

Editorial

Drug Commercials: Therapy or Overdose?

Susan Resnick, OD, FAAO, FSLS

<https://doi.org/10.57204/001c.88897>

CRO (Clinical & Refractive Optometry) Journal

I don't watch that much television but when I do, I learn about many medical conditions, their latest pharmaceutical therapies, and in a few instances the potential ocular adverse effects. As a clinician who, admittedly, might not have the opportunity or time to otherwise do so, it's probably a plus. Yes, I am alluding to the almost constant bombardment with consumer-facing drug commercials. I recently learned that the U.S. and New Zealand are the only countries that allow direct-to-consumer prescription drug advertisements. And the data validates my impression that the volume of drug commercials has been rapidly rising. In 1996, \$550 million was spent by pharmaceutical companies on drugs ads. That number increased more than 10-fold by 2020, reaching **\$6.58 billion annually**.¹ Not surprisingly, prior attempts at terminating direct-to consumer (DTC) advertisements in the US have failed due to constitutional arguments that banning DTC advertisements would limit commercial freedom of speech.²

Diabetes seems to occupy the lion's share of airtime. This, too, is not a surprise considering the prevalence of the condition in our society. Concerning, however, is that promoting pharmaceutical management might detract both from our efforts at comprehensive optometric clinical counseling as well as the equally necessary public messaging of lifestyle management. Non-insulin dependent diabetes is presumably at least partly a result of the modern sedentary, unhealthful diet endemic to our technology-based culture and our penchant for fast and processed foods. Wouldn't it be great if the pharmaceutical companies willingly devoted some advertising time to even a brief mention of "how this disease may also be lifestyle-managed"? Yes, currently a rhetorical question, but perhaps the future will bring some changes.

Other conditions frequently targeted range from autoimmune related diseases such as psoriasis and irritable bowel syndrome to heart disease and even to life threatening cancers. I cringe when the commercial ends with "ask your doctor about...". The thought that patients, especially those with end stage cancer, are being marketed to "in case" their doctor hasn't already mentioned it, is especially concerning. I can understand this approach when newer drugs come to market for non-life-threatening conditions where pharmaceutical companies are attempting to bolster patient awareness. But the thought that a cancer patient, herself, would be "first to know", is especially disturbing. On the positive side, however, would be the case where such a patient had been lost to follow up, non-compliance, or inaction due to feelings of total despair and is now armed with renewed hope.

What are the factors driving profitability and compelling manufacturers to spend such considerable dollars on commercial airtime? Perhaps it reduces the number of outside sales representatives and or the amount of time each representative would need to spend in each market. For example, by increasing consumer demand, there's a trickle-down marketing effect on doctors. Concern here is the pressure for clinicians to inappropriately prescribe when patients ask for unnecessary drugs they have seen in advertisements. A study supporting this notion found that patients who initiate treatment due to advertising are on average less adherent, which suggests that some of the increase in utilization might, indeed, be unnecessary.¹

Collaborative research from the University of Southern California, Johns Hopkins, Cornell University and Wharton found that drug utilization is highly responsive to advertising exposure with a 6% increase in the number of prescriptions purchased in areas with a high Medicare-eligible share, relative to areas with a lower share. Furthermore, they reported that about 70% of this increase was driven by new prescriptions and the remaining 30% was driven by increased adherence for existing patients.¹ Much of these costs are absorbed by the government since Medicare and Medicaid are the single largest payers for prescription drugs. As such, the existing regulatory environment influences federal and state budgets, insurance premiums, and patient out-of-pocket costs. This can then be a deterrent to the legitimate prescribing of newly launched drugs which have not yet been accepted for coverage. I can personally attest to the fact that in these cases, frustration for both the patient and the doctor ensues. Fortunately, in many instances of product launches, the drug manufacturer will devise a plan for cost subsidization.

In our role as eyecare providers, we are not immune from the effects (good and bad) of direct-to-consumer advertising. These include but are not limited to TV ads from frame and spectacle lens brands, contact lens brands, as well as pharmaceuticals. Yet, they do fill a consumer educational role and, for the most part, I have found that they often are advantageous from both clinical and profitability standpoints. While patient queries regarding a specific brand do not necessarily compel me to prescribe that brand, the resulting discussion often generates "refits" and "upgrades" to newer spectacle lens and contact lens technologies. More importantly, advertisements surrounding ocular disease boost appointment scheduling and promote better compliance with medications as well as follow up care.

So, I think I'll take a little time now to catch up on some TV and maybe even learn about some new drugs.



This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CCBY-NC-4.0). View this license's legal deed at <https://creativecommons.org/licenses/by-nc/4.0> and legal code at <https://creativecommons.org/licenses/by-nc/4.0/legalcode> for more information.

REFERENCES

1. <https://healthpolicy.usc.edu/article/should-the-government-restrict-direct-to-consumer-prescription-drug-advertising-six-takeaways-from-research-on-the-effects-of-prescription-drug-advertising/>
2. Parekh N, Shrank WH. Dangers and Opportunities of Direct-to-Consumer Advertising. *J Gen Intern Med.* 2018;33(5):586-587. doi:10.1007/s11606-018-4342-9