



OFFICE OF THE DEAN
UNIVERSITY OF CALIFORNIA, DAVIS SCHOOL OF MEDICINE
PATIENT SUPPORT SERVICES BUILDING
4150 V STREET
SACRAMENTO, CALIFORNIA 95817

Congressman Henry Waxman
House of Representatives
350-A Rayburn House Office Building
Washington, D.C. 20515-0005

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I have had a chance to review a videotape of recent DTC prescription drug ads. My overall impression is that the adverts I reviewed contained numerous problems (errors, omission or misleading statements/images) and that as a group they are often intended to mislead a consumer about the drug's effectiveness or the seriousness of their medical condition (creating fear and concern over conditions that are ordinary and have no impact on quality or quantity of life often referred to as "medicalization for commercial intent").

Another common problem I observed commonly was the context in which the advert was placed such that implications were made that were not actually stated but were implied (e.g., that it is the only drug available to treat a particular problem, they you will never have to worry about this condition again, that they will be able to skate, play ball etc. if they take this drug). I am also bothered by drugs that insinuate or actually claim they are better than other drugs or classes of drugs where there is no data to support such a claim.

Further, often the visual imagery is intended to lead the consumer to assume far more positive outcome than the literature suggests. This was true for drugs to treat bladder conditions, toe nail fungus, high blood pressure and allergies. While some of these products *may prove useful* they certainly will not allow an allergy sufferer to run through fields of pollen or a woman with bladder problems to have no further worries.

In addition, I found information on side effects inadequate. This information provided often consisted of a long list of side effects that didn't allow the consumer to make an informed decision. So many conditions and side effects were listed that a reasonable person's response might be to ignore them all since they are multiple, varied and read at a very rapid clip. On the positive, I did not note any clear instances of advertising for non-FDA approved uses, I found the imagery colorful and attractive, and the messages often clever.

For these comments, I did not do a formal analysis, nor did I assemble a group of experts to review the ads. As such my comments are my own, but there is a clear need for comprehensive study and documentation of the ways consumers may be misled leading to dangerous side effects, higher health care costs and missed opportunity costs between a doctor and patient.

Some specific concerns follow. My comments are loosely based on Title 21 – Food and Drugs, Chapter 1, FDA, Department of HHS, Part 202, prescription drug advertising sections 202.1 and 202.2. I have attached some specific comments below.

Allegra: “Only Allegra has the proven fexofenadine...” This makes it seem better than others. In fact, it is no better and the only reason that only Allegra has fexofenadine is that they have a patent on that particular chemical.

Altace: Implies that the drug can help with diabetes, stroke and others. It is not clear that the benefits apply to a host of drugs in this class. Further, there is way too much information in this 30 second spot for a consumer to absorb (or for me to absorb).

Ambien: This is a drug with a high abuse potential. The advert promotes its effectiveness (which is accurate) but unplays that it is not a drug for routine use. It states, “people who abuse sleep aids may develop addiction” but this misleads the viewer who may feel well they don’t misuse these pills. In fact, anyone may develop addiction and this is often the case.

Celebrex: This is an advert for a pain reliever that is no stronger than others such as ibuprofen. However, it suggests that it is stronger and more effective. Also, it tells patients that they shouldn’t take the drug if they are taking sulfonamides. Sulfonamides are a class of drug, not a drug’s name. How would a person know if they were taking a drug in this class?

Clarinex: “Provides receptor protection”. This is a meaningless claim and if this drug provides such protection so do all other drugs in this class. It also claims “any allergy any time”. This is grossly misleading. Clarinex is either slightly better than placebo or not at all better than placebo (depending on the study) but no study has ever shown it works for any allergy any time.

Denavir: No mention of how it compares with other treatments. Suggests superiority which I do not believe is the case.

Detrol: I am bothered by the offering of coupons which serve to promote the use of this not very effective drug.

Diflucan: In this advert they “dare you” to call your doctor. This is overly strong promotion that serves to promote an oral drug with systemic side effects to treat a common, non serious condition that is easily treated with suppositories. The advantage of the pill is convenience but the cost is both in terms of dollars (far higher cost), side effect (higher rate of bacterial vaginal infections) and systemic side effects (liver toxicity).

Flonase: “Multi-system Flonase relieves them all”. This is not true and creates a sense of superiority over other drugs that does not exist. Further, the phrase “Before you change your life...” suggests that lifestyle change is not needed, which of course it is.

Imitrex: The advert claims that Imitrex is a “total treatment” for migraine. This is counter to research which suggests that other drugs that are more common are equally effective and may have other advantages such as fewer recurrences of headaches.

Zyrtec: This advert is simply wrong. There are not two kinds of allergies (indoor and outdoor) – the body responds to an allergen in an identical fashion (by releasing histamine). This drug is no more effective than other drugs in the same class and is more likely to have unwanted side effects (drowsiness). Why pay \$60 when \$8 for diphenhydramine (Benadryl) will do?

In any case, I hope these comments are in some way helpful. If I can be of any help please do not hesitate to contact me.

Regards,

Michael Wilkes, M.D., Ph.D.
Professor of Medicine and Vice Dean for Education
School of Medicine
University of California, Davis
And
Editor, Western Journal of Medicine