

Patients Influenced by Drugs' Brand Power

BY CARL SHERMAN
Contributing Writer

NEW YORK — The branding of pharmaceuticals—the creation and manipulation of product identity through such media as direct-to-consumer advertising—exerts a potent influence on the way patients think and feel about their medication and their illness, Nathan Greenslit said at a meeting sponsored by the American Psychoanalytic Association.

“The marketers I’ve interviewed routinely think that compliance needs to be reframed as a problem of brand loyalty,” said Mr. Greenslit, a cultural anthropologist and doctoral candidate in the program in science, technology, and society at Massachusetts Institute of Technology, Cambridge.

To illustrate the impact of branding, Mr. Greenslit considered the case of Sarafem, a formulation of fluoxetine first marketed by Eli Lilly to women for premenstrual dysphoric disorder (PMDD). The rights to Sarafem have since been sold to another pharmaceutical company, Warner Chilcott Inc.

When Lilly was still marketing the drug, the “physician information” section of its Web site for Sarafem said that “fluoxetine was initially developed and marketed as an antidepressant (Prozac, fluoxetine hydrochloride),” while patients were told, in their section of the Web site, that “Sarafem contains fluoxetine hydrochloride, the same active ingredient found in Prozac.”

While both statements are technically true, “socially they produce very different meanings,” Mr. Greenslit said. Physicians were informed that Sarafem and Prozac were the same drug with different packages, while the message to patients was that “they are different drugs with the same ingredient.”

A contrast in appearance—Prozac is a green and white capsule, while Sarafem is pink and lavender—emphasized the

distinction, he said during the meeting.

The separate branding was justified by Lilly as a response to consumer demand, Mr. Greenslit said, citing a Lilly marketing associate who noted that women don’t look at their PMDD symptoms as depression, that Prozac is closely associated with depression, and that “women told us they wanted a treatment with its own identity.”

The branding phenomenon underlines the idea that a person’s relationship to a drug is more complex than his or her body’s relationship to a chemical compound, he said.

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A close look at direct-to-consumer advertising suggests the extent of pharmaceutical companies’ concern with “the social—that is, precisely *not* the chemical—effects of these drugs,” he said. The companies manipulate the symbolic meanings of their products by “mobilizing images and texts,” and take great care to avoid mistakes that would increase stigma surrounding the drug and condition for which it is prescribed (e.g., a pink Viagra).

Mitchell D. Wilson, M.D., who discussed Mr. Greenslit’s presentation, said that “drugs as brands take on the character of objects of fantasy, with a quality of aliveness ... they are personified.”

As in interpersonal relationships, processes like identification and projection can occur, said Dr. Wilson of the San Francisco Psychoanalytic Institute and Society. He contrasted the effect of branding to “its pale, poor step cousin, the generic drug: no name, no distinctive shape or color—a nothing in the symbolic world.”

Mr. Greenslit noted that clinical trials are conducted with the generic version of a compound before it has been branded, and thus do not take into account the role that branding might play in the patient’s experience of the drug. A closer look might provide insight into connections between marketing and the placebo effect, he suggested. ■

Sen. Breaux Pushes for Individual Insurance Mandate

BY MARY ELLEN SCHNEIDER
Senior Writer

NEW ORLEANS — The real social crisis facing America right now isn’t fixing Social Security but tackling the problem of the uninsured, former Sen. John Breaux said at the annual meeting of the American Academy of Dermatology.

“The crisis that I see in health care in this country is the fact that we have 44 million Americans who have no form of health insurance whatsoever,” he said.

And the crisis is likely to get worse as more and more companies are opting not to provide health insurance to their employees, said Mr. Breaux, a Democrat who represented Louisiana in the U.S. Senate for the past 18 years.

But the problem isn’t how much money is being spent on the system, he said; it’s the way the system is organized. Currently, most individuals receive their health coverage either through their employer or through Medicare, Medicaid, or the Department of Veterans Affairs.

If they don’t fit into one of these eligible groups, or their employer doesn’t provide coverage, they are unlikely to be insured.

One way to get away from this traditional system of coverage would be to create a federal mandate that every individual must have health insurance, Mr.

Breaux said. Under this type of plan, the government would offer subsidies to low-income individuals to purchase coverage.

The government would also need to create some type of state or multistate purchasing pools and ensure that the system prevents adverse risk selection so that insurance could be purchased at a reasonable price, he said.

Mr. Breaux compared such a plan to the existing requirement in most states that drivers must have a liability insurance policy. “People understand that and they have accepted that,” he said.

Under such a system, if an individual without insurance sought care in an emergency department, he or she would be enrolled in a purchasing pool at that time, he said. Or people might need to show proof of health insurance when they get their driver’s license, he said.

Mr. Breaux said that such a plan would help to move away from the current segmented system of health care and the waste, fraud, abuse, and duplication that accompanies each of those separate bureaucracies.

While it’s unlikely that such a system would be enacted anytime soon, it’s a worthy goal, Mr. Breaux said.

“As we try to get a handle on the costs, we have to move away from the fact that we can just regulate it to death and control costs through regulation,” he said. ■

INDEX OF ADVERTISERS

Berlex, Inc.		OraSure Technologies, Inc.	
Menostar	14-16	Histofreezer	10
CYTYC Corporation		Presutti Laboratories	
Thinprep	8	Tindamax	29
Duramed (a subsidiary of Barr Pharmaceuticals)		Sanofi Aventis	
Cenestin	24a-24b	Actonel	3-4
Laserscope		Sepracor Inc.	
Gemini Laser System	22	Lunesta	11
LifebankUSA		Ther-Rx Corporation	
Corporate	27	Clindesse	16a-16b
Martek		Wyeth Consumer Healthcare	
Expecta	19	Caltrate	9
McNeil-PPC, Inc.		Wyeth Pharmaceuticals	
Monistat	7	PREMARIN	20a-20d
NDT Laboratories, Inc.		PREMPRO	30-32
ULTRA SCREEN 13		PREMARIN Vaginal Cream	39-40
Novartis Pharmaceuticals Corporation			
Enablex	23-24		

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