PERSPECTIVE

Two Advertisements For TV Drug Ads

The high cost of new drugs, promoted by TV drug ads, affects not only patients requesting an advertised drug but everyone needing medications.

by Thomas Bodenheimer

ABSTRACT: The paper by Joel Weissman and colleagues addresses the increasingly important topic of the effects of direct-to-consumer advertising (DTCA) by pharmaceutical companies. The authors claim that their results should be reassuring to "those concerned about potential adverse health care consequences of DTCA." However, the study and analysis of the data are marred by several flaws that diminish the importance and relevance of the findings, including weakness in design, overgenerous interpretations, and failure to address key questions. Rather than informing the debate, the study amounts to little more than an advertisement for drug advertisements.

IT'S ALL TOO FAMILIAR. Multimillion-dollar pharmaceutical companies pay research experts at a prominent academic medical center to do a study. The study comes out with a finding that is advantageous to the funder and is published in a well-respected journal. Even though the research design may be flawed, and even though important research questions may have been omitted from the study design, the funder will pull two or three sentences out of the publication and use these to justify its product or actions to politicians, government regulators, the medical profession, and the general public.

The papers by Joel Weissman and colleagues and by Robert Dubois serve as two advertisements for TV drug advertisements. Here I comment on the more important of the papers, that by Weissman and colleagues. I have only one reaction to the other drug industry–sponsored manuscript, titled "Pharmaceutical Promotion: Don't Throw the Baby Out with the Bathwater" (that is, don't get rid of the good—the baby—with the bad—the bathwater). As the following demonstrates, I am not convinced that there even is a baby.

Comments On The Research

The paper by Weissman and colleagues is flawed on three counts: (1) The data are suspect because no control group was studied; (2) patients' responses to the survey are overinterpreted; and (3) the most important effect of TV drug ads—increase in the cost of pharmaceuticals—is absent from the study.

■ **No control group.** According to Weissman and colleagues, 25 percent of patients who had a physician visit prompted by a TV drug ad received a new diagnosis. So what? Is it not quite possible that 25 percent of patients who had a physician visit unprompted by a TV drug ad received a new diagnosis? The authors admit: "We did not collect information on outcomes for patients who had physi-

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cian encounters without a DTCA-prompted discussion." They correctly state that given the ubiquitous nature of TV drug ads, such a control group might be impossible to find.

Nevertheless, the study concludes that TV drug ads cause patients to have discussions with physicians that uncover hitherto unknown diseases. Without a control group, such a conclusion is unwarranted and does not stand up as an evidence-based finding.

■ **Overinterpreted responses.** What is the most common reason for patients to discuss health issues with their physician? Weissman and colleagues mention TV drug ads, family and friends, another physician, the Internet, and a pharmacist. But, in fact, the main reason for patients to discuss health issues with their physician is the appearance of an abnormal symptom. Most new diagnoses are made when patients seek assistance to explain a symptom. Thus, it is quite plausible that 25 percent of patients who have a physician visit at which TV drug ads are not discussed receive a new diagnosis. It is unlikely that research can isolate which influence prompted a patient to have a discussion that led to a new diagnosis. Moreover, given that patients recall and comprehend as little as half of what they are told by their physicians, whether or not a patient actually received a new diagnosis during a particular visit is not easy information to obtain reliably.[1]

"When a patient requests a drug seen on TV, he or she may not be told that an alternative drug, far less expensive, is usually available."

The authors "did not detect widespread adverse effects of DTCA on self-reported health status." Yet patient surveys by themselves are a limited method for estimating health care quality. It is impossible to say how many patients experienced harm as a result of taking a medication seen on TV. What is known about TV drug ads and quality is that during a recent three-year period, the U.S. Food and Drug Administration (FDA) reprimanded drug companies seventy times for misleading claims in TV drug ads.[2] The U.S. General Accounting Office (GAO) found that some companies (including funders of Weissman and colleagues' study) have repeatedly disseminated misleading advertisements even after being cited for violations and that millions of consumers view deceptive commercials before the FDA tries to halt them.[3]

As a primary care physician, I have personally experienced many "DTCA visits." The physician perspective on these visits is quite different from that depicted in the patient survey. The visit generally goes like this: A patient comes in for diabetes and pain in the right leg when walking. At the very end of visit, which has already gone fifteen minutes over the allotted time, the patient pulls out a scrap of paper and says, "By the way, Doc, I saw this Allegra on TV and I want some." I say, "Are your allergies bothering you?" (a new diagnosis, according to Weissman and colleagues' survey). "Yes," the patient answers. "OK," I answer, "here's a prescription. And by the way, are you still smoking?" (discussion of lifestyle modification, according to the survey). The patient concludes, "I'm working on it, and thanks for the Allegra."

■ **Ignoring the expensive elephant in the living room.** A glaring flaw in Weissman and colleagues' paper is the omission of the most important impact of TV drug ads: the rapid rise in the cost of pharmaceuticals. In a research design decision of major consequence, Weissman and colleagues decided not to ask patients about the costs of drugs. Why did they ignore the elephant in the living room?

U.S. spending on prescription drugs rose by 18.4 percent in 1999, 14.5 percent in 2000, and 13.8 percent in 2001.[4] From 1997 to 2000, 28 percent of the increase in drug spending resulted from newer, higher-price drugs that were replacing older, less costly drugs, and 48 percent came from the increasing number of prescriptions written.[5] Both of these cost drivers are, to a significant extent, caused by TV drug ads, although pharmaceutical promotion

to physicians is also a major contributor.[6]

Twenty-five of the most heavily advertised drugs accounted for half of the increase in drug spending in 2000.[7] Examining the list of pharmaceutical products most heavily advertised on television reveals that most of these drugs have low-cost generic alternatives with similar efficacy and safety. Celebrex, for example, a heavily advertised drug with little or no advantage over ibuprofen, costs $188 for a standard month's supply at one large pharmacy chain, while ibuprofen costs $18.[8] Few physicians discuss with their patients the cost of the prescriptions they write. When a patient requests a drug seen on TV, he or she may not be told that an alternative drug, far less expensive, is usually available. Patients, who lack the information they need to make decisions, are asking physicians for medications they can barely afford.

"Free from commercial influence, television could have an enormous salutary impact on health care costs and outcomes."

TV drug advertising is a strategy used by the pharmaceutical industry that covers up the astounding statistic that over the past ten years, only 15 percent of the newer expensive drugs arriving on the market offer significant improvements over already existing, lower-price medications.[9]

The high cost of new drugs, promoted by TV drug ads, affects not only those patients requesting an advertised drug but everyone needing medications. Seniors on Medicare, who use the most medications per capita, are profoundly affected by the rising costs. Only 39 percent of Medicare beneficiaries have reliable pharmacy coverage, since Medicare managed care and "Medigap" drug plans have deteriorated over the past few years.[10] The average cost per prescription for an elderly person rose from $28 in 1992 to $42 in 2000 and is expected to reach $73 by 2010.[11]

Medicare beneficiaries with hypertension and without drug coverage are 40 percent less likely than those with coverage are to purchase their prescribed drugs.[12] Only 4 percent of beneficiaries without drug coverage who need lipid-lowering agents actually take those agents, compared with 27 percent of beneficiaries with coverage.[13] Clearly, the rising cost of pharmaceuticals—driven in part by TV drug ads—has a deleterious impact on the health of the elderly, a finding that could not be made from Weissman and colleagues' survey.

Are You Reassured?

The finding that 25 percent of patients who had a physician visit prompted by a TV drug ad received a new diagnosis has no significance. Yet that finding will be used by the pharmaceutical industry to convince legislators, the media, and the general public that TV drug ads are good for your health. One can hear it now, in congressional hearings: "Madam Chairperson, the prestigious journal *Health Affairs*, based on research conducted by faculty at Harvard Medical School, proves that millions of people learned about an illness they and their doctor did not know about as a result of viewing a pharmaceutical-sponsored infomercial. The public health benefits of these TV educational spots are enormous." The fact that the research is flawed (the researchers themselves correctly list the study's limitations) will not be mentioned. The fact that the patients spent an extra $150 per month for a new drug that is no better than older, lower-price drugs will be as invisible as it is in the paper itself.

The real story of this survey is that 86 percent of all consumers saw or heard a TV drug ad in the past year, millions were prompted by an ad to have a discussion about an advertised drug, and 43 percent of these discussions resulted in prescription for such a drug. TV drug ads have an unbelievable influence on the practice of medicine.

Imagine television ads that truly educate. What if millions of parents were prompted by a TV spot to ask their physicians about asthma action plans to help in the self-management of their children's asthma, an intervention shown

in a Cochrane review to improve outcomes?[14] What if countless patients with diabetes asked their physicians to institute reminder systems, an innovation known to improve physician performance and patient outcomes?[15] What if patients with congestive heart failure were influenced by the television to demand nurse-run telephonic case management, which improves quality of life and reduces heart failure–related hospital days by 50 percent, saving billions for the health care system?[16] Free from commercial influence, television could have an enormous salutary impact on health care costs and outcomes.

The paper by Weissman and colleagues concludes: "This study provides some reassurance to those concerned about potential adverse health care consequences of DTCA." I'm not reassured. And you shouldn't be, either.

NOTES

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