Millennium Series

Plus ça change…

Joel Lexchin, MD, CCFP(EM), DABEM

Look at the advertisements (**Figures 1-5**) from the "Canadian Family Physician" of 1959 and 1961, then called the *Bulletin* of the College of General Practice (Medicine) of Canada. Now, flip through this issue of *Canadian Family Physician* and see what 40 years has done to the ads. The colours are bright and bold, the graphics are imaginative, and some ads are multipage.

Superficially, the changes are dramatic and, beyond appearances, there are some substantive changes. Nowadays we do not see ads for irrational combination drugs like Bitab No. 607 (butabarbital, hydrochlorothiazide, and belladonna alkaloids) (**Figure 1**).

Safety information

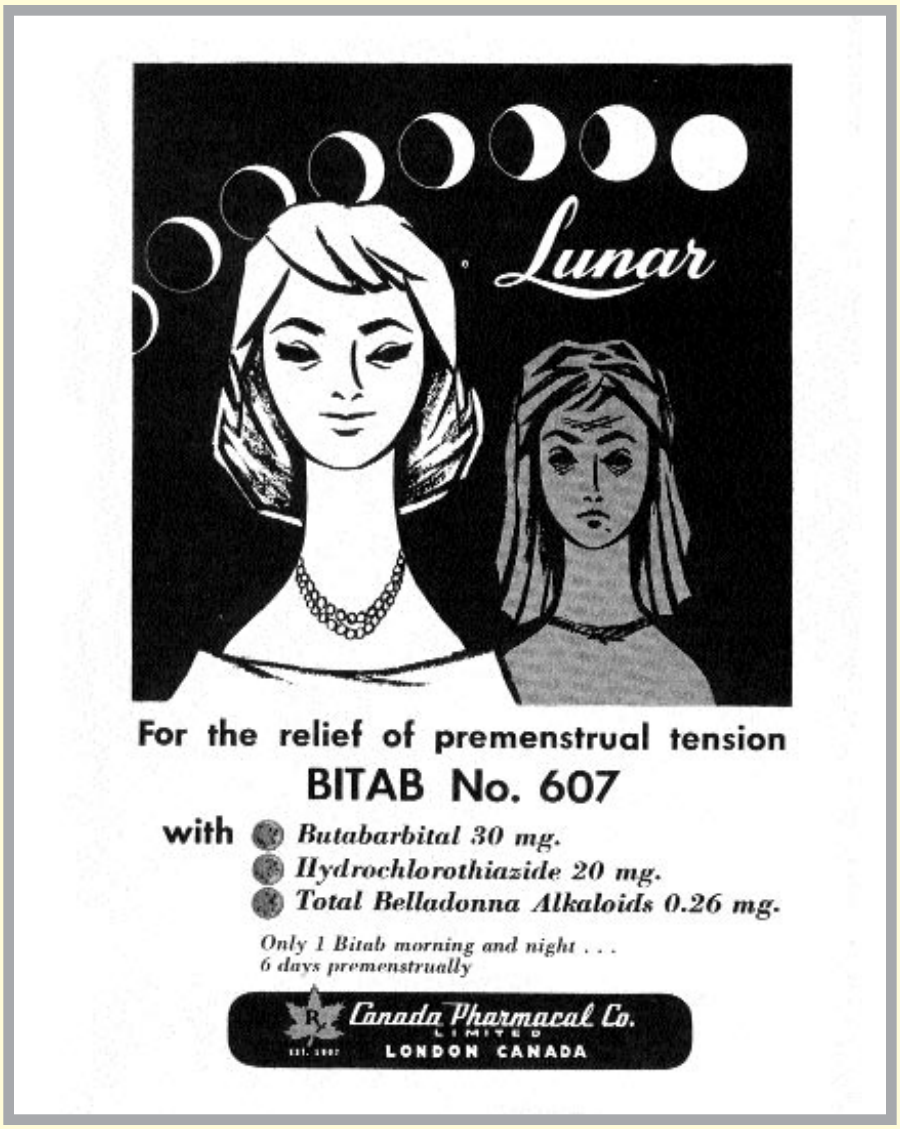
The ads of 40 years ago hardly ever had safety information accompanying them; today they include warnings, side effects, precautions, and contraindications. Most of the time, though, that material is buried at the back of Canadian journals in tiny six-point type. When it is part of the main ad, it is still in much smaller print than the celebratory announcements about the marvels of the product. Safety information that is made secondary or is placed where it is unlikely to be read is better than no safety information, but only marginally.

Better because… ?

In other ways, little seems to have changed. In 1959, Cardilate (**Figure 2**) was better for "the prophylaxis of angina pectoris" because it was "new." Today we see ads for Atacand® proclaiming it gives "powerful blood control" because it is "new." Celebrex® (celecoxib) is a better anti-inflammatory because it is "new." In both these cases, clinical information to support claims of superiority is scanty. Both 40 years ago and now, drugs are better not because they produce better clinical results but solely because they are new.

In 1959, the ad for the muscle relaxant and tranquilizer Trancopal (**Figure 3**) claimed that "clinical studies of over 4400 patients by 105 physicians proved Trancopal remarkably effective in musculoskeletal conditions, anxiety and tension states." By current evidence-based medicine standards, a case series would be unacceptable evidence. Today's ads quote from randomized, double-blind controlled trials. But how is that information presented? Until very recent changes by the Pharmaceutical Advertising Advisory Board (PAAB), the agency that regulates almost all journal advertising in Canada, ads nearly always just used

Figure 1



relative risk reductions, not numbers-needed-to-treat or absolute risk reductions, to tout the benefits of drugs being promoted. A recent ad for Zocor® (simvastatin) claimed a 42% reduction in coronary mortality but did not say that that meant coronary deaths went from 1.7% in the placebo group to 1.0% in the group taking Zocor.

In 1962, doctors were encouraged to recommend SMA infant formula because it "compares closely with human milk." A few years ago, Ross (a division of Abbott) was telling us that Similac Advance shows "benefits previously associated only with breast milk." The same claim over three decades apart, the same deception. Formula is not breast milk, however much the companies say so in their ads to convince us otherwise.

Symbols

One way that ads try to convince us to prescribe a product is to use evocative symbols. Ferner and Scott[1] commented that symbols have complex and multiple meanings and are able to evoke feelings on many planes. Symbols used in ads covertly convey messages that could have nothing to do with rational prescribing.

Continued on page 536

Figure 2

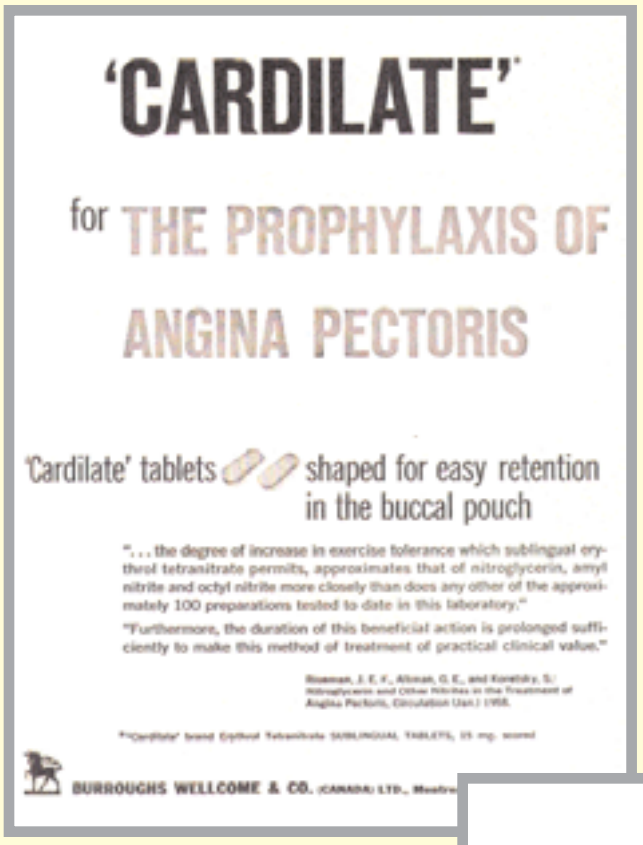


Figure 3

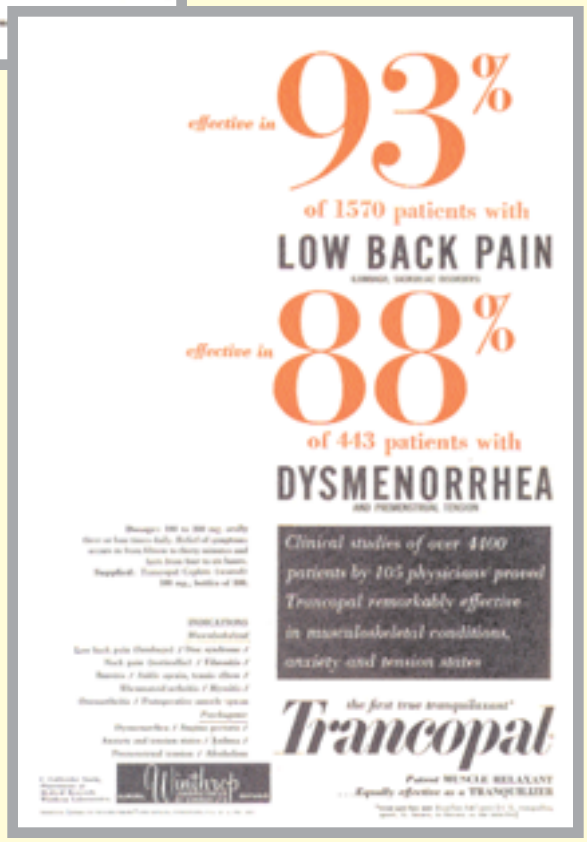


Figure 4

Figure 5

The ad for Butisol (**Figure 4**) demonstrates the technique of posing "black" and "white" choices for us. If we do not prescribe Butisol, our patient is "anxious and tense"; after Butisol he is "composed and confident." Which do we want for our patient? The ad does not give us any other option, such as counseling, to help him reduce his anxiety level.

Creating uncertainty is another powerful technique, in this case one that is exploited by the ad for Vermisol syrup (**Figure 5**). Because "anyone" can have worms, including the grandmother and the baby, the implication is that everyone should be treated for worms if we are at all in doubt. Never mind that there is no discussion about symptoms in the ad or about using simple diagnostic methods.

Power

Today's ads use different appeals, often evoking symbols of power and using images that convey qualities that are desirable. Doctors want drugs that will be strong and powerful, but at the same time controllable and gentle for their patients.[1] Zithromax® (azithromycin) fits this picture almost perfectly; its ad has a young baseball pitcher, his face determined, ready to release the ball with the message "tough on acute otitis media, easy on kids." And this at a time when many are questioning the wisdom of using antibiotics for uncomplicated ear infections. Then there is the "quiet power" of Cozaar® (losartan potassium) and Hyzaar® (losartan potassium and hydrochlorothiazide) for treating hypertension. We see a rower moving through a calm body of water: the drugs portrayed are strong enough to control patients' blood pressure but despite their power, they do not disturb patients.

Pharmaceutical Advertising Advisory Board

I alluded earlier to the PAAB. This organization developed in 1975 out of an ultimatum from Marc Lalonde, then federal Minister of Health and Welfare, to the pharmaceutical industry to reform its advertising practices or face the prospect of government action. The PAAB has representation from both generic and multinational branches of the pharmaceutical industry, the medical and pharmacy professions, consumers, and the advertising industry, with an advisor from Health Canada's Health Protection Branch.

All journal ads have to be precleared by the PAAB to ensure that they comply with its *Code of Advertising Acceptance*.[2] While the PAAB is responsible for some positive changes in journal ads, such as the new requirement that absolute risk reductions be mentioned along with relative risk reductions, its code suffers from some ongoing weaknesses. Why is all the prescribing information placed at the back of Canadian journals in contrast to American journals where that information is contiguous with the main ad? Why does the generic name not appear every time the brand name does in an ad, and why is there so often a large discrepancy in print size between the two names? Why does safety information not receive the same prominence as the positive features of the drug in the main body of the ad? The same answer applies to all these questions: none of these practices contravene the PAAB code.

Finally, we can judge changes in journal ads by looking at the purpose ads are supposed to fulfil. From the drug companies point of view, the primary aim is to sell more product; a perfectly legitimate goal when your first priority is to your shareholders. But that is not the goal for doctors. What should doctors want from a drug ad? In an ideal world, journal ads would make us better prescribers. Ours is a less than perfect world, so we have to set our sights somewhat lower. Journal ads should inform us about the existence of a drug but should not persuade us to use it irrationally. Journal ads probably achieve the first objective, but the second is still on the distant horizon.

In some ways, journal ads have changed, but in the most important way, toward encouraging rational prescribing, they have not changed very much at all.

Dr Lexchin *practises in the University Health Network's Department of Emergency Medicine and is an Associate Professor in the Department of Family and Community Medicine at the University of Toronto in Ontario.*

Correspondence to: *Dr Joel Lexchin, 121 Walmer Rd, Toronto, ON M5R 2X8; telephone (416) 964-7186; fax (416) 923-9515; e-mail* joel.lexchin@utoronto.ca

References

1. Ferner RE, Scott DK. Whatalotwegot the messages in drug advertisements. *BMJ* 1994;309:1734-6.
2. Pharmaceutical Advertising Advisory Board. *Code of advertising acceptance*. Pickering, Ont: Pharmaceutical Advertising Advisory Board; 1997.