Direct-to-Consumer Advertising of Prescription Medications: Implications for Patients With Cancer

Pamela Hallquist Viale, RN, MS, CS, ANP, OCN®

Purpose/Objectives: To review the phenomenon of direct-to-consumer (DTC) advertising of prescription medications in the media, with an overview of pertinent studies in the literature regarding patients' and healthcare professionals' perspectives on DTC advertising.

Data Sources: Journal articles, media, and clinical experience.

Data Synthesis: DTC advertising of prescription medications is extremely prevalent in U.S. society. Advertising of medications is an expensive business; yearly spending is expected to reach $7.5 billion by 2005. Although opinions vary regarding DTC advertising, healthcare professionals, including oncology nurses, must be prepared to discuss DTC-advertised medications and treatments with their patients.

Conclusions: 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.

Implications for Nursing: Oncology nurses need to be aware of the increases in DTC advertising of prescription medications and the importance of guiding patients through appropriate medication choices by education.

Key Points . . .

- Oncology nurses need to increase their awareness of direct-to-consumer (DTC) advertising of prescription medications because patients with cancer are exposed to increasing numbers of these advertisements in both broadcast and print media, as well as over the Internet.
- Nurses must anticipate patient-initiated dialogue regarding DTC advertised medication options, allowing patients to discuss DTC advertisements without fear of annoying healthcare providers.
- Although discussion of medication choices prompted by DTC advertising potentially may cause longer patient-provider encounters, this can result in a positive outcome, promoting reinforcement of lifestyle changes or symptom management strategies.

Goal for CE Enrollees:

To enhance nurses' knowledge of direct-to-consumer (DTC) advertising for prescription medications and the implications DTC advertising has for patients with cancer.

Objectives for CE Enrollees:

On completion of this CE, the participant will be able to

1. Define DTC advertising.
2. Discuss benefits and risks of DTC advertising.
3. Describe nursing's role with patients inquiring about DTC advertised medications.

When the Food, Drug, and Cosmetic Act was passed in 1938, the pharmaceutical industry focused its marketing efforts almost entirely toward physicians (Kravitz, 2000a). In the mid-1980s, marketing efforts by pharmaceutical companies began to shift to the consumer and the money spent on this endeavor only has increased since then. In fact, although consumer advertising is increasing rapidly, dollars spent on advertising in medical journals are decreasing, with consumer drug advertising accounting for 12% of a pharmaceutical company's promotional budget in 1998 (Berger, Kark, Rosner, Packer, & Bennett, 2001; Peters, 2001; Pines, 1998). The pharmaceutical industry spent $1.8 billion in 2000 compared to $55 million in 1991, which mainly was spent advertising just 50 different medications (Findlay, 2001; Huang, 2000). In fact, the pharmaceutical industry is expected to spend approximately $7.5 billion by 2005, effectively quadrupling its current expenditure (Bell, Kravitz, & Wilkes, 2000).

Pamela Hallquist Viale, RN, MS, CS, ANP, OCN®, is an oncology nurse practitioner at Santa Clara Valley Medical Center in San Jose, CA. *(Submitted July 2001. Accepted for publication November 12, 2001.) (Mention of specific products and opinions related to those products do not indicate or imply endorsement by the* Oncology Nursing Forum *or the Oncology Nursing Society.)*

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This trend of consumer marketing is termed "direct-to-consumer" (DTC) prescription drug advertising, and it is a rapidly growing phenomena in the United States (Davis, 2000). The purpose of DTC advertising is to encourage patients (consumers) to personally request desired medications or prescriptions from the physicians or providers involved in their care. Although primary care providers traditionally have been involved mostly with DTC advertising, healthcare professionals in specialty positions need to be aware of this trend as well (Bell, Kravitz, et al., 2000). As DTC advertisements continue to saturate the media, patients in specialty areas, including oncology, are affected. Healthcare professionals, including oncology nurses, need to be aware of DTC advertising and its effects on patients and be prepared to discuss medication choices with their patients.

Consumers cannot turn on a television or open a magazine without being barraged by advertisements for pharmaceutical products (Carroll-Johnson, 2001; Huang, 2000). From a commercial depicting a woman whose overactive bladder threatens to ruin her husband's automobile vacation to the veteran patient with cancer whose fatigue may cause him to cancel a much-anticipated appearance in the town's parade, DTC advertising is prevalent in the media. Although traditional advertisements in print media and television originally seemed to concentrate on the most common maladies to affect the average patient (e.g., allergies, headaches, arthritis pain), the scope of pharmaceutical company advertisements has been expanding to include more specific conditions.

Some companies have targeted patients with cancer, as well. This is not surprising considering 1,284,900 new cancer cases are expected to be diagnosed in 2002, and one in four deaths in the United States are attributed to cancer (American Cancer Society, 2002). Recent advertisements have included agents to help treat patients receiving chemotherapy who are fatigued or information on choices of hormonal therapies for patients with breast or prostate cancer. A recent advertisement offered patients with metastatic colorectal cancer a choice between infusion therapy or oral therapy, questioning whether these patients might choose to be treated conveniently in their own home setting. On the Internet, many Web sites dealing specifically with health care target advertising to patients with cancer, as well as patients with general maladies (PDR Getting Well Network, 2001a, 2001b). Although pharmaceutical Web sites have an abundance of information on treatment options and medication information, Internet sites may not always provide balanced information (Clark & Gomez, 2001). The news media also may be considered an important source of information about medical treatments and medications, although some clinicians are concerned about the overly enthusiastic portrayal of information (Moynihan et al., 2000).

History

Although the U.S. Food and Drug Administration (FDA) obtained a voluntary moratorium on the advertisement of pharmaceutical agents in 1983, it was lifted in 1985 (Bell, Kravitz, et al., 2000; Hollon, 1999). Advertising for medications began to flourish again in 1990 and has continued to expand in almost all areas of the media, including the Internet. DTC advertisements for television began appearing in earnest once the FDA relaxed their guidelines for broadcast advertisements in 1997, and the practice has continued to increase (Lee, 2001). One factor contributing to the dramatic increase in DTC advertising is the change in physicians' power to prescribe various medications (Kravitz, 2000a). Many factors now influence the traditional prescribing patterns of physicians, including the existence of drug formularies for institutions as well as medical insurance companies, drug utilization review, and pharmaceutical risk-sharing agreements (Kravitz, 2000a; Bell, Wilkes, & Kravitz, 1999).

Three types of DTC advertisements exist: (a) reminder advertisements, (b) help-seeking or disease-oriented advertisements, and (c) product-claim or indication advertisements (Reeves, 1998). Reminder advertisements contain minimal information and refrain from specific suggestions while revealing the name of the drug; help-seeking or disease-oriented advertisements talk about a disease or condition without discussion of specific drugs, while recommending that people contact their physician. Product-claim advertisements must balance claims of drug benefits with important disclosures of risks and limitation of medication efficacy (Reeves). Consumer advocates of DTC advertising believe consumers find this marketing tool an important source of educational information, perhaps one that even motivates consumers to seek care when needed (Hollon, 1999). Studies have shown that DTC advertising encourages discussions between patients and their physicians about different pharmaceutical products (Kravitz, 2000b; Pines, 1998). Some view advertising as an opportunity to enhance the health of consumers, increasing their knowledge base and facilitating treatment of diseases that are underdiagnosed or undertreated (Holmer, 1999; Pines, 2000; Tanne, 1999). Some physicians report using DTC advertising as a bridge to discussing other drug alternatives with their patients, by evaluating the cost and medication effectiveness in decision making (Read, 2001). Advocates of DTC advertising have described the practice as empowerment of consumers, thus playing a role in improvement of public health (Holmer).

The power of DTC advertising became apparent the first time a DTC television advertisement ran for a nicotine patch during the 1992 Super Bowl. The American Association of Advertising Agencies reported that the response was so great, demand for the patches exceeded the available supply within weeks of the advertisement (Holmer, 1999). Although the product had been available for months, people who might have been interested in it did not know the product existed. Another positive result of DTC advertising involved advertisements for a new drug for osteoporosis. Once advertisements for the new drug began to appear, visits to physicians by patients seeking help for the condition increased to 713,000 in 1996, compared to 409,000 visits in 1995 (Holmer). Although not all agree, DTC advertising can have a beneficial outcome for some patients and patients with cancer may be affected along with general consumers.

Opponents of DTC advertising have described the practice as a potential health risk, as in the example of the widely popular medication Viagra® (Pfizer Inc., New York, NY). After eight months on the market, sales rocketed to $608 million as a result of the tremendous early demand for the medication; once complications were identified in patients with coronary heart disease, sales subsequently slowed (Berger et al., 2001).

A consumer survey conducted by the FDA (2001a) in 1999 revealed that patients believe DTC advertisements help them to get their medicines refilled and to stay on their regimens; patients also reported they often were prompted to query their

physicians about new medical conditions (Henney, 2000). (The main survey results may be viewed by accessing the report on the Internet at www.fda.gov/cder/ddmac/dtcindex.htm.) Although 62% of the respondents felt DTC advertisements helped them communicate with their physicians, 58% felt the advertisements made the drugs seem better than they are (Henney).

Proponents argue that DTC advertising contributes to an evolving relationship between physicians and patients, helping to ultimately give patients greater control over their health care (Hollon, 1999). This effectively would promote better communication between physicians and patients and allow physicians to give more caring attention to their patients (Pines, 2000). This strategy also can be considered educational; for example, it can help teach patients with chronic illness how to obtain assistance from a company's support system. However, patients need to realize that DTC advertising is still a marketing tool used to create a positive attitude toward the pharmaceutical company and its products (Goldblatt et al., 2001).

Detractors of DTC advertising believe this practice has an inappropriate effect on prescribing and actually may cause erosion of patients' trust in their physicians' care (Alper, 1999; Steinman, 2000). Some clinicians feel pressured to prescribe patients' requested medications, even though the drugs may not be the prescriber's first choice (Spurgeon, 1999). Although some clinicians feel DTC advertising may lead to the education and treatment of underserved patients, others feel the practice may lead to an overmedicated society. Some members of the medical profession believe DTC advertising acts by confusing the consumer and encouraging prescriptions for the drug with the best marketing, rather than the best drug for the patient's condition (Bell, Kravitz, et al., 2000). Elliot (2001) reported that the most expensive drugs often are the ones most heavily advertised, which encourages patients to request those medications over the less visible and cheaper alternatives. DTC advertising is illegal in many countries, and some clinicians are of the opinion the practice should be outlawed in the United States as well (Sellers, 2000).

Many opponents of DTC advertising are concerned about the accuracy of statements made in pharmaceutical companies' advertisements. Many times, the most important information is written in extremely small print and is difficult for patients to see. Sometimes, the information is written in language that is difficult for the average reader to understand (Hoffman & Wilkes, 1999). A study conducted over a nine-month period in 1994 evaluated print advertisements for over-the-counter products (Sansgiry, Sharp, & Sansgiry, 1999). Five clinical pharmacists assessed the accuracy of information in the advertisements, using the federal guidelines for DTC advertising. The reviewers identified deficiencies in the advertisements they believed were potentially harmful to consumers. About half the advertisements lacked any statements at all, and more than half lacked essential information deemed necessary for consumers to make an informed choice. Overall, the reviewers felt the advertisements were more promotional than educational (Sansgiry, Sharp, & Sansgiry).

A major worry of many clinicians is that DTC advertising rarely mentions nonpharmacologic interventions that may be as important as medication in controlling symptoms and improving outcomes (Kravitz, 2000b). Although alternatives such as low-fat diets or increasing exercise may be as beneficial as taking oral medication, some patients become angry when clinicians suggest a nonpharmacologic treatment (Kravitz, 2000b; Peters, 2001).

In an article published in the *British Medical Journal*, the authors reported being fearful that DTC advertising would be allowed to enter the United Kingdom, believing the practice inevitably would drain needed healthcare dollars and increase the number of unnecessary prescriptions written (Hoffman & Wilkes, 1999). The cost of DTC advertising and its effect on healthcare dollars are very real concerns. The pharmaceutical industry reports that the high cost of research and development necessary to bring new drugs to consumers is offset by the high cost of new medications (Goodman, 2001). The cost of prescription drugs went up by 17.4% in 2000, more than the 7.3% increase in payments to doctors or the 6.4% increase to hospitals (Goodman).

One aggressively marketed drug that became a multibillion dollar seller is loratadine (Claritin®, Schering-Plough Corporation, Kenilworth, NJ). Although the nonsedating antihistamine conferred modest relief of allergy symptoms in some patients, this agent became one of the best-selling antihistamines in the United States, perhaps of all time (Hall, 2001). One advantage touted by the marketers described the drug as "improving quality of life" because of the improvements over the first generation of more sedating antihistamines. Some detractors of the medication felt it did not work better than the traditional antihistamines, yet the drug remained a well-advertised, popular, and expensive alternative (Hall). Annual sales of loratadine climbed to more than $2 billion, and the next generation of improved products are on their way (Hall).

Literature Review

Although many opinions and editorials in the literature describe clinicians' feelings about DTC advertising, few studies have been conducted on the subject. Patients increasingly respond to these advertisements and may request prescriptions based on the information the advertisements provide. Because some clinicians feel that patients may respond negatively to their refusal to write prescriptions based on patients' request, the fact that little research has been performed is not surprising because of the potential effect on the doctor-patient relationship (Bell, Wilkes, et al., 1999).

Researchers examined coverage by the news media on the benefits and risks of medication for three different medications used to prevent major diseases (Moynihan et al., 2000). They studied pravastatin, alendronate, and aspirin by analyzing a systematic probability sample of 180 newspaper articles (60 for each drug) and 27 television reports that appeared from 1994–1998. Of the 207 stories, 83 (40%) did not report benefits quantitatively. Of the 124 that did, 83% reported relative benefits only, 47% discussed the potential harm to patients, and only 30% of the reports mentioned cost of the medications. Of the 170 stories that quoted an expert or a scientific study, 85 (50%) cited at least one expert or study with a financial tie to the drug's manufacturer in the scientific literature. However, only 39% of the stories disclosed these connections in the media stories (Moynihan et al.). The researchers concluded that news media stories about medications may include inadequate or incomplete information about the benefits, risks, and costs of the drugs.

In a study that conducted a content analysis of consumer-targeted prescription drug advertisements, researchers assessed the prevalence of medication advertisements and variables

used to encourage public interest in products (Bell, Kravitz, et al., 2000; Bell, Wilkes, & Kravitz, 2000). The researchers collected drug advertisements in 18 different consumer magazines dated 1989–1998 and found a total of 320 different advertisements representing 101 brands and 14 separate medical conditions. The most common conditions represented HIV/AIDS and dermatologic and obstetric/gynecologic (OB/GYN) ailments. Allergies accounted for 46 of the 320 advertisements; two of the advertisements were specifically for patients with cancer, promoting hormonal agents for both breast and prostate cancer; and many of the other medications listed were for products frequently used by patients with cancer, including antifungal, depression, and sleep agents.

Although some advertisements did not offer monetary or similar inducements, many of the companies did, including advertisements for allergy, respiratory, dermatologic, and OB/GYN medications. Specific language in these advertisements appealed to patients by describing the medications as "effective" (57% of advertisements), "controls symptoms" (41%), or "innovative" (41%). Some of the advertisements depicted the medications as causing "cures" (3%) or "reduced mortality" (7%) or being "powerful" (9%). The researchers concluded that although their study had limitations, physicians must assess the advertisements their patients are exposed to and learn more about them to help regulate the practice appropriately (Bell, Kravitz, et al., 2000).

A random phone survey of 329 adults was conducted to study patients' anticipated reactions to physicians who refused to respond to advertisement-induced prescription drug requests (Bell, Kravitz, & Wilkes, 1999; Bell, Wilkes, et al., 1999). The telephone respondents were asked to imagine they have asked their doctor to provide a prescription for a drug after seeing an advertisement for it, but the physician refused to provide the prescription. The respondents then were given four different possible responses to the refusal of the physician (become disappointed in their physician [or disappointment], try to change the physician's mind [persuasion], talk to a different physician about getting the desired prescription [prescription shopping], or change physicians [doctor switching]). Respondents were asked if they were very likely, not at all likely, or somewhat likely to respond in that way.

Approximately 54% of the respondents reported they would not become disappointed if their request was denied for the prescription drug, 38% said they would be somewhat likely to become disappointed, and 8% were very likely to be disappointed. Twenty-one percent of the respondents believed they would be likely to attempt to influence the prescriber, and 18% thought they would somewhat likely consider prescription shopping. More than 85% thought it would be unlikely that they would consider switching doctors over the refusal to prescribe a requested medication seen by advertisement (Bell, Wilkes, et al., 1999).

In another study, 199 primary care doctors practicing in Ohio and Pennsylvania were polled to determine if they felt pressured by DTC advertising and whether it affected their prescribing habits (Spurgeon, 1999). In approximately 30%–36% of the cases, the physicians stated they would give into the pressure to prescribe patient-requested medications, even if the drug in question was not their first clinical choice for the patient. The respondents indicated that, on average, five patients a week asked them to prescribe a specific product and 30% of the time they would do so. The physicians polled felt that television advertisements were the most common source of their patients' information base (77%), followed by television news stories (49%), and print news stories (48%). An astounding 91% of physicians who responded to the poll felt they were under pressure to prescribe products that patients had requested or queried them about, although 38% described it as "very little" pressure (Spurgeon, 1999).

In 1997, a group of researchers studied the experiences of family physicians concerning DTC advertising (Lipsky & Taylor, 1997). A survey instrument was sent to a systematic sampling of active physician members of the American Academy of Family Physicians. Four hundred fifty-four (52%) physicians responded to the survey. The respondents were approached by an average of seven patients over the previous six months with specific medication requests, with the most commonly requested medications being prescription antihistamines and antihypertensive drugs. Eighty percent of the family physicians felt DTC advertising was not a good idea, and 84% had negative feelings about television and radio advertising; however, some of the physicians felt that DTC advertising led to "better informed patients" and helped to "promote patient-physician" communication. This has implications for prescribing patterns for all patients, including patients with cancer, as the number of DTC advertisements and the money spent on them increases.

Current Guidelines on Direct-to-Consumer Advertising

The FDA has created two guidelines for DTC advertising addressing both print and broadcast advertisements, and these can be accessed on the Internet (www.fda.gov/cder/guidance/index.htm). The American Medical Association (AMA) reversed its original opinion opposing DTC advertising in 1992 and changed its guidelines in August 1997 to allow manufacturers who advertise prescription medicines on television more flexibility (Holmer, 1999; Spurgeon, 1999). The current AMA guidelines were developed with the FDA and essentially call for all advertisements aimed at the public to follow specific criteria (Anderson, 2001; Tanne, 1999) (see Figure 1).

The AMA advocates the DTC advertisements include the phrase, "Your physician may recommend other appropriate treatments" (Elliot, 2001). Although frustrated doctors presented several proposals to the AMA asking to limit DTC advertisements in 2001, none passed (Goodman, 2001). Some physicians are calling for an oversight committee to more closely scrutinize the practice of DTC advertising and its effects (Rosner, Kark, Packer, Bennett, & Berger, 1999). Pharmaceutical companies currently are not required to submit the content of their DTC promotional materials to the FDA for prior approval; however, the agency routinely examines commercials and medical drug advertisements after they become available to the public (Henney, 2000). The FDA is responsible for monitoring and regulating information on prescription drugs, protecting the public, and promoting honest and accurate information about regulated products (Baylor-Henry & Drezin, 1998). From 1998–2000, the FDA sent out 70 notices of violation to different pharmaceutical companies citing insufficient information or even overstatement of the effectiveness of the product advertised, although the total number of violations has declined

Current U.S. Food and Drug Administration (FDA) Guidelines for Direct-to-Consumer (DTC) Print Advertisements

- Include a brief summary statement of the product's efficacy and risks, usually including all the risk information in the medication's approved package labeling.

Current FDA Guidelines for DTC Broadcast Advertisements

- Include a major statement about the medication's most important risk-related information.
- Must not be false or misleading.
- Present a fair balance of the risks and effectiveness of the drug.
- Communicate information in consumer-friendly language.
- Disclose that pharmacists, physicians, and other healthcare providers may provide additional information on the advertised medication.
- Provide a means for dissemination of the approved package labeling.
  - Provide a toll-free number or address by which consumers can receive labeling information.
  - Refer to a brochure or a print ad in a current publication that provides additional information.
  - Provide a Web site that contains product-labeling information.

Additional Current American Medical Association Guidelines Developed in Consultation With the FDA

- Advertisements should be disease-specific and enhance consumer education.
- Advertisements should convey a clear, accurate, and responsible health-education message.
- Advertisements should not encourage patient self-diagnosis or treatment.
- No comparative claims can be made for the product.
- The manufacturer should not run concurrent incentive programs for physician prescribing and pharmacist dispensing.
- Nondrug management should be discussed.

Figure 1. Guidelines for Direct-to-Consumer Advertisements

Note. Based on information from Anderson, 2001; Berkowitz, Capizzi, Breuer, & Szuminski, 2001; Tanne, 1999; U.S. Food and Drug Administration, Center for Drug Evaluation and Research, 1999, 2001b.

(Henney). As the Internet becomes an even greater source of medical information for consumers, DTC advertising on the Internet and content of pharmaceutical companies' individual Web sites need to be addressed because the FDA has not yet issued specific guidelines for this medium (Berkowitz, Capizzi, Breuer, & Szuminski, 2001).

Influence of Direct-to-Consumer Advertising on Patients With Cancer

Although a dearth of literature exclusively discusses patients with cancer and DTC advertising, an increase in advertisements that deal specifically with medications and cancer has occurred (see Figure 2). As the number of new available medications for patients with cancer increases dramatically, the number of DTC ads are likely to increase correspondingly. Patients with cancer respond to advertisements in the media and news reports of new treatments and will continue to do so. Such a response occurs when innovative new chemotherapy treatments are released; for example, recently the new medication for chronic myelogenous leukemia (CML) was announced. Many patients with cancer then contacted their physicians with requests for the possibility of treatment with the new agent, even those without a diagnosis of CML. Oncology nurses potentially expose patients to DTC advertisements when reading material containing pharmaceutical advertisements, such as *MAMM: Women, Cancer, and Community*, *Coping with Cancer*, or *InTouch*, are left in patient waiting areas. Even items such as tissue boxes or pens in examination rooms containing pharmaceutical companies' names may alert patients to new treatments, prompting discussion with healthcare providers.

When recent advertisements ran on television describing possible treatments for chemotherapy-related fatigue and anemia and asked patients to contact their physicians, interested patients did just that. Patients with cancer are likely to be exposed to DTC advertisements in the media and query their healthcare professionals about the agents. Patients with cancer take a myriad of medications for many different conditions, including cancer. Because cancer is frequently a disease of the older adult, many patients are on medications to treat other common illnesses, such as hypertension, diabetes, and arthritis.

The advertisements depicting fatigued patients receiving chemotherapy and patients with breast or prostate cancer are probably just the beginning; in fact, "blanket" advertisements have been framed as personal testimonials by patients with cancer "thanking" the pharmaceutical industry for their efforts in producing life-saving medications. Are these inappropriate for the media, or do they serve a purpose by alerting patients of the availability of medications for symptom management and treatment of cancer? Do the advertisements help to provide hope and education regarding cancer for the general public and patients with cancer? Do healthcare professionals and, specifically, oncology nurses want patients to be exposed to the possibility of new and different treatments for cancer and symp-

- Celecoxib (Celebrex®, Searle and Pfizer Pharmaceuticals, New York, NY)
- Epoetin (Procrit®, Ortho Biotech Products, LP, Raritan, NJ)
- Fluconazole (Diflucan®, Pfizer Pharmaceuticals, New York, NY)
- Lamivudine/zidovudine (Combivir®, GlaxoSmithKline, Research Triangle Park, NC)
- Omeprazole (Prilosec®, AstraZeneca Pharmaceuticals LP, Wilmington, DE)
- Oxybutynin chloride (Ditropan®, Alza Pharmaceuticals, Mountain View, CA)
- Risedronate sodium (Actonel®, Aventis Pharmaceuticals, Bridgewater, NJ)
- Rofecoxib (Vioxx®, Merck & Co, Inc., Whitehouse Station, NJ)
- Sildenafil citrate (Viagra®, Pfizer Pharmaceuticals, New York, NY)
- Tamoxifen citrate (Nolvadex®, AstraZeneca Pharmaceuticals LP, Wilmington, DE)
- Sertraline HCL (Zoloft®, Pfizer Pharmaceuticals, New York, NY)
- Paroxetine HCL (Paxil®, GlaxoSmithKline, Research Triangle Park, NC)
- Conjugated estrogens and medroxyprogesterone (PremPro®, Wyeth Pharmaceuticals, Philadelphia, PA)
- Bupropion (Wellbutrin®, GlaxoSmithKline, Research Triangle Park, NC)

Figure 2. Selected Medications Seen in Print or Television Direct-to-Consumer Advertisements That May Be Prescribed for Patients With Cancer

Case Study

A 48-year-old female patient with a diagnosis of non-Hodgkin's lymphoma was started on cyclophosphamide, doxorubicin, vincristine, and oral prednisone chemotherapy every three weeks. She had received one cycle and was seen in the clinic for a nadir count check approximately 10 days after her initial chemotherapy treatment. The patient's sisters were with her at this visit and contributed to their sister's description of how she was feeling that day. The oldest sister told the nurse practitioner that the patient was feeling very tired since starting the treatment and wondered whether a new treatment seen on television might possibly help her sister with her fatigue. When queried for more information, the sister admitted she did not know the name of the medication or even how it was given. She remembered that the patient in the commercial was on chemotherapy, felt tired, and was unable to perform some of the things he enjoyed doing. She also said that the medication made the patient in the commercial feel much better and improved his fatigue. The nurse practitioner took this opportunity to explain the results of the blood work for this visit and reinforce education regarding the action of chemotherapy on different blood cells, as well as the common causes of fatigue. She instructed the family on the importance of a thorough workup for all causes of fatigue, including chemotherapy-related anemia and possible interventions to help combat this symptom. When the family and patient understood that fatigue could be a complex symptom that could be managed in many ways, including possibly administering erythropoietin growth factor, their concern was validated. The practitioner empowered them by suggesting interventions to help relieve the fatigue. In this case, consumer exposure to a direct-to-consumer commercial helped the family and patient initiate discussion with the practitioner regarding chemotherapy and its effects, including symptom management, without ruling out the possibility of treatment with medication if warranted.

tom management? Are healthcare professionals prepared to discuss DTC advertising with patients and determine the accuracy and suitability of specific medication information in partnership with patients? Or do healthcare professionals want sole responsibility in controlling information and determining medication choices for patients? These questions remain unanswered and need to be the subjects of future research.

Conclusion

DTC advertising probably is here to stay, and healthcare professionals need to work with the pharmaceutical industry to promote accurate and helpful information sources for patients. If DTC advertising is going to remain an increasingly visible source of medication information by possibly providing an important educational and beneficial role for patients, then oncology nurses and healthcare professionals must be prepared to discuss their patients' medication and information requests. Patients need to be able to present DTC information to their healthcare professionals without worry that those caring for them will be predisposed against it (Gonul, Carter, & Wind, 2000). Oncology nurses are integral to their patients' instruction about treatment and side effect management and often are the first professional patients contact to discuss their medications (Carroll-Johnson, 2001). Healthcare professionals must be able to help patients make proper treatment and medication choices by assessing all available options and then choosing the appropriate final treatment or medication selection.

Communication between patients and healthcare professionals is crucial to patients' well-being. The ultimate responsibility of healthcare professionals is their patients' health. Nurses must educate themselves about DTC advertising and be available to help patients with cancer determine which medication or symptom management plan may be most helpful. They must guide their patients toward the best treatment—not the most popular or best-marketed treatment.

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Author Contact: Pamela Hallquist Viale, RN, MS, CS, ANP, OCN®, can be reached at PGViale@aol.com, with copy to editor at rose_mary@earthlink.net.

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