

THE PSYCHIATRIST'S TOOLBOX

Pharma and Medical Breakthroughs

I had the experience recently of taking a time shuttle back to my youth. I took the look back by reading "Medicine Ave.: The Story of Medical Advertising in America" (Huntington, N.Y.: The Medical Advertising Hall of Fame, 1999).

The book, given to me by a friend and one of the authors—Ron Pantello—highlights many of the major developments and advancements in medications that profoundly improved the health and quality of life of Americans in the 20th century and beyond.

Reading this large, beautifully illustrated book reminded me of my youth, growing up in a medical family. Many of the advertisements presented in the book were ones I had seen years ago.

Looking at those advertisements also reminded me of relationships that my physician father, as well other doctor relatives, had with pharmaceutical representatives.

In those days, pharmaceutical reps were, by and large, pharmacists. As such, they had a lot in common with physicians and appeared to speak and understand the same medical/pharmaceutical/health care language. I remember one man in particular, from a giant company, who became a good family friend.

The book quickly covers the first half of the 20th century, when advertising was understated and directed solely toward the physician to balance the effects of over-the-counter patent medications.

After World War II, when breakthrough medications were developed for the treatment of infectious diseases, hypertension, asthma, diabetes mellitus, cardiac disease, inflammatory illnesses, and severe mental illnesses, the advertising changed, and clear and artfully creative advertisements became the rule.

Decade by decade, the book reviews the medicinal advances through print, creative design, and graphics. While reading and looking through this book, I remem-

bered more and more life experiences—going well beyond the pharmaceutical advertising.

In the 1950s, we saw the emergence of Orinase (tolbutamide), Terramycin (oxytetracycline), Chlor-Trimeton (chlorpheniramine), Cortone (cortisone acetate), and Transderm-Nitro (nitroglycerin), to name a few life-saving advances.

As we moved into the 1960s, Lasix (furosemide), Polycillin (ampicillin), and Tylenol (acetaminophen) advertisements stood out. Ortho-Novum (norethindrone and ethinyl estradiol) and Motrin (ibuprofen), in addition to advances in antibiotic therapy, dominated the 1970s.

Interestingly, there is a rendering of the early-20th century actor, Rudolph Valentino, who died at age 31 of pneumonia, and the advertisement points out: "Today we could have saved his life for the price of a matinee."

I had a grandmother and aunt who died prematurely of bacterial infections before I was born, when no treatment existed. I would have liked to have met them.

As the book looks at the 1980s and 1990s, it highlights Tagamet (cimetidine), Procardia (nifedipine), Feldene (piroxicam), and Vasotec (enalapril). In addition, it shows Aricept (donepezil), Biaxin (clarithromycin), and American Cancer Society ads. One ad jumps off the page: "Kick Butt—You Can Live Without Smoking."

Perhaps not surprisingly, the ads I found most intriguing were those for psychotropic medicines, which started appearing in the 1950s—when tremendous breakthroughs took place in the treatment of mental illnesses.

We saw drugs with antipsychotic actions emerge, such as phenothiazines. One of the more prominent ads was for Thorazine (chlorpromazine)—the first antipsychotic used in America.

We also saw the first antianxiety agent, Miltown (meprobamate), and the antidepressants Tofranil (imipramine) and Elav-

il (amitriptyline). In the 1960s came Librium (chlordiazepoxide), a benzodiazepine, for anxiety. Psychiatric medicine was revolutionized by the introduction of antipsychotic, antidepressant, and antianxiety medications. It improved even more over the years with atypical antipsychotics and selective serotonin reuptake inhibitors, to name only a few advances.

How easy it is to forget that severe and even moderate mental problems were virtually untreatable before these medications were developed.

We have made enormous changes in mental health care over the last 6 decades, moving away from custodial/institutionalized care and the one mainstay of outpatient care—psychoanalysis—to a much broader-based set of options in effective treatments.

The book reminded me that medicinal advances have altered treatment in ways few other therapies have for the severely and moderately mentally ill.

Thanks to these medications, many of these patients can have a quality of life that before would have been unfathomable.

Unfortunately, the pharmacist-pharmaceutical representative is gone, as are the warm relationships. Also gone are the endless samples that physicians could give to patients in financial need.

In many instances, these scenarios have been replaced by complicated forms and regulations to get gratis medications.

Today's pharmaceutical reps look like movie stars and talk about the half-lives of medications (which usually we don't question so as not to trip them up). Often, they use aggressive techniques to get in the door, as if they were selling used cars.

Despite our frustrations with much of the current crop of pharmaceutical reps, we should not forget that without their products, we as psychiatrists would have far fewer treatment successes and less

time for talk therapy. Even though I use cognitive and behavioral therapies successfully for many disorders, the fact remains that many of the psychotic and mood disorders respond well to pharmaceuticals.

Treating patients who have knowledge about these medications because of direct advertising (which started in the 1990s) is not always easy.

But it seems to me that consumers, including patients with mental illnesses, are better off learning about medications and asking intelligent questions of their doctors.

Besides, the 7- to 11-minute visits encouraged in today's managed care environment for general medical issues allow very little time to be folksy or educational. Many hospitals and doctors appear to advertise endlessly about being the best around.

It is my hope that this kind of information will make us all better health care consumers. Perhaps the pharmaceutical industry could continue to revolutionize health care in this country by leading the way in improv-

ing care for the severely mentally ill.

The pharmaceutical industry could provide the lead in reopening many state hospitals as residential and therapeutic programs for the chronically mentally ill that use talk therapy/rehabilitation and the long-term consistency of medication management.

Let me know your thoughts about ways in which the pharmaceutical segment of the health care industry could go further in serving patients in a positive manner, and I will try to pass them along to my readers. ■

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BY ROBERT T. LONDON, M.D.

Psychiatric medicine was revolutionized by the introduction of antipsychotic, antidepressant, and antianxiety medications.

Most Part D Plans Cover a Brand Name in Each Drug Class

BY JANE ANDERSON
Contributing Writer

Formularies under Medicare Part D plans vary widely, but nearly all plans cover at least one brand-name drug in many commonly prescribed treatment classes, according to research that was published in the *Journal of the American Medical Association*.

The researchers, who looked at Part D plans in California, studied eight treatment classes, including angiotensin-converting enzyme inhibitors, angiotensin

II receptor blockers, β -blockers, calcium channel blockers, loop diuretics, selective serotonin reuptake inhibitors, statins, and thiazide diuretics.

They looked at how often drugs were included in at least 90% of formularies at copayments of \$35 or less without prior authorization.

"Providers can have a difficult time knowing which drug is paid for by Medicare Part D because there are over 1,800 plans and there's a great deal of variation among these formularies," Dr. Chien-Wen Tseng, a researcher at

the University of Hawaii and the Pacific Health Research Institute, said in an interview with this newspaper.

But "despite the large number of plans and variation among their formularies, for most of the treatment classes we examined we found one or more drugs that were covered by nearly 100% of Part D formularies," Dr. Tseng said.

Nearly all of these widely covered drugs are generics, according to the study, which also noted that the drugs covered by Part D formularies are likely to

change over time as generics become available and as new clinical data are released (*JAMA* 2007;297:2596-602).

For example, simvastatin (Zocor) and sertraline (Zoloft) became available as generics in 2006.

Earlier that year, 71% of formularies had covered simvastatin as a brand name, while 74% covered sertraline as a brand name. But by Dec. 8, 2006, after both drugs had generic equivalents, the study authors found that 93% of the formularies examined covered simvastatin as a

generic, while 100% covered sertraline as a generic.

Dr. Tseng said that a Web site that tracks the list of these "widely covered" drugs potentially could help physicians determine which drugs are most likely to be covered and therefore more affordable for patients.

"While the large number of formularies and variation among these formularies is an inconvenience for doctors, it's a real health problem for patients because they may not get the drug they need if it's not covered or too expensive," he said. ■