

A series of essays giving the research evidence  
behind Canadian healthcare debates

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## Myth: Direct-to-consumer advertising is educational for patients

### Ask your doctor

Advertising prescription drugs to patients is illegal in Canada; however, in 1978 the law was amended to allow ads that compare prices. All Canadians have since been exposed to de facto advertising at one time or another, as companies use this amendment to skirt the rules by replacing symptoms with Sinatra songs or brand names with the catchphrase “ask your doctor.”<sup>i-iii</sup> And of course, there is also the spillover from the American media; in the United States, one of only two industrialized countries where the practice is legal, direct-to-consumer advertising is a US\$3-billion-a-year industry.<sup>iv</sup>

Drug companies and their supporters often defend these ads for their educational value. They point out that many diseases, such as hypertension and diabetes, are both under-diagnosed and under-treated, particularly in minority groups. The argument for direct-to-consumer ads is that they inform patients, prompting them to speak to their doctors about symptoms they might otherwise ignore. This will lead to earlier treatment and prevent expensive complications down the road.<sup>v-x</sup>

### Education or exaggeration?

Do direct-to-consumer ads educate patients as well as promote sales? Well, several analyses of ads in the United States suggest that they should be seen as promotion rather than education. This is because they exaggerate benefits and downplay risk, and they don't discuss non-drug treatments that may be available, how prevalent the illness is, or the success rate of the drug compared to a test group that



took a placebo. While American ads are required to have a “brief summary” that includes detailed information on things like side effects, who shouldn't take the drug, and overdoses, the information in print ads is usually in small type and uses complicated medical terms that the average person won't understand, while radio and television ads present the information so quickly it is difficult to take in.<sup>i, ii, iv, xi-xiv</sup>

### Busting the “breakthrough”

Proponents of direct-to-consumer ads also suggest that they help patients learn about new life-saving drugs. However, fewer drugs live up to this hype than you may think. In Canada, an analysis by the Patented Medicine Prices Review Board found only six percent of the patented drugs introduced between 1996 and 2000 could be considered “breakthrough” drugs. The rest were either just variations on existing drugs, usually in a stronger concentration, or they offered moderate to no improvement over existing treatments.<sup>xv</sup>

At the same time, some heavily advertised drugs have actually been pulled from the market due to harmful side-effects, including deaths. These have included drugs for the treatment of diabetes, gastro-esophageal reflux disease, and arthritis.<sup>i, xiv</sup> In the fall of 2004, the arthritis drug Vioxx was pulled after tests showed a link to heart attacks and strokes - Vioxx was the most heavily advertised drug in the United States in 2000, with the drug company spending



\$160.8 million on direct-to-consumer ads. American sales of the drug quadrupled from 1999 to 2000, and Vioxx was also the 10<sup>th</sup>-best-selling drug in Canada in 2003.<sup>xvi-xviii</sup> In these cases, it is plausible that direct-to-consumer advertising may have resulted in more people taking drugs that ended up harming them.

### Talking to your doctor?

The one part of this myth that appears to be true is that patients who see a prescription drug ad do ask their doctors about it, and many of those people walk away with a prescription. In the United States, the number of prescriptions written for the 50 most heavily advertised drugs rose 24.6 percent from 1999 to 2000, while the number of prescriptions for the 9,850 other drugs on the American market rose only 4.3 percent in the same year.<sup>xvi</sup> As well, analysis of a Dutch primary care database showed that an “information campaign” by the drug company Novartis advising people to ask their doctors about treatment for fingernail fungus led to a doubling in the prescription rate of the company’s drug for that condition.<sup>xix</sup>

But is this a good thing? Doctors worry about spending a lot of their limited time “re-educating” patients, explaining why a certain drug isn’t appropriate for them or that a non-drug treatment may be a better option.<sup>xi, xiv</sup> In addition, doctors often prescribe advertised drugs that patients request even if they would be unlikely to choose the same treatment for another, similar patient,<sup>xx</sup> in part because some patients may pressure them to do so.<sup>xxi, xxii</sup>

### Worth the cost?

Both sides of the prescription drug ad debate use the value of education as their defence. Those opposed to ads say information on pharmaceuticals should be publicly financed to remove the profit motive and ensure people know about the full range of options.<sup>i, ii</sup> Those in favour say education and sales are not mutually exclusive.

It’s possible that direct-to-consumer advertising has helped some patients learn about a condition or seek treatment from their doctors. But it’s also clear that it may result in patients receiving incomplete information and switching to expensive new treatments that may be only marginally better - or at times, as with Vioxx, worse - than cheaper medications they may already be taking.<sup>ii, iv, xiii, xvii, xviii</sup>

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