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mythbusters

USING EVIDENCE TO DEBUNK COMMON MISCONCEPTIONS IN CANADIAN HEALTHCARE

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BUSTED AGAIN! SEPTEMBER 2007

MYTH: DIRECT-TO-CONSUMER ADVERTISING IS EDUCATIONAL FOR PATIENTS

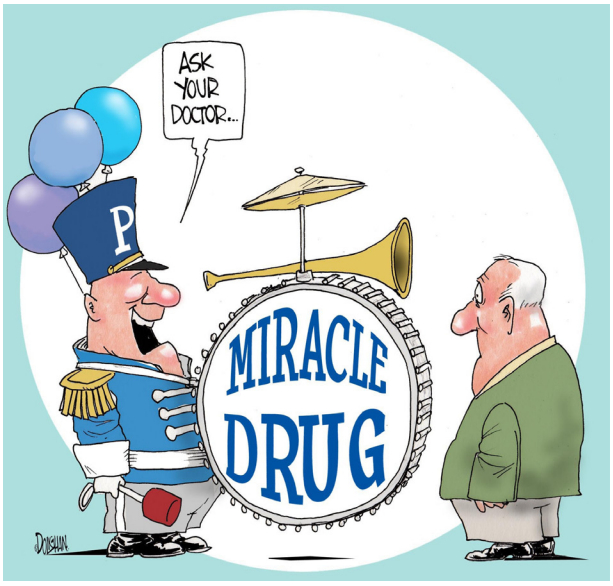
Turn on your TV set or open a magazine and it may seem that drug ads are everywhere. But the fact is, the rules governing prescription drug advertising in this country are far more restrictive than the direct-to-consumer ads allowed in the U.S. By law, Canadian advertisers are able to mention only the drug name, price and quantity. In recent years, though, manufacturers have become increasingly creative with these rules, running so-called "reminder ads." These ads promote only the drug's name to consumers. However, instead of the product's price and quantity, we hear Sinatra songs, and alongside the brand names, the tagline, "ask your doctor."[i-iii] The combined effect of these more creative ads in Canada and spillover advertising from American media is that some may believe that anything goes in drug advertising in this country.

Drug companies and their supporters defend these ads citing their educational value. The national association representing Canada's research-based pharmaceutical companies, Rx&D, argues that "advertising can raise awareness of effective new therapies and improve overall health of the nation by helping Canadians recognize early symptoms and informing them about potential treatment options."[iv] The idea is that informed patients will be prompted to talk to their doctors about symptoms they might otherwise ignore, leading to treatment sooner and preventing expensive hospitalizations later.

EDUCATION OR EXAGGERATION?

Only eight percent of patented drugs introduced in Canada between 2001 and 2006 are considered "breakthrough" or important new contributions to therapy.[v] Therefore, one concern about direct-to-consumer advertising is that it stimulates sales of new drugs, which are more expensive than older treatments but often no better. Most major advertising campaigns begin within the first year a medicine is introduced onto the market, before the drug is in broader circulation and harmful side effects become apparent.[vi]

Those opposed to drug ads say that manufacturers use emotion rather than information to promote drugs. Take the 2003 Pfizer campaign that asked, "Which would you rather have, a cholesterol test or a final exam?"[vii] The campaign was launched by the manufacturer of the cholesterol lowering drug, Lipitor, which is also the world's best-selling prescription medication.[viii] In its Canadian print ads, where neither the manufacturer's nor a drug's



name were given, the campaign relied on the image of a tagged-toe corpse to get its message across. The television ads, also silent on the manufacturer's name and any specific drug, used the story of a healthy, young man who died unexpectedly of a heart attack, leaving his family grief-stricken. The message viewers might take is that cholesterol tests and subsequent drug treatment could prevent premature death from heart attacks in healthy people. The problem is the message contradicts existing research evidence. A 2003 meta-analysis of studies of cholesterol-lowering drugs in people without previous heart disease found no difference in mortality between those taking the drug and those on a placebo.[ix] A 2007 content analysis of American television drug ads suggests using emotion to sell these products is now a widespread practice. For example, it found many drug ads featured characters whose social, emotional or physical well-being were compromised without benefit of the advertised medications; after taking the medicine, they regained control and social approval.[x]

Researchers have also found that some ads promote unnecessary medicalization of normal life.[xi] Examples include promoting drug treatment for baldness, pre-menstrual syndrome, shyness or occasional sexual problems. And then

there are ads for drugs with serious side effects, such as the arthritis drug Vioxx. In the fall of 2004, Vioxx was pulled off the market because of risks of heart attacks and strokes.[xii] Up to that point, Vioxx had been among the top five most heavily advertised drugs in the U.S., with Merck spending more on advertising Vioxx than Pepsi-Cola spent on Pepsi.[xiii] A year before it was pulled, the drug had become the 10th-best-selling drug in Canada.[xiv]

Other research evidence suggests prescription drug ads exaggerate benefits and downplay risks. It also finds that they don't discuss non-drug treatments that may be available, prevalence of the illness or the success rate of the drug compared to a test group that took a placebo. By law, American ads must include information about a drug's side effects, who should and shouldn't take the medicine and overdoses. However, that information is usually in small type in print ads and TV ads often present the information too quickly to digest.[xv-xviii]

ASK YOUR DOCTOR

Drug companies and their supporters argue that direct-to-consumer ads start a conversation between patients and their doctors. Indeed, they do. And many of those patients who ask their doctor walk away with a prescription. The authors of a 2005 randomized trial in the U.S. found "standardized patients"—trained actors pretending to be patients—who asked for an advertised drug were likely to get a prescription for it, whether they showed symptoms of the illness the drug treated or not.[xix] Meanwhile, doctors worry about spending their limited time "re-educating" patients, explaining why a certain drug isn't appropriate for them or why a non-drug treatment may be better.[xv, xviii]

WORTH THE COST?

A 2007 study that compared spending on pharmaceutical drugs in the U.S. and Canada estimates that if Canada had followed the American lead in allowing these ads, it would be spending $10 billion more per year on prescription medicines than it currently does.[xx]

This study, combined with a 2005 systematic review that found no evidence that direct-to-consumer advertising leads to health benefits,[xxi] suggests the costs of opening the door to these less restrictive ads—both in dollars and risks—is not worth the possible benefits, unless they profiled appropriate and cost-effective treatments.[xx]

CONCLUSION

Manufacturers have put their faith in direct-to-consumer advertising, spending $4.8 billion in the U.S. last year alone.[xxii] Direct-to-consumer advertising has proven effective in selling medicines and boosting profits,[xxiii] but not educating the public. To promote safe, effective and efficient medicine use, policy makers may be well-advised to maintain restrictions on direct-to-consumer advertising and to invest in publicly sponsored campaigns—independent of manufacturers—that deliver reliable and comparative health information to the public.[xxiv]

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