



**DIRECT-TO-CONSUMER-ADVERTISING  
OF PRESCRIPTION MEDICINES:  
A CONSUMER PERSPECTIVE**

**MAJOR FINDINGS**

**OF THE  
SYSTEMATIC REVIEW**

**by the  
SOCIAL MARKETING & ADVERTISING RESEARCH TEAM**

**UNIVERSITY OF THE SUNSHINE COAST  
Queensland, Australia**

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**A Research Project Commissioned by the  
FOUNDATION FOR ADVERTISING RESEARCH**

**Made Possible by the Generous Assistance of**

**THE MERCK FOUNDATION**



## **BACKGROUND**

The Foundation for Advertising for Advertising Research (FAR) commissioned a Systemic Review of the research on **Direct to Consumer Advertising of Prescription Medicines (DTCA) from a Consumer Perspective** from the Social Marketing and Advertising Research Team (SMART) at the University of the Sunshine Coast, Queensland, Australia. Associate Professor Michael Harker and Associate Professor Debra Harker of SMART prepared the Report, which is attached.

A successful application was made to the Merck Foundation (a United States based foundation which makes grants internationally on a contestable basis for research and other activities such as the 2005/6 Te Papa exhibition “The Genetic Revolution”) to fund the research. FAR acknowledges the kind support of the Merck Foundation that made this project possible.

The key findings of the Report, which may be of interest to stakeholders, consumers, and policymakers, are set out below. This is a summary only and the opinion of FAR. Reference should be made to the Report for the full detail of the findings.

## **KEY FINDINGS**

### **1. Informed Consumers**

Consumers are changing and no longer accept the words and deeds of politicians, lawyers, teachers, doctors and priests as they did in former times. They are more assertive, less deferential and more demanding patient-consumers (p54). Consumers are more vociferous and active in their healthcare decisions. Therefore the traditional model of doctor-patient relationship with its one-way direction of information flow and unquestioning approach of the patient has been replaced by consumer activism and shared healthcare (p23). Consumerism has finally arrived in the healthcare sector and the new ‘informed consumer’ is seeking greater involvement in healthcare decisions; as such DTCA is seen as a mechanism which allows this to occur (p39).

### **2. The Buying Process**

Before purchase, buyers go through a multi-stage process from awareness, to processing of the information, to drug request and compliance. (p11, 22). If motivation, opportunity and ability (MOA) of the consumer is high then he/she will focus on and process the message arguments rather than peripheral cues (p28). Older persons show greater recognition rates of DTC advertisements, which are attributed to older consumers being more aware of their health needs (p27). Older consumers are likely to be sceptical about persuasive messages and tend to be persuaded by the logic of the message, rather than the message content and motivational levels are elevated when the message is high in personal relevance (p31).



It is therefore clear that consumers, and particularly older consumers and their carers, require facts and information before they are persuaded to purchase a prescription medicine.

### **3. Information Requirements – Benefits and Risks**

The message argument in a DTC advertisement is very important as the consumer has high involvement. Messages that merely present positive attributes or give reasons to buy are not as effective as a two-sided argument. DTC advertisements that present positive and negative information will assist the consumer in the decision making process (p37). Consumers read risk information and, if there is high involvement in the purchase and intention to buy, the vast majority (85%) read almost all the information according to a United States survey (p38, 68) and 66% in New Zealand (p57).

Advertisements that present balanced, two-sided arguments in the form of risks and benefits are more likely to elicit positive responses from consumers as they are less likely to engage in cognitive counter-arguments resulting in negative attitude formation. It is apparent that DTC advertisements that contain risk information are more appealing than those that do not (p38).

Studies in the United States and New Zealand reveal that 80-90% of respondents in both countries recall benefit information in DTC advertisements. (p57). However although a similar percentage can recall risk information in United States, in New Zealand it was less than 30% (p57). In the United States despite a high recall of the benefit and risk information respondents feel that this information could be presented more clearly. One commentator noted that '*manufacturers are taking notice with a distinct change in creative style that is more serious in tone and presents the information in a more straightforward manner*' (p66).

#### Comment

Critics of DTCA argue that advertisements lack information about drug side effects (p37, 57) and this view coincides with that of consumers. Clearly consumers require full information about the benefits and risks about a particular medicine before they are tempted to buy. Although the information is being supplied in United States advertisements, albeit possibly not clearly enough, consumers in New Zealand are overwhelmingly not receiving the information they want. As a consequence the advertising is not as effective as it could be. This may be somewhat of a shock to the advertising industry which is more attuned to emphasising benefits and minimising disadvantages of a product in general advertising. Plainly DTCA does not fit this mould.

### **4. Educating Consumers and DTCA**

WHO state '*The people have the right and duty to participate individually and collectively in the planning and implementation of their healthcare*' (p62). The US Government Healthcare Commission state '*Well informed consumers are the bedrock of an efficiently operating market*' (p62). A large number of medical conditions are untreated as consumers are unaware or existing conditions are under treated (p62, 63, 64).



About 25% of doctor visits in which the patient asked about a DTCA drug resulted in the discovery of a new condition (p63). DTCA also prompted consumers to seek medical advice about a new or undisclosed condition (p68).

A FDA Physicians survey concluded that DTCA increased patient awareness of diseases and prompted thoughtful discussions with physicians (p64, 74). In another study DTCA shortened the time between diagnosis and drug use for osteoarthritis (p66).

About half of consumers who recalled DTC advertisements tend to seek further information (p65). The primary source of information was a doctor and to a much lesser degree information was also sought from family friends, pharmacists, nurses, brochures in doctors rooms, medical journals, Internet and newspapers (p65, 66). The doctor is still king (p65).

Although consumers are suspicious of advertising generally the majority of consumers found DTC advertising provided them with useful information and assist them in discussions with their doctors (p66, 74). 64% found the information useful at least some of the time (p68). In a large national consumer survey in the United States 61% disagreed with the statement; 'Ads for medications should only be in medical magazines for doctors' (p66).

#### Comment

Consumers see value in DTCA. The advertisements provide them with knowledge and information, which enables them to have meaningful discussions with their doctor. This is in keeping with the goal of WHO as consumers can participate in the implementation of their healthcare. Those who react to DTC advertisements seek further information and by far the leading source of information is the doctor. This is hardly surprising as the call to action in DTC advertisements is to 'See your doctor'.

#### **5. DTCA, Patients and Doctors**

Prevention Magazine has for seven years conducted an annual survey of United States consumers and their reaction to DTCA. In the latest survey 96% were aware of advertised medicines and the ability to match medicines with conditions has improved over time (p67). 32% spoke to their doctors about an advertised medicine and about one in four asked for a prescription for the advertised medicine. These proportions have remained unchanged over the seven years. About 7% of the sample received a prescription for the advertised medicine (p67).

93% of consumers reported that the doctor welcomed their questions when they enquired about a prescription treatment (p68). Another survey of women found that DTCA helped 75% to discuss prescription medicines with their doctors (p69).

Research in the United States and New Zealand indicates that there are few problems with DTCA. Surveys suggest that consumers themselves do not share many of the concerns raised on their behalf (p58). However in countries where DTCA is banned,



attitudes are less positive and there are behavioural differences between doctors and patients (p74, 75).

A recent important study by Kravitz of the prescribing behaviour of doctors tends to indicate that consumers that make specific requests for a brand of drug or those who make general requests receive a higher standard of treatment from doctors than those who make no request at all. Actors portrayed the symptoms of either major depression or the less serious adjustment disorder visited doctors for treatment. There was evidence of some under-treatment for prescribing of drugs for serious depression and over-treatment for less serious conditions (p71). However when other treatments such as referral and follow up were taken into account then the standard of minimal acceptable care received for those suffering serious depression was 98% making a general request, 90% making a brand specific request and only 56% for those making no request (p71).

Another important study by Mintzies demonstrated that American doctors in Sacramento were more likely to prescribe an advertised drug than their Vancouver counterparts where patients only see cross-border DTC advertisements. 7% of patients requested an advertised drug in Sacramento compared with 3% in Vancouver. (p75)

#### Comment

It is clear that consumers are not only aware of DTC advertisements but also prompt them to consult their doctor. Almost all who consulted their doctor found that their questions were welcomed.

The Kravitz study is quite startling. 90% or more of consumers who ask for a drug either by brand name or generally receive minimally acceptable care from their doctor but only 56% of those who make no request receive minimally acceptable care. If these results are applied to the Mintzies study (of which Kravitz was a co-author) then the citizens of Sacramento are considerably better off than their counterparts in Vancouver.

It is reasonable to conclude that DTCA empowers consumers with enough knowledge to participate in a discussion with their doctor about their healthcare and to ask to be treated with a prescription medicine. Those who do not ask run a significant risk of receiving less than adequate healthcare.

## **6. Compliance**

There are indications that DTCA has been effective in encouraging drug compliance (p14). DTCA acts as a reminder and reinforces compliance with drug therapy (p35, 88). In one study there was evidence that TV advertising increased the proportion of high cholesterol patients who had been successfully treated, suggesting that advertising reinforced compliance with drug treatment (p41). In another study as a consequence of a personalised communication strategy emergency medical visits and hospitalisation costs were substantially reduced (p89).



### Comment

A higher compliance rate is not surprising as one of the functions of advertising is to reinforce post purchase consumer loyalty. This is part of the DTCA model developed by the authors of the research study (p12, 87)

## **7. Medicalisation**

It is argued that advertising campaigns can lead to shifts in patterns of demand for healthcare services. Relatively healthy people are targeted and that even when the focus is on the prevention of serious disease, the drug companies 'cast too wide a net'; for example, lipid-lowering drugs lower the incidence of serious heart disease in men, yet the drug is under-prescribed to this group (p77). There is a danger, it is claimed by one research paper, that DTCA results in the 'medicalisation' of normal conditions, and this in turn leads to a large increase in expenditure on pharmaceuticals by individuals, health funds and governments (p62).

The list of conditions that fall into the category of medicalisation according to a variety of researchers is toenail fungus, impotence, baldness, high cholesterol, osteoporosis, and dementia (p77, 79). In a 2005 article it was argued that dementia and osteoporosis are a natural part of the aging process and the pharmaceutical industry is 'medicalising' these conditions (p79).

However if there is an acceleration of the medicalisation process through rising consumerism and the industry, the brakes are applied through insurers and governments bringing restraint to a process that some would liken to a runaway train (p80).

### Comment

There is little or no research of medicalisation from a consumer perspective. Those who suffer from impotence, even when caused through the natural process of aging, find little comfort from the medicalisation argument. The debate seems to be a philosophic one with medical researchers telling consumers that they are just getting old and should accept their lot and empowered consumers who want a treatment for what they consider to be a serious matter.

## **8. DTCA and Sales**

DTCA informs of the existence of the treatment rather than to effect prescription choice (p41). It leads to a significant increase in outpatient visits, but had no effect on doctors' specific choices among prescription drugs within a therapeutic class (p41). DTCA appears to increase market size rather than market shares (p61) and in the opinion of one researcher when 'advertising increases the size of the market but does not affect any particular product's market share, then advertising is likely to enhance consumer welfare' (p64).

### Comment

Although DTCA advertises brand, it increases demand for the class of product rather than the specific brand. A possible explanation is that the choice of medicine is decided by



the doctor who prescribes the medicine most suitable for the patient regardless whether he/she asked for the medicine by brand or a medicine to treat the condition.

## **9. Marketing Spend**

In the United States companies spend about \$25 billion pa on promotion. However, only 15% was on DTCA with the remainder spent on traditional marketing methods, for example sampling and detailing (calls on doctors) (p52). Detailing outspends DTCA by a factor of 2:1, and sampling outspends DTCA by almost 4:1 (p83). DTCA does not drive price increases and if there is any trend it is the reverse (p81, 82).

### Comment

It is curious that DTCA, which is a small proportion of the promotional mix, attracts so much attention from so many different groups. Clearly marketing to doctors has a greater impact on the sale of medicines. One wonders whether many of the perceived concerns about DTCA have their root causes elsewhere.

## **10. Conclusion**

From a consumer viewpoint DTCA has many advantages and few disadvantages. Consumers do not share the concerns expressed by critics of DTCA of consumer safety, increased costs, patient-doctor relationships and medicalisation. Instead they believe DTCA enables them to obtain useful information, a sense of empowerment, a prompt to obtain medical advice and a basis for meaningful and more informed discussions with their doctor about their healthcare. The central issue that bothers consumers is the lack of risk information in advertisements which is a concern shared by the critics of DTCA. Consumers are clearly knowledgeable and know that medicines have benefits and risks. They dislike patronising behaviour and equally dislike advertisers that do not fully disclose full information of both the benefits and the risks. Ironically it is the advertisers that suffer as the advertisements that do not have balanced information are not as effective as those that do have the information.

The challenge to advertisers and policymakers alike is to respond to the needs of consumers. If the principles of self-regulation are adopted by industry, which go beyond than the requirements of Government regulators, then this can be achieved in a relatively short time.

## **Foundation for Advertising Research**

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