
EDITORIAL

TV Drug Commercials: Keeping Physicians Informed

It is a peaceful Saturday morning and I am watching my favorite home improvement show on cable TV. At the same time I am reviewing information on the latest FDA approved medications. No, I am not reading a journal or browsing the web but I am getting my pharmaceutical knowledge updated during the commercial breaks on how to best install a bamboo laminate floor. Receiving updates on the newest medications is important to physicians so that, as instructed in the commercial, when patients may be "...asking your doctor about..." so when Monday morning comes I can be at least a little bit knowledgeable of the drug they are referring to.

Prominent in these ads are a litany of very graphic product label side effects as mandated by the FDA. Even as a physician listening to the potential side effects I would not want to take most of these medications based on how ominously these events are presented. The other now infamous side effect often quoted by our urology patients is the "...contact your doctor if you have an erection that lasts more than 4 hours" with a common patient corollary "if that happened to me doc you wouldn't be the first person I'd call".

The pharmaceutical industry is a frequent topic of conversation often in the context of rising costs. Drugs are often cited as the fastest growing cost component of health care with global recommendations on how to reverse this trend. There are also other areas where the industry has been receiving attention, namely over their "influence" on physicians and their prescribing habits. As an example, medical students can now rate their schools on the degree of influence of pharmaceutical companies at their medical centers. The American Medical Student Association (AMSA) has a grading system to evaluate the level of influence of pharmaceutical companies at their school (full disclosure I was University of Kentucky AMSA President in the last century). Pens, sticky notes, calendars and other items that have a drug name or identifiable pharmaceutical logo are now banned at many institutions. Medical centers have formally banned company representatives from being in any patient care area effectively limiting pharma reps from detailing providers on their products. Much of this scrutiny is a reaction to recognized excesses in pharma marketing that were fairly common in the past designed to direct physician prescribing and potentially drive up health care costs. Cruises, expensive gifts and other high value inducements once used to influence physicians prescribing have been thankfully eliminated. Switching the focus to direct to patient advertising has taken place over the last few years with a recent increase in TV drug ads.

The American Medical Association has weighed in by calling for a ban on TV advertising. Of note, only the US and New Zealand currently allow TV drug ads. A senate bill is being proposed to reduce the tax deductions for the expenses used for these ads. However, the data is unclear on how much this direct to consumer advertising actually impacts the cost of drugs. One study suggesting that only a 6% drug cost increase could be ascribed to consumer advertising over a 10 year period.¹ Providers and pharmaceutical companies are in an important partnership to provide the best care to our patients in considering topics ranging from drug costs to safety and the best practices. Part of that partnership is learning about potential advances in the care of patients who may benefit from a newer medication; one that may be more effective, have less side effects or be a breakthrough drug for a specific disease. The TV ads are also positive in that they can encourage patients to seek care for symptoms of a disease that they may not be aware of. And yes, ads also educate physicians who have the time to watch TV.

This direct advertising can sometimes lead to patients in the unusual position of more being familiar with a new medication for their diabetes or psoriasis than their physician. But I believe the real issue is less about the costs in this context and more about how to best share the information on newer medications with patients and providers using a reasonable and common sense approach. A growing approach is to target drug information to physicians through the internet, perhaps less effective for patients who passively receive the information by TV. Hopefully, we can avoid the more extreme measures proposed to end these TV ads by making them more focused on disease awareness and rethink the litany of frightening side effects.

Excuse me for now. My home improvement magazine just arrived and I am looking forward to reading the ads for the latest medications for erectile dysfunction before my patients ask me about them Monday morning.

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1. Dave D, Saffer H. Impact of direct-to-consumer advertising on pharmaceutical prices and demand. *Southern Economic Journal* 2012;79(1):97-126.