

The Globe and Mail
April 27, 2005

Doctors influenced by drug ads

By ANDRÉ PICARD, PUBLIC HEALTH REPORTER

Patients who ask to be prescribed antidepressants will invariably get them, whether the drugs are needed or not, according to a new study.

The research, published in today's edition of the Journal of the American Medical Association, underscores the powerful influence of direct-to-consumer advertising on prescribing patterns.

The industry spends more than \$3.2-billion (U.S.) annually on advertising to the public in the United States. In Canada, where drug advertising is much more strictly regulated, spending is minimal.

To conduct the study, Richard Kravitz, director of primary-care research at the University of California, Davis, in Sacramento, Calif., hired a group of women actors to mimic different forms of depression and to make various requests of physicians during unscheduled visits.

The actors made a total of 298 visits to 152 doctors' offices in Rochester, N.Y., San Francisco and Sacramento.

When they made a general request for drugs, saying they had seen a TV segment on depression, the pretend patients left the office with a prescription for their feigned condition 76 per cent of the time. When they asked for the heavily advertised antidepressant Paxil by name, they were prescribed that specific drug 53 per cent of the time. And when the mock patients made no request for drugs, they were nonetheless prescribed an antidepressant 31 per cent of the time.

When the actors --- who were carefully coached -- pretended to have a less serious condition, an adjustment disorder rather than depression, they were still frequently prescribed an antidepressant: 55 per cent of the time when they requested Paxil, 39 per cent when they made a general request for drugs, and 10 per cent when they did not specifically ask for drugs. "We were a bit startled to see the rather high levels of prescribing for patients who made requests for medication," Dr. Kravitz said. That was particularly true of those with adjustment disorder, because there is little evidence such patients would benefit from antidepressants.

Dr. Kravitz said the findings should "sound a cautionary note for direct-to-consumer advertising" because the practice appears to promote overuse of drugs.

Dr. Ronald Epstein, a co-author of the study, said direct-to-consumer advertising is often justified as a means of empowering patients, by giving them salient information to question their physician. While drug ads are one way to get patients to prompt physicians, "it's not the best way. When patients brought up non-commercial information, they were more likely to get the correct treatment than if they brought up the drug advertisement," Dr. Epstein said.

The researchers noted that one of the drawbacks to the study was that they cannot determine whether direct-to-consumer advertising actually produces the kinds of behaviours in real patients that were portrayed by the actors, but they felt it was a reasonable inference.

According to research published in September, 2003, in the Canadian Medical Association Journal, prescription-drug sales would increase \$1.2-billion in Canada if U.S.-style advertising were allowed. (Last year, Canadians spent \$16-billion on prescriptions.) The CMAJ article estimated that the mainstream media would also take in more than \$360-million annually in additional advertising revenues.

Only two countries allow wide-open advertising of drugs to consumers, the U.S. and New Zealand.