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PHYSICIAN SELF-REPORTED EXPERIENCES WITH DIRECT-TO-CONSUMER ADVERTISING OF PSYCHOTROPIC MEDICATION

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Direct-to-consumer advertising (DTCA) of prescription medication has increased dramatically over the last decade. Despite the fact that psychotropic drugs have consistently been some of the most frequently advertised medications, physicians' prescribing practices and attitudes towards DTCA of these substances in particular have not been investigated. As most prescriptions for psychotropic medications are written by primary care physicians, we surveyed these physicians regarding their attitudes about and experiences with DTCA. Results indicated that DTCA appears to increase patients' inquiries regarding psychiatric disorders and pharmacotherapy. Nevertheless, physicians reported considerable ambivalence about the DTCA of psychotropic medications. Whether DTCA of psychotropic medications will lead to more appropriate mental health treatment and better outcomes requires further research.

Direct-to-consumer advertising (DTCA) of pharmaceuticals began in the early 1980s (Hollon, 1999). Bradley and Zito (1997) describe DTCA as any type of "promotional effort by a pharmaceutical company to present prescription drug information to the general public through the lay media (i.e. newspapers, periodicals, television, radio)" (p. 86). Since its beginnings DTCA has been controversial; currently only the United States allows DTCA. Proponents of DTCA argue that the practice empowers consumers to take a larger role in their health care and that it can facilitate communication between physician and patient (Holmer, 1999). Proponents also believe that DTCA will foster better medical practice by forcing physicians to defend their choice of medication (*Lancet* editorial, 1998), and that it will increase the awareness of specific, undertreated conditions (Anonymous, 2003; Batchlor & Laouri, 2003; Bradley & Zito, 1997).

Opponents of DTCA believe that it can undermine the patient-doctor relationship by encouraging patients to request specific drugs that may not be the most appropriate for their condition, thereby causing them to question their physician's judgment and possibly to "doctor

shop" until they find a physician who will prescribe the desired medication (Perri, Shinde, & Banavali, 1999). In addition, opponents believe that DTCA will cause unnecessary tension in the patient-doctor relationship (Anonymous, 2003; Batchlor & Laouri, 2003). Opponents further argue that it is disingenuous to conceptualize DTCA as an educational tool, because the very nature of advertising is to increase the consumption of a particular product (Bradley & Zito, 1997). Another concern is that the advertisement of prescription medication may foster the belief that for every ailment there is a pill (Bradley & Zito, 1997; Wilkes, Bell, & Kravitz, 2000), and not just any pill, but the particular one being advertised. This concern is further amplified by allegations of misinformation (such as false claims or a minimization of risks) apparently present in many drug advertisements (Anonymous, 2003). Though the FDA requires a review of all new advertisements, the organization is not able to review all advertisements before they become available to the public. This lag time between drug advertisement and review of the advertisement has allowed misinformation to be presented to the public (Anonymous, 2003; Hollon, 2005).

Prevention Magazine has been studying consumers' reactions to DTCA for the past seven years. In 2004, 1,502 people in the United States were surveyed regarding their knowledge of, experiences with, and opinions of DTCA. A sample of individuals that demographically

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matched the nation's population was contacted by telephone. Data gathered from the study were self-reported and retrospective in nature, and therefore must be interpreted with some caution as causality cannot be assumed. Nonetheless, the survey suggests a fairly strong, consistent, specific, apparently coherent, and an apparently temporal association between the increase in DTCA and consumer behavior. This suggests that DTCA may play a causal role in impacting consumer behavior insofar as requesting medication or information about specific medication (Hill, 1965).

The results of this study suggested that DTCA does encourage patients to talk to their physicians. According to *Prevention Magazine*, advertisements for a particular medication prompted 62 million consumers to speak to their physicians about it, and another 45 million to seek out information from another source. Approximately 14 million U.S. consumers received a prescription for a medication they first saw advertised. According to the study, when consumers saw advertisements about a medication they were currently taking it increased their satisfaction with the medication. Although these numbers may appear impressive, the *Prevention* studies do not discuss the pre-DTCA baseline rates of patients consulting with their doctors about the medication, making it impossible to judge the actual impact of DTCA.

Since the Food and Drug Administration relaxed regulations regarding the information required in prescription medication advertisements in 1997 (Department of Health and Human Services, 1997), the pharmaceutical industry has spent millions of dollars on DTCA through various media with the total spent on consumer advertising reaching \$4.8 million in 2006 (IMS Health, 2007c). A perusal of sales and profits for certain prescription drugs, such as those for allergies and smoking cessation, reveals a dramatic increase in sales and profits after DTCA campaigns were launched (Hollon, 2005; Mintzes, 2001; Rosenthal, Berndt, Donohue, Frank, & Epstein, 2002).

Although advertisements often cite studies showing the advertised product to be superior, the quality and type of studies cited has been called into question, particularly because citing double-blind, placebo-controlled trials is the exception rather than the rule (Hoberman et al., 1995; Hollon, 1999). This is of particular concern since cross-sectional correlational studies have found a negative relationship between the degree to which physicians rely on advertisements for their information about medication and the reliability and accuracy of their prescriptions (Lexchin, 1997). The degree to which DTCA impacts physicians' prescription habits is not precisely

known, although some physicians have been shown to be ambivalent about the medication prescribed (Mintzes et al., 2002) and to prescribe certain medications more frequently than is warranted by their demonstrated efficacy (Hollon, 1999; Hollon, 2005; Mintzes, 2002).

The research to date on DTCA has largely neglected psychotropic medications, despite the fact that antidepressants rank among the top 10 drugs that have accounted for the greatest increase in spending over a five-year period (Lexchin & Mintzes, 2002; Mintzes, 2001; Rosenthal et al., 2002). In addition, there has been a dramatic increase in the number of consumers who recognize advertisements for Zoloft and medications for Attention Deficit Hyperactivity Disorder; in fact, Zoloft is the third most recognized advertised drug (Prevention, 2004). Depression and anxiety rank among the top ten conditions about which patients query their physicians after having viewed DTC advertisements (Weissman, et al., 2004). In 2007, antidepressants were the most frequently dispensed prescription (IMS, 2007b) and the fourth highest drug class in terms of overall sales (IMS, 2007a).

The greater awareness of these medications by the public does appear to have an effect on physicians' prescribing habits. Kravitz and colleagues (2005) investigated whether or not the request for an antidepressant by a patient would influence physicians' likelihood of prescribing such medication. Female actors played the role of standardized patients with symptoms of depression. During their first visit with a physician, the confederates either requested specific medication, made a general request for medication, or made no request for medication. The results indicated that patients who asked for antidepressant medication were more likely to receive it than those who presented with exactly the same symptoms but did not ask for medication.

To the extent that DTCA increases patients' inquiries to physicians, the front line of such inquiry is likely to be the general practitioner rather than the medical specialist. Many general practitioners have little training and lack basic knowledge about the diagnosis of psychopathology and non-drug interventions (McFall, 1998). Furthermore, general practitioners tend to provide minimally adequate treatment for individuals with psychological disorders compared to their mental health counterparts (Wang et al., 2005). The arguments surrounding DTCA of medications are especially acute in the context of psychotropic drugs, because unlike many non-psychiatric disorders, many of these conditions can be treated at least as well with non-medication interventions such as cognitive-behavioral psychotherapy (e.g., DeRubeis et al., 2005; Hollon et al., 2005).

METHOD AND RESULTS

In order to gain preliminary information about physicians' attitudes and experiences with DTCA of psychotropic medication, a survey was designed to assess the frequency with which physicians' encountered patients requesting information about or medication for psychological disorders based on some form of DTCA.¹ Included in the survey were a number of questions that addressed arguments both in support of and opposed to DTCA. Physicians were asked to rate their level of agreement of each of these items on a 5-point Likert scale. Of the 14 items used to assess physicians' opinions about DCTA, 12 used the following anchors: never, occasionally, sometimes, often, and always. Of the remaining two items, one addressed physicians' concern regarding the possibility of patients "doctor shopping" (not at all, somewhat, moderately, highly, very); whereas the final item asked for physicians' level of agreement with DTCA of psychotropic medication (strongly disagree, somewhat disagree, unsure, somewhat agree, strongly agree). Respondents were also given an opportunity to provide comments on DCTA in general. The participants were instructed to complete the questionnaires thinking about their experiences in the past year with patients who specifically inquired about psychotropic medication or psychiatric disorder.

Primary care physicians (e.g., general practitioner, internal medicine) were recruited through a number of methods. The first was via random selection of physicians from the American Medical Association's list of practicing physicians. These individuals were sent paper versions of the survey along with a stamped and addressed return envelope. Additionally, a mass electronic mail was sent to physicians at a hospital informing them of the study and providing a link to an online version of the questionnaire that could be completed and submitted over a secure server. In the former case, approximately 350 questionnaires were mailed, one third of which were returned due to incorrect address. An additional group of questionnaires was returned by physicians who had not seen patients in the past year, or by surviving relatives of deceased physicians. Of the remaining paper-and-pencil questionnaires, it is uncertain how many were actually received by practicing physicians. In the case of the internet-based recruitment, the number of physicians reached cannot be estimated for two reasons. First, the email announcement was sent via a hospital listserv, and we were unable to obtain data

regarding the number of individuals participating on that list. Second, the electronic mail filter for some individuals appeared to have filtered out the message as "junk mail." Finally, it is unknown how many physicians opened the electronic mail and opted not to respond. Overall, the return rates for both methods of administration appeared to be modest at best, thereby limiting confidence in the generalizability of the results.

A total of 33 physicians returned useable questionnaires; 14 were female and 19 were male. Most specialized in either internal medicine (48.5%) or family practice (18.2%). Geographically, 48.5% were from urban areas, 33.3% were from suburban areas, and 18.2% were from rural areas. Their ages ranged from 28 to 65 with an average of 43.23 ($SD = 10.63$); the years respondents had been practicing medicine ranged from 1 to 32 ($M = 14.64$, $SD = 9.93$). Less than half the sample chose to report their ethnicity. Of those who did, all identified as Caucasian.

Physicians were asked to reflect on their experiences over the past calendar year; therefore, the following data is based on physicians' recall of interactions with patients.

According to respondents, the majority of patients who asked about psychotropic medication or a psychiatric disorder were women (74.9%) and Caucasian (80.7%). The physicians reported that patients across all age groups requested information with approximately the same frequency. Of the 31.2% of patients who asked about a disorder or medication, 23% reported doing so as a direct result of DTCA. Almost half (44.2%) of the patients who inquired about a disorder asked for a prescription, and 34.25% asked for a specific medication. Among those who requested a prescription, 50.3% were reportedly given a prescription, although only 38.5% were given a prescription for the specific medication they requested. For patients receiving medication, 60% of the time the physicians suggested adjunctive psychological treatment.

Regarding physicians' attitudes about DTCA, 42% reported being at least somewhat concerned that patients will "doctor shop" for a physician who will prescribe the requested medication. Forty-two percent of respondents reported believing that DTCA can serve as a catalyst for discussions with patients about their mental health, and 51% reported always feeling prepared to talk about their patients' mental health needs. Overall, less than half of the physicians believed that DCTA could sometimes educate people about disorders (36.4%) or could sometimes encourage them to seek out help (42.4%). However, physicians only occasionally believed that patients who

1. The survey is available from the authors upon request.

asked about a specific disorder were well informed about the medication (54.5%), about other medication options (54.5%), about side effects of medication (60.6%), or about other therapeutic options (48.5%).

Despite responses that indicated willingness and confidence in talking to patients about mental health needs and recognition that DTCA might be able to play a role in that process, physicians varied in how much they agreed with the practice of DTCA, with 21.2% strongly disagreeing, 21.2% somewhat disagreeing, 30.3% being unsure, and 27.3% somewhat agreeing with the DTCA of psychotropic medication. No respondent strongly agreed.

DISCUSSION

Despite the small sample size, modest response rate, and the resulting caution about generalizability, the present survey revealed several noteworthy findings. The physicians reported that approximately one quarter of the patients who inquired about a specific psychiatric disorder and/or psychotropic medication reported doing so as a direct result of DTCA of a psychotropic drug. The actual influence of DTCA may be significantly higher, as some patients may not have reported or may not even be aware of the impact of such advertising on their behavior. These results suggest, not surprisingly, that DTCA appears to be impacting patient behavior.

In terms of the physicians' attitudes, the results suggest considerable ambivalence about DCTA of psychotropic medications. This bolsters other research assessing physicians' attitudes towards DTCA as a whole (Mintzes et al., 2002; Weissman et al., 2004; Wilkes et al., 2000). Less than half of the sample believed that DTCA resulted in significant educational benefits, and 73% either disagreed with or were unsure about the overall practice of DTCA of psychotropic drugs; no physician strongly supported the practice.

As noted, a potential limitation of the current study is that it relied on physicians' recall and knowledge of the reasons that prompted patients to request or inquire about psychotropic medication. The accuracy of the physicians' recall is not known, and it may have been impacted by cognitive heuristics or biases. For example, the survey may have prompted them to reflect on the current popularity of DCTA. Consistent with the hindsight bias (Fischhoff & Beyth, 1975), their sensitivity to DCTA may have elevated their judgment of the frequency with which DCTA was mentioned by patients. Future research should examine patient-physician inter-

actions directly to assess the process of requesting medications and how frequently DCTA is actually discussed. Nevertheless, the present results provide interesting data on the perceptions of physicians and their attitudes regarding the advertising of psychotropic medication directly to consumers.

The rapid growth of DTCA of psychotropic medications reflects a general pattern of increased marketing of such medications in general, and antidepressants in particular, over the past decade. The present results suggest that DTCA may be increasing patient inquiries to their physicians about psychopathology, but also reflects physicians' uneasiness with the practice. Given the small sample and self-report nature of the data, these results should be considered preliminary and interpreted with caution. Further research is needed to assess the impact of DTCA of psychotropic medications on treatment outcome. Regardless of patient or physician attitudes, the ultimate test of the benefits of DTCA is whether the practice results in more appropriate treatment and improved patient outcomes. Demonstration of such benefits awaits further investigation; in the meantime, they should not be assumed.

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