

This is the unedited version of the Media Bites column which appeared in Australian Doctor in March 1999. The published version may have had minor changes.

## **Media Bites: Advertising truths**

You must have seen them. The faceless men in boxer shorts whose photographs were plastered across the media late last year under the heading: "52 per cent of men aged 40-70 have one thing in common. Erectile problems. See your family doctor about treatment options that are now available."

Some of the advertisements carried a large red "V".

What did you immediately think of? Hope it wasn't Viagra. According to the advertising agency and the company which paid for the ads, Pfizer, these were NOT ads for Viagra, but were merely aimed at raising awareness of erectile dysfunction. They insist, with straight faces, that the V was for Victory. Of course. It will be interesting to see the outcome of complaints alleging the advertisements were in breach of the pharmaceutical industry code of conduct for marketing of prescription products.

The code emphasises that such products should be promoted only to healthcare professionals: "Any activity directed towards the general public which encourages a patient to seek a prescription for a specific prescription-only product is unacceptable."

But the code's intent is often breached by industry promotions, including through the general news media. For some examples, have a read of Ray Moynihan's book, *Too Much Medicine?*, which was warmly reviewed in the *British Medical Journal* recently. If there's so much indirect promotion going on already, with consumers perhaps not realising that news items are sometimes little more than "disguised" ads, wouldn't it be better to get it all out into the open and allow prescription medicines to be advertised to the public? As already happens in New Zealand.

Perhaps this would encourage a greater transparency into the process by making it easier to assess where information is coming from, and why.

Direct to consumer (DTC) advertising, as the jargon goes, is booming in the US, where the industry spent \$US917 million in 1997 on consumer advertising. This was a jump of 46 per cent from the previous year.

In a recent article in the *Journal of the American Medical Association*, the president of Pharmaceutical Research and Manufacturers of America, Alan Holmer, wrote enthusiastically of the benefits of DTC in improving public health by educating consumers and empowering them to take more responsibility.

He cited a survey estimating that DTC had encouraged 21.2 million US consumers to talk with their doctor about a medical condition or illness they had never talked with their doctor about before seeing an advertisement. As many as 12 million received a prescribed drug as a direct result of seeing a DTC advertisement.

Should this be the way of our future? Drug wars on TV for better public health? For once, there's little disagreement amongst the health sector's diverse interest groups. The APMA isn't keen (but would like greater opportunity for "highlighting disease states" to the public), and nor are consumers or medical groups.

Peter Mansfield, of the Medical Lobby for Appropriate Marketing, says DTC has backfired against the industry overseas. "A lot of doctors in New Zealand and the US are very annoyed with direct to consumer advertising because it means they're having to spend a lot of time dealing with people who decided for themselves what's best for them without understanding the adverse effects that are not mentioned in the advertisement and not knowing about the cheaper alternatives which are not promoted."

With the industry so adept at manipulating information to doctors, how would consumers manage? David Henry, professor of pharmacology at the University of Newcastle, cites a recent ad for clopidogrel which he says uses complicated statistical gymnastics to turn an 8.7 per cent reduction in the relative risk of vascular ischaemic events compared with aspirin into a 26 per cent difference.

"It took a PhD biostatistician to work out how the statistics had been manipulated," he says. The manufacturer, Bristol-Myers Squibb, says the results have been phrased appropriately in the overall context of the advertisement.

Of course, medicines are already being widely promoted on the Web.

Perhaps the real issue is how we can all become better equipped to evaluate health information. Henry speaks of the need for "immunisation" against misleading claims through "learned scepticism". Probably a more realistic option than an injection of truth into advertising.

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