

# In This Issue: Doctor-Patient and Drug Company-Patient Communication

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This issue of the *Annals* presents research on communication with starkly different intent, process, and potential outcomes. We also convey 2 new clinical practice guidelines, a cost-effectiveness analysis of a common medical problem, and research with implications for how health care is organized and delivered.

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## DRUG-TO-CONSUMER ADVERTISING

A content analysis study by Frosch and colleagues<sup>1</sup> scrutinizes pharmaceutical television advertisements. While ads present facts and rational arguments, almost all make emotional appeals for their product. The majority of ads portray medication use as socially approved and as a way to regain control over some component of life. Few mention lifestyle approaches as a positive alternative or convey a balance of treatment options.

Editorialists David Kessler, former head of the US Food and Drug Administration, and Douglas Levy note that these ads promote pharmaceutical company profits but do not promote the public health. They emphasize drugs that have little to do with the predominant causes of morbidity and mortality and are not living up to standards of health education that focus on the public good.<sup>2</sup>

Unsaid in the study or editorial is the tremendous intrusion of such advertisements into the clinician-patient relationship. These ads suck precious time, motivation, and energy from the patient visit, forcing clinicians to educate patients about why a slickly promoted drug is not as important as a less sexy lifestyle change or even a cheaper but equally effective alternative medication. The advertisements represent yet another competing demand in an outpatient visit that averages 10 minutes of face-to-face time<sup>3</sup> and already involves attempting to prioritize, personalize, and integrate care for an average of 3 to 4 problems.<sup>4,5</sup> In effect, these ads steal from the poor to give to the rich—a kind of reverse Robin Hood for public health.

## CLINICIAN-PATIENT COMMUNICATION

Other studies in this issue examine different, but potentially related aspects of clinician-patient communication.

Using a rigorous standardized patient method, Epstein and colleagues examine the effect of physicians' exploration and validation of patient concerns on their rate of antidepressant prescribing for major depression.<sup>6</sup> In visits with low levels of physician exploration and validation of patient concerns, prescribing was driven by patient requests, not clinical indications. In visits with high levels of exploration and validation of patient concerns, prescribing was driven equally by clinical indications and patient requests.

If patient requests for care are driven by direct-to-consumer advertising in which new drugs are sold like soap,<sup>2</sup> the Epstein study would seem to be yet another indictment of the potential for direct-to-consumer advertising to intrude into the process of health care. Yet, the issue is at least slightly more complex. A recent systematic review concluded that there is good evidence that direct-to-consumer marketing increases demand, but no evidence of benefit.<sup>7</sup> Other analyses of the data in the Epstein study,<sup>8,9</sup> however, show a complex relationship between patient demand and quality of care for a single disease. Patient requests for antidepressant medication are associated with more depression-specific history taking, as well as both averting underuse and fostering overuse of antidepressant medication, without apparently distracting from history taking for a second musculoskeletal condition presented during the visit.

What these studies don't show is the huge and potentially negative spillover effect, as broad media appeals reach not just the narrow group of those undertreated for an important disease which a new drug can treat, but the large masses of people who inappropriately are made to feel they need the new medication, thus fostering worry and taking time and energy from more important concerns. Until its effect on competing demands across care of the whole

patient are known, direct-to-consumer marketing must be considered an unproved public health intervention that raises serious cause for concern.

An essay in this issue enriches our understanding of the art of health care communication. Brody shows the effects of factors both outside and inside the visit on creating the space that allows the patient's true issue (not always an easily classified diagnosis) to emerge.<sup>10</sup> This essay documents the fascinating complexity and joy of unfettered family practice—and the opportunity to have formative effects that improve people's lives. The higher-order quality of care documented in this essay is not measurable by our current quality measures. This sort of excellent human care may actually be impeded by current pay-for-performance schemes and is unlikely to be helped by advertisements that push patients to request the latest drug. Adapting a well-known visit typology,<sup>11</sup> this illness visit starts out looking like a routine visit, moves quickly to a drama, and ends with a ceremony. This visit appears to have a seminal effect not only on a child's illness, but on the powerful labeling effects and family relationships that are formative on a child's development and life trajectory.

## GUIDELINES AND SCIENTIFIC EVIDENCE FOR THE DIAGNOSIS AND TREATMENT OF THROMBOEMBOLISM

Showing the result of collaboration between internal medicine and family medicine professional organizations and journals, this issue features clinical practice guidelines for the diagnosis<sup>12</sup> and treatment<sup>13</sup> of thromboembolism. An evidence review in the *Annals*<sup>14</sup> and a companion review in the *Annals of Internal Medicine*<sup>15</sup> provide access to the detailed science behind these clinically useful guidelines. We feature the diagnosis guideline and evidence review in this issue's *Annals Journal Club*.<sup>16</sup>

## OTHER CLINICAL AND HEALTH SERVICES DELIVERY RESEARCH

A carefully done cost-effectiveness analysis compares several observational and antibiotic treatment regimes for otitis media.<sup>17</sup> This analysis provides an empirical way to bring together concerns about antibiotic overuse and patient quality of life and cost, and to apply these to the care of patients.

In one of only a handful of studies that examine the effect of the widely touted Chronic Care Model in small independent practices, Nutting and colleagues show an association with higher levels of process measures and intermediate outcomes for diabetes care.<sup>18</sup>

In a Swedish cohort study, Albertsson and colleagues find that 4-item measure predicts 2-year hip fracture risk and mortality, and a single item predicts vertebral fracture risk among elderly women.<sup>19</sup>

A study involving 20 US primary care practice-based research networks (PBRNs) documents important differences between patient visits to PBRNs and national data on outpatient visits.<sup>20</sup> This study also shows the potential utility of a new PBRN visit characterization measure.

We encourage readers to share experiences and ideas by joining the *Annals* online discussion at <http://www.annfammed.org>.

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**EDITORIAL**

# Direct-to-Consumer Advertising: Is It Too Late to Manage the Risks?

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Pharmaceutical spending on television commercials nearly doubled from \$654 million in 2001 to a staggering \$1.19 billion in 2005. Nearly one third of the 2005 spending was on only 1 category: sleep medicines.<sup>1</sup> Yet, sleep disorders, however problematic and serious they may be, are almost inconsequential when compared with the major causes of the death in the United States: cardiovascular disease, cancer, and unintentional injuries.<sup>2</sup> No matter how much the industry claims its advertising provides public health benefits, the amount spent promoting drugs for conditions of varying severity begs the question of whether the industry truly is acting for the public benefit.

As Frosch et al show in this issue,<sup>3</sup> nearly all pharmaceutical ads are based on emotional appeals, not

facts, and few provide necessary details about the causes of a medical condition, risk factors, or lifestyle changes that may be appropriate alternatives to pharmaceutical intervention.

Although none of these findings are surprising, they should be disturbing.

As physicians, we know that even the most effective pharmaceutical may not be right for every patient. Physicians consider everything from individual risk factors and medical history to lifestyle and insurance status before writing a prescription. Yet, when patients walk in the door having just seen a television ad showing a miserable allergy sufferer dancing through a weed-filled field, they expect that a simple stroke of a pen onto a prescription pad will solve whatever their problems may be. Patients learn for the first time about conditions they never worried about before and ask physicians for new medicines by trade name because they saw it on television.

Patients have always expected simple answers to complex questions, but direct-to-consumer (DCT) advertising has elevated this problem to new heights, because patients in some ways now rely on Madison Avenue as a provider of health information. There is nothing wrong with pharmaceutical companies communicating directly with consumers, but they should adhere to the standards and ethics of medicine, not the standards and ethics of selling soap or some other consumer product that presents minimal risks.

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*Conflict of interest: Dr. Kessler is a member of the International Advisory Board of Fleishman-Hillard public relations. Mr. Levy is a former employee of Fleishman-Hillard public relations and holds stock in its parent company, Omnicom, which is a public relations and advertising agency holding company. Neither Fleishman-Hillard nor Omnicom had any involvement in this editorial.*

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