

# Unconscious Advertisement: The Role of TV Drug Ads

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An average American may watch up to 16 hours of prescription drug advertisements per year, more time than he or she spends with a primary care physician (1). These are unsettling statistics. The contents of these ads, or rather what is left out, may be even more disturbing. Take the commercial for Valtrex, a drug for genital herpes: it begins with a woman relaxing in a hammock. As the days of the week scroll across the bottom of the screen and disappear, she talks about her problems with genital herpes and how it took days out of her life. But then she shares with the viewers that all she had to do was speak to her doctor about Valtrex, allowing her to confidently announce, "My days are mine, and that's the way it should be." The scene then shows her and her male romantic partner smiling, laughing, dancing, sailing, biking, and finally kissing on a beautiful beach. Television ads such as this are an example of direct-to-consumer advertising (DTCA). Many pharmaceutical companies maintain that these advertisements are an important way for patients to learn about diseases and treatments. But intentions aren't always

ad claims to cure a disorder, perhaps reinforcing its claim by describing the mechanism of how the drug works, a patient may be led to regard the particular drug as highly effective. It's difficult for patients to decipher what's accurate and inaccurate during a thirty second sound bite. The U.S. Food

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and Drug Administration holds the responsibility for ensuring that the information presented in these commercials is clear and accurate. However, many believe that the FDA is doing a poor job of enforcing honest, non-misleading claims (2). Despite claims that the ads are educational, critics argue that they ultimately end up harming the patients taking the drugs and the physicians prescribing them, undermining the healthcare system overall.

Though DTCA has been permitted since 1997, researchers have identified a rise in the use of DTCA, along with the substantial effects of these ads (3). First, marketing directly affects the cost of these drugs. In 2005, according to one study, the pharmaceutical industry spent \$4.2 billion on consumer marketing alone (4). Adding to the cost, another study determined that over half of the 222 doctors surveyed said that DTCA led them to write unnecessary prescriptions (5). Furthermore, many of these doctors also felt that DTCA made the patients prefer brand name drugs when in fact, cheaper generic equivalents would have sufficed (5).

Not only does DTCA drive up healthcare costs, but it may also negatively affect the patients' health, as well as interfering with the doctor-patient relationship (6). Patients with higher self-reported exposure to DTCA requested more advertised medicines, and in more than 70 percent of the time physicians fulfilled these requests (7). Furthermore, a viewer watching these ads can easily

fulfilled. When a typical viewer watches an advertisement, he or she forms several expectations. Depending on the product, this could be anything from, "that soft drink should taste good," to "I absolutely need those kitchen knives." Likewise, for DTCA, viewers, in this case potential patients, end up forming expectations for the subject drug. When an

become something of a hypochondriac. Besides being worried about being sick, a hypochondriac tends to doubt doctors' diagnoses, usually expressing disbelief if there is a lack of a serious diagnosis. It goes without saying that patients who have watched the advertisement gather more information regarding some particulars of the drug; whether



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they be helpful or misleading depends on the ad. And with this information, patients may become more confident in their abilities while becoming more skeptical about the physician's expertise (8). This is especially prevalent for psychiatric problems, which becomes wasteful and possibly dangerous if a physician is pressured to prescribe unnecessary medicine (8).

Many proponents, however, maintain that DTCA may enhance or even induce a placebo effect, which is the alteration of the patients' symptoms even when the patient is given a substance having no pharmacological effect (9). Placebos have a surprisingly high success rate: around one third of patients report relief from conditions such as cough or headache when given a placebo (10). Television commercials could potentially be a convenient way to increase the efficacy of the drugs they advertise. However, the ends do not justify the means, and misinform patients in order to bring about the desired effect is not right. While it may counteract a beneficial placebo response, advertisements should clearly mention all the side effects of the product.

Furthermore, others point out that the expectations formed by the advertisements may have a negative effect

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as well. Many DTCA portray improved lifestyles as a direct consequence of using the drug. We've all seen them: a character is taking part in a recreational activity outdoors or trying to fit in at social function and only manages to succeed after taking the drug. Many ads send the message that their product not only improves the symptoms, but also sociability and activity; according to one study done on commercials aired on prime time television, 78% of the ads implied that taking the drug led to social approval (1). Furthermore, over half of the ads suggested that the drug enables healthy or recreational activities, while no ads mentioned exercise and diet as an alternative to

the advertised product (1). In a society plagued by everything from stress to hectic schedules to eating disorders, messages that don't support healthy exercise and diet only exacerbate the problem. These commercials should encourage a healthier lifestyle in addition to their medicine. The fact that these ads portrayed unrealistic images while failing to mention the lifestyle changes that are associated with health improvement seems to be an indicator that these ads are more focused on grabbing the consumer's attention in order to rake in money rather than the general well being of the viewers. Education of the consumer seems to take a backseat to the profits of the company.

The effects of a direct-to-consumer advertisement on television have their limitations (1). Advertisements for prescription drugs, ranging from Cialis to Zoloft, can run during any time of the day, and there are different audiences during different times of the day. Bored adults watching daytime television will react differently than teenagers watching television at 8:00 pm, who will react differently than those watching the evening news. Also, it is hard to gauge the attentiveness of different viewers, since some may channel surf during the commercial, others may leave the room, and still others may actually watch the ad. Finally, it is difficult to find subjects who actually saw and can

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remember the drug advertisement. Therefore, researchers conducting studies addressing this issue often have to observe the content of each advertisement and decide for themselves how it affected them, hoping that this is the way it affects the rest of the population (1).

Ultimately, the direct-to-consumer advertising seems to do more harm than good for viewers and patients. While pharmaceutical companies do need to get their products' names out there and generate some revenue, ultimately, the patients'/viewers' education comes first. Instead of banning DTCA altogether, if the FDA can write more stringent regulations for these commercials, as well as curb the over-promotion of lifestyle drugs such as Viagra, the major goal of the direct-to-consumer advertising for prescription drugs can be met: to educate people about health conditions and treatments in an informative, unbiased manner.

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