

What Are the Public Health Effects of Direct-to-Consumer Drug Advertising?

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Background to the debate:

Only two industrialized countries, the United States and New Zealand, allow direct-to-consumer advertising (DTCA) of prescription medicines, although New Zealand is planning a ban.

The challenge for these governments is ensuring that DTCA is more beneficial than harmful.

Proponents of DTCA argue that it helps to inform the public about available treatments and stimulates appropriate use of drugs for high-priority illnesses (such as statin use in people with ischemic heart disease).

Critics argue that the information in the adverts is often biased and misleading, and that DTCA raises prescribing costs without net evidence of health benefits.

THESE AUTHORS ALSO NOTE:

Elizabeth Almasi and Randall Stafford's Viewpoint:

DTCA can lead to inappropriate and excessive prescribing, but they also may induce a placebo effect that might increase the clinical effectiveness of the advertised products.

About one-third of patients report relief from postoperative pain, cough, headache, depression, and other conditions when given a placebo.

Studies show that "patients suffering from major depressive disorder who requested an antidepressant were much more likely to receive a prescription for antidepressants than patients who made no such request."

"Patients with adjustment disorder (a condition that is usually treated without medication) who made a request for a brand name antidepressant were five times more likely to receive a prescription for antidepressants."

DTCA "may lead to inappropriate and costly demands for medications when evidence would dictate other medications or nonpharmacological interventions."

"Optimal use of DTCA may require stricter guidelines on advertisements or more aggressive enforcement of current guidelines so that patients do not form unreasonable expectations."

“Diminishing the demand for inappropriate prescriptions would lessen the negative impacts of DTCA.”

Richard Kravitz's Viewpoint:

“Proponents tend to focus on DTCA's potential to educate consumers and encourage productive interchange between patients and physicians, while critics emphasize liabilities.”

“In the US, reasoned discourse has nearly suffocated in an atmosphere thick with First Amendment objections (the First Amendment protects the right to free speech) served up by lawyers for Big Pharma.”

“Prescription drug costs are rising rapidly—based on a confluence of increased prices, increased use of existing drugs, and introduction of new (more expensive) drugs, many of which are promoted directly to the consumer.”

Some drugs are clearly overprescribed, which implies that the benefits of taking the drug do not clearly outweigh the risks.

Overuse has been seen with antibiotics for viral upper respiratory tract infections; antihistamines, benzodiazepines, and sedative-hypnotics in the elderly; inhaled beta-adrenergic agonists in children for asthma; neuromodulators for chronic pain; and sildenafil [Viagra] and fluoxetine [Sarafem / Prozac] for augmentation of normal sexual and psychological functioning.

“There is little question that advertising lowers the clinical threshold for prescribing.”

In studies where patients presenting with major depression made no request, 56% received an antidepressant prescription. But if the patient made a brand-specific or general request for medication they were given the prescription in 90% of visits. This is “not so good, because it means that requests associated with consumer drug advertisements could lead to lots of prescriptions at the very margins of clinical appropriateness.”

“DTCA will tend to deliver net harms when the condition is mild or trivial and when the treatment is potentially dangerous, marginally effective, or overused.”

“With health-care costs spiraling out of control, it is hard to justify multimillion-dollar advertising campaigns touting drugs for baldness, toenail fungus, and overactive bladder.”

This author recommends “A two-year moratorium on DTCA of new drugs, coupled with a requirement for systematic postmarketing surveillance, which could avoid another Vioxx tragedy, in which drug marketing got well ahead of the science.”

Peter Mansfield's Viewpoint:

"The collective evidence on DTCA suggests that it may have some benefits, but there is stronger evidence of harms."

"DTCA is limited to drugs that are profitable to advertise: mostly expensive, new drugs for long-term use for common indications. Such advertising increases premature rapid uptake and overuse of new drugs before flaws, including safety problems, have been discovered and communicated to health professionals."

[Very Important]

"Many new drugs are inferior to older treatments, and over two-thirds are no better but are often more expensive."

"Increased use of new drugs stimulated by DTCA can lead to adverse events directly (for example, cardiovascular events associated with COX-2 selective inhibitors, which were heavily advertised to the US public) or indirectly, by diverting resources from more cost-effective interventions."

"DTCA may have negative economic, social, and political consequences. DTCA rarely focuses on, and tends to drown out, high-priority public health messages about diet, exercise, addictions, social involvement, equity, pollution, climate change, and appropriate use of older drugs."

"Older drugs are less profitable to advertise because a share of the sales stimulated goes to generic competition. Consequently, DTCA for any currently advertised drug will become less profitable after expiry of patent protection from competition."

DTCA aims to persuade rather than to inform.

"Content analyses of DTCA have found that the information provided is usually flawed and incomplete."

A study of 320 drug advertisements in popular US magazines found that the advertisements rarely provided information about success rates of treatment or alternative treatments.

A study of 23 US television advertisements for prescription drugs found that the majority gave more time to benefits than to risks.

Such advertising can lead some people to falsely believe they are well informed.

Finding reliable drug information is already difficult (like finding a needle in a haystack) and the "noise" of DTCA just makes the haystack larger.

Advertising drugs to the public often works by creating or exacerbating unhappiness or anxiety about symptoms or normal experiences (such as occasional erectile difficulties), and by creating high expectations of benefit from drugs.

"DTCA is often ambiguous and widens the indications beyond those for which the promoted drugs are worthwhile. For example, DTCA may have contributed to increasing unjustified use of antidepressants for young people."

"DTCA may also have negative economic, social, and political consequences. For example, by increasing use of expensive drugs and increasing adverse events, DTCA increases taxpayer, insurance, and individual costs, which in turn can harm individual, familial, and national economies." **[Very Important]**

"The heavy costs of DTCA contribute to higher drug prices."

"Revenue from DTCA creates a conflict of interest for media companies, because such advertising can undermine the media's freedom to report critically on the drug industry." **[Important]**

"DTCA can have a distorting effect on people's perceptions of health and disease, including promoting the medicalization of conditions that are within the spectrum of normality."

DTCA sometimes "persuades people to interpret distress as signifying individual illness rather than social or political problems to be solved."

DTCA pushes a "Brave New World" where if "anything unpleasant should somehow happen, why, there's always [the sedative] soma to give you a holiday from the facts. And there's always soma to calm your anger, to reconcile you to your enemies, to make you patient and long-suffering."

"DTCA increases taxpayer, insurance, and individual costs."

There are two root causes of the problems with DTCA.

- 1) Payment systems reward drug companies for increasing sales of expensive drugs regardless of the impact on health.
- 2) Normal human vulnerability to being misled. "Few people have the time and advanced skills in drug evaluation, psychology, logic, economics, and semiotics, etc., required to evaluate drug promotion. Advertising can sneak in under the radar to influence even skeptical people without their awareness. Ideas that would be rejected get reinforced by repetition.

"Almost all government, health professional, and consumer inquiries into DTCA have concluded that it causes net public harm."

“It is too difficult to regulate DTCA, so I believe that the logical conclusion from the evidence is that the best option for improving overall health and wealth is to ban all types of DTCA, including ‘disease awareness’ advertising.”

“Drug company Web sites and media releases should be regulated carefully.”

“Governments and insurance companies who subsidize drugs currently pay for biased promotion indirectly via high drug prices.”

KEY POINTS FROM DAN MURPHY

- 1) Only two industrialized countries, the United States and New Zealand, allow direct-to-consumer advertising of prescription drugs, and New Zealand is planning a ban.
- 2) Direct-to-consumer advertising of prescription drugs is often biased and misleading, and raises prescribing costs without evidence of health benefits.
- 3) Direct-to-consumer advertising of prescription drugs can lead to inappropriate and excessive prescribing.
- 4) Patients who ask for drugs that they have seen advertised tend to get the drug from their doctor.
- 5) Direct-to-consumer advertising of prescription drugs leads to inappropriate and costly demands for drugs when other drugs or non-drug interventions would be better.
- 6) Direct-to-consumer advertising of prescription drugs tends to promote unreasonable patient expectations.
- 7) In the US, direct-to-consumer advertising of prescription drugs is served up by lawyers for Big Pharma as a First Amendment protection.
- 8) Some drugs are clearly over prescribed, which means the benefits do not outweigh the risks, including antibiotics for viral upper respiratory tract infections.
- 9) “With health-care costs spiraling out of control, it is hard to justify multimillion-dollar advertising campaigns touting drugs for baldness, toenail fungus, and overactive bladder.”
- 10) There should be a two-year moratorium on direct-to-consumer advertising of new drugs to help avoid another Vioxx-type tragedy.
- 11) There is strong evidence that direct-to-consumer advertising of prescription drugs is harmful.
- 12) Direct-to-consumer advertising of new, expensive, and profitable drugs

increases the overuse of these drugs before flaws, including safety problems have been identified.

13) "Many new drugs are inferior to older treatments, and over two-thirds are no better but are often more expensive."

14) Direct-to-consumer advertising of prescription drugs has negative economic, social, and political consequences because such ads rarely focuses on, public health messages about diet, exercise, addictions, social involvement, equity, pollution, climate change, and appropriate use of older drugs.

15) Direct-to-consumer advertising of prescription drugs aims to persuade rather than to inform.

16) Direct-to-consumer advertising of prescription drugs analysis has found that the information is usually flawed and incomplete.

17) Advertising drugs to the public often works by creating or exacerbating unhappiness or anxiety about symptoms or normal experiences (such as occasional erectile difficulties), and by creating high expectations of benefits from drugs.

18) Because they increase the use of expensive drugs and increase adverse drug events, direct-to-consumer advertising of prescription drugs "increases taxpayer, insurance, and individual costs, which in turn can harm individual, familial, and national economies." **[Very Important]**

19) "The heavy costs of DTCA contribute to higher drug prices."

20) "Revenue from DTCA creates a conflict of interest for media companies, because such advertising can undermine the media's freedom to report critically on the drug industry." **[Important]**

21) Direct-to-consumer advertising of prescription drugs can have a distorting effect on people's perceptions of health and disease, including promoting the medicalization of conditions that are essentially normal.

22) "Direct-to-consumer advertising of prescription drugs increases taxpayer, insurance, and individual costs."

23) "Governments and insurance companies who subsidize drugs currently pay for biased promotion indirectly via high drug prices."

24) "Almost all government, health professional, and consumer inquiries into direct-to-consumer advertising of prescription drugs have concluded that it causes net public harm."

25) The best option for improving overall health and wealth is to ban all types of direct-to-consumer advertising of prescription drugs.