Impact of Commercial Marketing On Patient Demand

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Pharmaceutical companies have historically sold their products to the physicians who were most likely to write prescriptions for their products. The sales force would go with samples in hand to the doctor’s office to make a pitch. They peddled their goods with lines such as, “It is better, works faster, has fewer side effects, is more convenient to take, and is more cost effective.” These words are the tools of their trade. But in recent years, pharmaceutical companies have launched direct-to-consumer (DTC) marketing campaigns. Since 1997, the U.S. Food and Drug Administration (FDA) has permitted medications to be advertised via television, print, radio and the Internet (Perri & Nelson, 1997). The impact of this strategy has proven fruitful for pharmaceutical companies, with more and more patients now requesting brand-specific treatment. There is less emphasis on sales force pressure, since physicians are already writing prescriptions for more of their product. How does this change in the sales strategy of new drugs influence consumers and their safety? Does the public benefit?

The controversy over these ethical considerations continues. Since DTC marketing practices can sometimes lead patients to self-diagnosis, could this type of advertising be detrimental to patient safety? For instance, a 63-year-old man complaining of urinary dribbling may be prescribed an anticholinergic drug by his primary physician to relax the bladder and reduce leakage. If the existence of bladder outlet obstruction due to prostate enlargement impaired the bladder, this drug could very well send him to the emergency room with complete urinary retention.

Conversely, an elderly woman may be prescribed the same anticholinergic medication by her primary care doctor for complaints of frequency and urgency of urination. With persistent symptoms, a pressurized physician could change the treatment regimen several times. This could delay a complete evaluation or referral for an underlying disease, such as bladder cancer, with disastrous consequence.

Purpose
Since the problem of self-diagnosis could affect so many individuals, and in many ways be detrimental to their health, interviews were conducted with patients at the time of their visit for urodynamics. This became the basis of a study to determine the prevalence of self-diagnosis and treatment selection by patients under the influence of marketing bias. The study also undertook the question of appropriate drug selection by patients or physicians under these influences.
Literature Review

In a recent symposium of direct commercial marketing at Pennsylvania State University, professionals debated the issue. Dr Laurie Fowler, assistant professor at the University of Missouri stated, “Advertising can alert consumers to conditions they might otherwise overlook or ignore.” However, Dave Gross, senior advisor for the American Association of Retired Persons (AARP), claims that in an AARP study one-third of patients overlooked information about the possible drug side effects. Dr Michael Shaw, executive director of EthicAid says, “The challenge for healthcare is to find a way to present balanced prescription drug information in a way consumers can understand it” (Lewerenz, 2000).

On a more positive note, direct marketing has lead to an increase in persons seeking treatment for urinary symptoms, which has not been the case in years past. Prevention Magazine conducted a study in May of 1998, and rated DTC marketing as extremely acceptable by the public. The survey found most people felt it provided information, which allowed consumers to be more involved in their health (Pharmaceutical Research and Manufacturers of America [PHRMA], 2000). Furthermore, consumers expressed the opinion that this type of advertising may play a role in enhancing public health. Direct-to-consumer marketing promoted dialogue between the consumer and the health care professional where traditionally none had existed. The survey reported that 21.2 million Americans felt armed with more knowledge and were better able to discuss a once taboo subject with their health care provider. They felt that DTC marketing should be viewed as a public service announcement (PHRMA, 2000).

The FDA realized the impact that this advertising has made on the health practices of consumers. They instituted guidelines for pharmaceutical companies to use when advertising medications to the public. They have asked that medication information used in advertising state the benefits, and list the most frequent side effects and warnings of potential drug interactions (PHRMA, 2000).

Methods

In this exploratory study, 310 patients who reported urinary incontinence were interviewed. The study included both males (154) and females (166), between the ages of 28 to 84 (mean = 56 ± 5.9) referred for urodynamics with an unknown diagnosis. Each was asked by an independent interviewer: (a) the reason for their initial visit to the urologist, (b) what they perceived their urologic problem to be, and (c) whether they knew of any treatment options that were currently available. Full complex video-urodynamics was performed on each patient. Results were documented after completion of testing and compared to the perceived problem. Since urinary symptoms so radically differ in diagnosis, we attempted to predict the accuracy of the patient’s self-diagnosis and treatment expectation with the actual diagnosis and treatment recommendation.

Findings

The results were surprising. Of the 310 patients interviewed at the time of urodynamics, 237 (76%) reported seeking treatment after seeing commercials related to treatment of overactive bladder disorders. Some 156 (65.8%) could actually name the drug being advertised. Some couldn’t pronounce the name. Others couldn’t remember the name but knew that it was a new drug and that they had seen it advertised. The commercial most remembered was of a man driving a car pulling a portable toilet. Another advertisement remembered nearly as well portrayed a couple in a movie theater who had to excuse themselves to use the facilities. If 76% of patients sought treatment after seeing the commercials, then we can assume that most patients identified the ads with their problems.

Of those 156 reportedly seeking a particular medication for overactive bladder, 119 (50.2%) were diagnosed with detrusor instability and were recommended a course of the advertised medication. Fifty-nine (24.8%) were diagnosed with intrinsic sphincter deficiency and were recommended anticholinergics, collagen injection, or surgery. While 41 (17.2%) with bladder outlet obstruction, all of which were men, were recommended several treatment options, only four men were recommended the advertised medication. Clean intermittent catheterization and adjunct anticholinergic medications were recommended to three (1.2%) who had neurogenic bladders. Fifteen (6.6%) had other diagnoses and were given varying recommendations.

Discussion

The results suggest that many people (50%) who reported urinary symptoms and sought treatment were not candidates for the medication advertised. Further studies are needed to assess the impact of self-referrals, especially to primary care physicians who may be more likely to empirically prescribe medications at the request of the patient. As a followup to its 1999 survey, the FDA announced on March 19, 2001, that it would conduct another survey of patients, as well as a survey of physicians regarding their reactions to, and behaviors that stem from, DTC prescription drug advertising, in order to develop a policy on appropriate requirements for reg-
Implications for Health Care Practitioners

So, what can nurses and other health care practitioners do? As the general population ages, the incidence of urinary incontinence will increase too. Urologic evaluation is essential when determining an accurate diagnosis and treatment plan. Although patients may present with a treatment option in mind, this study suggests that for many, the diagnosis is not so clear as the current advertisement campaign leads the public to believe. The pharmaceutical company’s objective is to get consumers to request these medications from their doctor. It is the responsibility of the medical staff to keep abreast of new drugs and thoroughly assess whether they constitute an appropriate treatment.

Nurses must educate patients to the fact that not all urinary conditions with the same symptoms are necessarily treated the same. Further, nurses should encourage patients to seek a urologic evaluation from specialists who are better equipped to evaluate, diagnose, and treat these conditions.

The patient history is one of the most important parts of the evaluation process. Taking time to uncover small details may have important implications in a diagnosis. In this era of managed care, physicians are becoming more pressured for time. Therefore, it is imperative that nurses collect a complete urologic history. The information obtained provides the tools for assessment and is an essential part of the evaluation component. Although recent direct marketing campaigns have led patients to self-diagnosis solely on the basis of symptoms, this study reflects the inaccuracy of these assumptions. Often the patient’s conclusion is simply inaccurate because the proper questions were never asked.

References

Additional Readings

Conclusions
Only half of the patients seeking an advertised drug for incontinence actually had an indication for it. But while it can be debated that patients may not understand the intricacies of making a true diagnosis, pharmaceutical advertisement raises the public’s awareness of conditions and diseases that often go undiagnosed and untreated. Further, such advertising can raise awareness that treatments are available for conditions that have been historically under treated. The future of incontinence care in the 21st century will change as people are living longer, demanding information about and seeking treatment for urinary incontinence. With appropriate awareness on the part of both the medical community and the consumer, DTC marketing can and will have a positive effect on the outcomes and resolution of urinary incontinence.

Limitations
The selection process was not random. Bias is weighted to a segment of the population that seeks a specialist for evaluation. It is not known what portion of the general population is seen by a primary care physician only, and is given medication that worked, and therefore did not see a need for further care. Others may have tried an advertised medication, found that it did not work, and assumed that there were no other options. Other questions need consideration as well: How many physicians who prescribed the medication did so on the basis of the availability of samples? How many physicians had the additional introduction of the medication by a pharmaceutical sales representative? Is the cost of a new drug a disincentive to a physician who knows that this medication may be needed long term to a financially strapped patient?

Calculating drug product promotional materials” (PHRMA, 2000).