs they have or will have to offer. These groups provide Direct to Consumer information in the form of forums, health info packs and disease awareness campaigns and although many of the larger organisations have signed up to stringent codes of practice (9), it is hard to know whether some of the information they give to patients could be classed as DTCA.

Health Action International has been instrumental in calling for increased transparency amongst patient groups. Here is some of the research they have conducted on this topic HAI Europe Article on Patient Group Sponsorship

Disease Mongering

What comes first the chicken or the egg? What comes first the disease or the drug?

Most of us understand the definition and establishment of a particular disease to be down to its symptomatology or its pathological process. We make the assumption that the solution comes after the problem and that once a disease is established, researchers aim to find a treatment. But what happens if somebody discovers a "medicine" that could enhance one of our physiological processes? If it could make them rich, would they try to create a"need" for it?

In recent years, specifically in more developed countries, there have been an increasing number of treatments available for conditions that, in the past, were largely attributed to lifestyle factors or regarded as part of the normal ageing process. Examples include: Obesity; Sexual Dysfunction; Over-active Bladder, to name a few. Many believe that this is an unhealthy trend of 'medicalisation of society' *(3)*. While there are many factors that could contribute to this trend, the pharmaceutical industry have been criticised for exacerbating it *(10)*. One of the concerning implications of a pharmaceutical industry driven by profit, is that increased perception of disease leads to a 'need' for more treatments, thus enhances drug companies'sales. In effect, it is in the industry's interests to use these conditions as marketing opportunities for new drugs, in essence, advertising to promote sickness rather than promoting treatments for genuinely undertreated conditions or marketing already existing, cheaper alternatives.

Female Sexual Dysfunction (FSD) (aka Hypoactive Sexual Desire Disorder) is often quoted as a prime example of "Selling Sickness":

- Around the year 2000, Pfizer was hoping that Female Viagra could be the next blockbuster drug following the huge success of Viagra for men
- In 1998, a conference in Paris brought together clinical experts, researchers, therapists etc to try to "define" the disease
- A drug company manager was quoted in an interview saying "[in the] process of defining the disease, we've been able to get thought leaders involved in female sexual dysfunction, and really work closely with them to develop this disease entity, so that it makes sense." (11)
- 18 of the 19 "thought leaders" had financial ties to pharmaceutical companies

- This is a copy of the survey used by Pfizer in their research on the prevalence of FSD:
- To have FSD, you only need to answer 'yes' to one of those!! Which means that if you're a girl you probably have FSD, along with 43% of the rest of the population!
- The 43% statistic has been cited in over 1000 journal articles and has been publicised heavily on US chat shows by celebrities. Watch this video clip:

For more reading on Disease Mongering check out these links:

1) The making of a disease: female sexual dysfunction BMJ, 4/1/03
2) The Fight against Disease Mongering: Generating Knowledge for Action PLOS Medicine, April 2006
3) Ray Moynihan's books "Selling Sickness" and "Sex, Lies and Pharmaceuticals"

References

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2. EU Legislation on Drug Advertising www.legislation.gov.uk/uksi/1993/834/contents/made
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4. Beltramini, R. (2006) 'Consumer believability of information in direct-to-consumer (DTC) advertising of prescription drugs', *Journal of Business Ethics*, vol.63:4, pp. 333-343.
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6. Britten, N., Ukoumunne, O. (1997) 'The influence of patients' hopes of receiving a prescription on doctors' perceptions and the decision to prescribe: a questionnaire survey', *British Medical Journal*, vol.315, pp.1506-1510.

7. NIHCM Foundation (2000) 'Prescription Drugs and Mass Media Advertising', *National Institute for Health Care Management Research brief*, September. (Available at: www.nihcm.org/pdf/DTCbrief.pdf, last accessed: 20/12/10).
8. Watson, R. (2010) 'Drug companies may provide information directly to EU patients but under strict conditions', *British Medical Journal,* vol. 341:c6883.
9. EFPIA Codes of Practice for Patient Organisations http://www.efpia.eu/Content/Default.asp?PageID=559&DocID=11671
10. Heath, I., Henry, D., Moynihan, R. (2002) 'Selling sickness: the pharmaceutical industry and disease mongering', *British Medical Journal*, vol.324:886. DOI: 10.1136/bmj.324.7342.886.
11. Darby Stephens, Manager Clinical Research, Vivus Pharmaceuticals, San Francisco, Interview with Liz Canner for documentary "Orgasm Inc."