Patients Influenced by Brand Power of Drugs

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.

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."

In marketing Sarafem to patients as a drug for premenstrual dysphoric disorder, Eli Lilly to downplay its connection to Prozac.

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 "whose only clinical relevance is its pharmaceutical activity," he said.

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, suggested 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." If the brand name drug is a fantasy object, "the generic drug is truth—not a rich soil for projection."

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. ■