Health Care News

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The Impact of Direct-to-Consumer Advertising of Prescription Drugs on Consumer Behavior, Diagnosis and Treatment

This issue of Health Care News summarizes some of the results of research among health care consumers which were first published in Health Affairs on February 26, 2003. The paper "Consumer Reports on the Health Effects of Direct-To-Consumer Drug Advertising" was written by Joel Weisman and David Blumenthal of Harvard Medical School, Alvin Silk of the Harvard Business School and Kinga Zapert, Michael Newman and Robert Leitman of Harris Interactive. The research was designed and analyzed by the authors. The survey research was conducted by telephone by Harris Interactive using a nationwide sample of 3,000 adults surveyed between July 2001 and January 2002.

The authors concluded, "This study found no widespread adverse health effects resulting from drug ads aimed at consumers, but that society still needs to weigh in on the consequences of this advertising." Those who wish to read the full report should do so in *Health Affairs*. The research was funded jointly by the AMA Industry Roundtable Steering Committee and members of the Ad Hoc Working Group on the Economics of the Pharmaceutical Industry.

The Big Picture and the Big Question

The research confirmed the marketing impact of advertising. It found that the overwhelming majority of the public (86%) **recalled seeing or hearing the direct-to-consumer advertising (DTCA)** of prescription drugs. Approximately one-third of the public (35%) had a **discussion with a physician about a prescription drug, which the consumer had seen advertised**, or other health concern (DTCA visit). One-fifth of the public (21%) **received and complied with a drug prescription** as a result of these visits. One person in twenty (5%) **switched drugs as a result of these visits.** One person in seven (14%), who were **not previously taking medications for various conditions, obtained and complied with prescriptions** to treat them.

This research was designed to answer three other key questions:

1. What sorts of conditions are diagnosed as a result of visits with physicians, which were prompted by DTCA?
2. What actions are taken as a result of these DTCA-prompted visits
3. What outcomes are reported as a result of taking prescriptions medications from DTCA-prompted visits?

The research was not designed to measure the costs of DTCA or the cost-effectiveness of the behaviors caused by DTCA.

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What Was Discussed at Physician Visits Prompted by DTCA?

DTCA-prompted patient-physician discussions do not focus solely on prescription drugs. Among the 35% of adults who have had a DTCA visit, nearly half discussed a possible change in treatment for an existing medical condition, and – of particular interest – 49% discussed a condition, illness or health concern that they had not previously discussed with a physician. Thus, 16% of all adults have been prompted by prescription drug advertising to discuss a health problem with their physician for the first time.

TABLE 1

DTCA Prompts Different Types Of Patient-Doctor Discussions

Base: The 35% of adults who were prompted by DTCA to have a discussion with a doctor discussed

	Those Who Responded Yes %
A prescription drug for yourself	77
A possible change in treatment for an existing medical condition or illness of your own	47
A medical condition, illness or other health concern that you had not discussed with a doctor before	49
Any other health concern of your own or treatment related to your health	5

What Conditions Were Diagnosed at DTCA Visits?

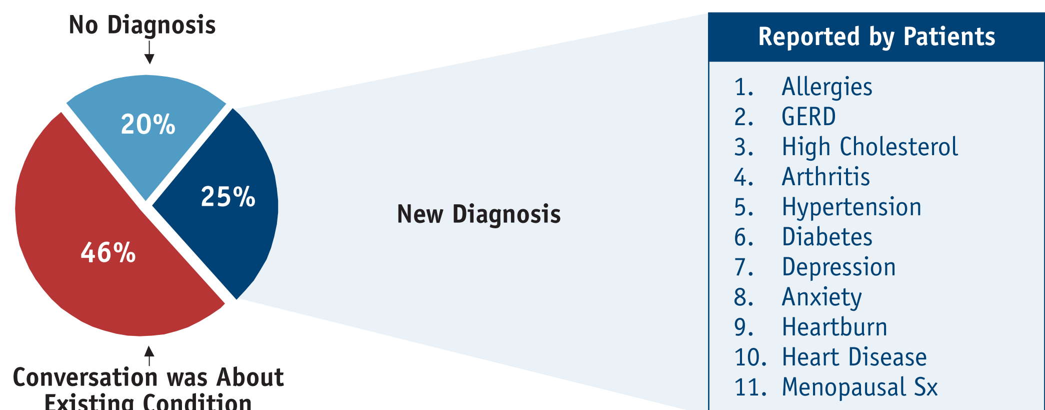
At one quarter (25%) of the DTCA visits, physicians diagnosed new conditions (i.e. conditions which, the patients reported, had not been previously diagnosed). About half (46%) of patients with DTCA visits had previously been diagnosed with the condition discussed during the visit. One in five visits resulted in no diagnosis.

The most common new diagnoses were (in order of frequency) allergies, GERD, high cholesterol, arthritis, hypertension, diabetes, depression, anxiety, heartburn, heart disease and the effects of menopause.

TABLE 2

Most Common New Diagnoses From DTCA Visits

Base: The 35% of adults who were prompted by DTCA to have a discussion with a doctor.



NOTE: 9% could not/would not name the condition.

Many (43%) of these new diagnoses were for conditions such as diabetes, high cholesterol or hypertension, which have been described as "high priority" by the Agency for Health Research and Quality and the Institute of Medicine.

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What Actions Were Taken by Physicians at DTCA-Prompted Visits?

Most (72%) of the DTCA-prompted visits led to prescriptions being written. In over two out of every five such visits (43%) the physicians prescribed the advertised drug.

A third (32%) of these visits led to a referral to a specialist. At half of these visits (52%), the physician suggested a lifestyle change. Almost a quarter (23%) of these visits led to prescriptions for conditions which were not being treated previously. At over half the visits (57%), a test was performed or recommended. At one in five visits (19%), physicians recommended an OTC drug. These findings strongly suggest that:

- DTCA often results in patients receiving necessary care (including new diagnoses and treatment).
- DTCA is often effective in generating new prescriptions for the drug advertised, but it is not always the drug prescribed.

TABLE 3

Actions Taken by Physicians on Behalf of Patients Having Recent DTCA Visits

"As a result of the visit and any follow-up visits you had with your doctor, did your doctor do any of the following?"

Base: The 35% of adults who were promoted by DTCA to have a discussion with a doctor.

	Patient Reports %
Prescribed DTCA drug	43
Prescribed a drug for you	72
Prescribed any drug (and patient was not receiving treatment for condition priority to visit)	23
Referred you to a specialist	32
Suggest a change in your diet or how much you should exercise	52
Recommended OTC drug	19
Order a laboratory or diagnostic test	57
Suggest that you quit smoking or drinking	33

The Overall Health Effects of Taking Prescription Drugs Following DTCA Visits

The great majority (81%) of patients taking prescription medications following DTCA visits report that their overall health improved as a result. One in twenty (5%) said their health became worse. Among those who had lab tests before and after taking their medications, an even larger majority (86%) reported that these tests showed an improvement.

Overall, there was no significant difference in the proportion of those reporting an improvement in their health between those taking the advertised drugs and those taking other drugs. However, those who switched to the advertised drug were slightly more likely (86%) to report favorable outcomes than those who switched to a drug other than the one advertised (78%).

TABLE 4

Overall Health and Results of Lab Tests

Base: The 21% of the adults taking prescription drugs following a DTCA visit

	Type of Drug			Switched Drugs	
	All	DTCA	Other	To DTCA	To Other
Overall Health					
Much/Some Better	81	81	81	86	78
About the Same	13	11	15	10	18
Some/Much Worse	5	6	4	4	3
Lab Tests (where done before and after) showed:					
Change for Better	84	86	82	94	87
No change/Not sure	3	4	2	6	3
Change for Worse	13	10	16	0	10

What This Research Did Not Address

One key issue was not addressed in this research – the costs (or the cost-effectiveness) of the behavior of consumers influenced by DTC advertising. Presumably, the extra visits, the extra tests, and the extra prescriptions written are not inexpensive. At the same time, one might hope that some of the additional care provided (and the prescription drugs taken) as a result of DTC advertising not only improved outcomes but also reduced the need for other, and possibly more expensive, interventions. For example, people with hypertension, elevated cholesterol, asthma or diabetes are less likely to require much more expensive care if they are diagnosed and treated than if they are left untreated.

But this research does not attempt to calculate the costs and economic benefits of DTCA.

Methodology

This survey was conducted by telephone within the United States between July 9, 2001 and January 16, 2002 among a nationwide cross section of 3,000 adults (ages 18+). The survey data were weighted by age, race, education, health insurance status (insured or uninsured), household size and gender to align them with their actual proportions in the population.

In theory, with a probability sample of this size, one can say with 95 percent certainty that the results have a statistical precision of plus or minus two percentage points of what they would be if the entire adult population had been polled with complete accuracy. Unfortunately, there are several other possible sources of error in all polls or surveys that are probably more serious than theoretical calculations of sampling error. They include refusals to be interviewed (non-response), question wording and question order, interviewer bias, weighting by demographic control data and screening (e.g., for likely voters). It is impossible to quantify the errors that may result from these factors.

These statements conform to the principles of disclosure of the National Council on Public Polls.

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