Marketing Directly to Patients

by Edward L. Braud, M.D.

Direct-to-consumer (DTC) advertising is a fact of life—and it works. Research and sales numbers prove that physicians and managed care organization administrators often do cave in when patients demand something persistently and strenuously. Also, patients can be motivated by these ads to pay out-of-pocket in the same manner that they are persuaded to pay for any other product.

Advertising of medications is an expensive business; yearly spending is expected to reach $7.5 billion by 2005. Even though opinions vary regarding DTC advertising, oncology care professionals must be prepared to discuss DTC-advertised medications and treatments with their patients.

Is DTC a positive or negative development for patient care? The answer will vary with the patient, the patient-physician relationship, and the data.

Whatever the answer, nearly half (44 percent) of those who visit pharmaceutical web sites as a result of DTC advertising intend to ask their physicians to prescribe the brands promoted there, according to pharmaceutical market research agency Johnston, Zabor, McManus (JZM) of North Carolina.

The U.S. Food and Drug Administration (FDA) monitors DTC advertising and requires accurate information about risks, side effects, and benefits. Critics of the FDA argue that greater restrictions on DTC advertising are needed.

Prevention First is a collaborative group of grass roots health advocacy organizations from across the United States and Canada. One of its activities is to act as a watchdog on federal health agencies such as the FDA to ensure that the public's interest is being served.

Those in favor of DTC argue that the ads get people to see and discuss their health with their doctors. But Prevention First argues that using ads to get people to talk to their doctors means that everyone—patients and doctors—ends up relying on the industry's information

One striking example of the problems with how the FDA currently regulates DTC is the experience that Prevention First members have had with DTC advertising of tamoxifen (Nolvadex®) to healthy women. Members have complained to the FDA on three occasions about both television and print advertising of the drug by the drug's manufacturer, stating that the company's ads overstate the benefits and understate the risks.

Quoted recently in the *Journal of the National Cancer Institute,* patient advocate and Prevention First member Barbara Brenner, J.D., noted that even though the agency sustained two of the three complaints (it lacked jurisdiction over the broadcast ad), it took the agency six months to issue a cease and desist order and it was several more months before the ads were modified. (See *Journal of the National Cancer Institute*, Vol. 94, No. 5, March 6, 2002, page 329-30). Brenner, who is executive director of Breast Cancer Action, a San Francisco-based national advocacy organization, asserts that the Nolvadex case spotlights a regulatory agency that is poorly equipped to efficiently monitor all consumer advertising and is slow in reacting to violations.

Clearly, communication is the key to helping patients decipher the deluge of DTC advertisements in the media and determine the accuracy of this ever-increasing source of medical information.