

**Patient and Physician Attitudes and  
Behaviors Associated With  
DTC Promotion of Prescription Drugs —  
Summary of FDA Survey Research Results**

**Executive Summary  
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## EXECUTIVE SUMMARY

Historically, prescription drug advertising in the United States was directed primarily toward health professionals, rather than consumers. Direct-to-consumer (DTC) prescription drug advertising, however, began to appear in print as early as the 1980s and spread increasingly to broadcast formats after the publication in 1997 of the FDA guidance for industry, *Consumer-Directed Broadcast Advertisements*.<sup>1</sup> As the amount and visibility of DTC promotion increased, calls for research investigating the role of DTC advertising in either creating benefits or causing problems for consumers and the healthcare system intensified. To evaluate the effects of the guidance and DTC broadcast advertising, in general, on the public health and on doctor-patient interaction, FDA conducted two surveys of patients and one survey of physicians. These surveys explored patient and physician perspectives on DTC advertising as it relates to the healthcare experience. Findings indicate that DTC advertising has important positive and negative effects. The following summary provides a brief overview of the major findings from the three surveys.

### PATIENT SURVEYS

Because DTC advertising for prescription drugs targets consumers, particularly those who might have a condition the drug treats, FDA surveyed samples of adults to assess their exposure to, perceptions of, and attitudes toward DTC advertising. FDA limited the sample to consumers (patients) who had visited a healthcare provider within the last 3 months because these individuals could also provide insight on how DTC advertising influenced their relationship and interactions with their health professionals. Two national telephone surveys were conducted in 1999 (response rate: 65%; sample size = 960) and 2002 (response rate: 53%; sample size = 944). The two surveys were designed to be comparable; minor modifications were made in 2002 for clarity or general improvement.

The main objective of the patient studies was to assess the variety of ways DTC advertising could influence the doctor-patient interaction. Both the 1999 and 2002 patient surveys queried respondents about:

- Their awareness of DTC advertising
- The processes used in seeking more information and asking questions about advertised drugs
- Specific behavior in raising questions and conversing with their healthcare professional
- Their general opinions of DTC advertising

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<sup>1</sup> FDA, guidance for industry, *Consumer-Directed Broadcast Advertisements* (August 9, 1999; 64 FR 43197; see also Appendix A.

## **Findings**

The patient studies revealed a nearly universal awareness of DTC advertising, with 81 percent reporting exposure to broadcast or print promotion in 2002, an increase from 72 percent in 1999 (all differences reported are statistically significant at the 5 percent level). Although television was the most common vehicle of exposure, with print advertisements a close second, patient awareness of advertisements on the Internet increased from 1999 to 2002. Patients also reported substantial exposure to advertisements in grocery stores and pharmacies. Regardless of whether they understood the content, most patients knew that DTC advertisements typically contain both benefit and risk information.

### **Seeking Information**

DTC advertisements prompted a sizable percentage of patients to seek additional information about the drug, the condition it treats, or health in general. In 2002, 43 percent of respondents reported that an advertisement caused them to look for more information, either about the drug or about their health. The *most commonly reported sources* of this additional information were healthcare providers. Eighty-nine percent (89%) of respondents reported obtaining information from their doctors, and 51 percent obtained information from their pharmacists. A sizable proportion of respondents also gathered information from reference books (40%) and from friends, relatives, and neighbors (38%). The number of people searching the Internet for drug or health information jumped considerably—from 18 percent in 1999 to 38 percent in 2002—with information about risks being most commonly sought.

Far more people looked for information about side effects than about benefits (61% vs. 10%). Few people spontaneously reported that they search for information about cost (4%). DTC advertisements also prompted some people to seek information about new or previously untreated conditions, although the number of people who said that a DTC advertisement caused them to talk to a doctor about such conditions decreased from 27 percent in 1999 to 18 percent in 2002.

### **Visits to the Healthcare Provider**

- Visit prompting

Our data show that people do not report DTC advertising as a primary reason for initiating a visit to the doctor. Only 4 percent of patients said they visited their doctor because of a DTC advertisement. Instead, health-related problems, such as previous conditions and check-ups, were the most common reasons given.

- Question generation

DTC advertising and other sources did appear to play a role in generating questions for the doctor. About one third of respondents indicated that a DTC advertisement had generated a question for their doctor, similar to the number that reported friends and family members as a source of questions. Approximately 20 percent reported that a reference book sparked a question.

- Expectations about receiving prescription drugs

There have been concerns that DTC advertising has the potential to create general expectations about receiving prescriptions. Our research does not provide strong support for this concern.

Approximately 42 percent of patients expected a prescription at their most recent visit with their physicians. Of these patients, the greatest percentage (63%) said this was because they expected a refill for a current prescription. Another 17 percent said that they expected a prescription because they were sick and thought or knew they had a condition that required treatment. Only 6 percent said that they expected a prescription because of an advertisement they saw on television, and 5 percent said their expectations stemmed from an advertisement in a magazine. Note that these reasons are not mutually exclusive; patients may have had more than one reason for expecting a prescription (e.g., respondents could have seen an advertisement for a drug they were currently taking).

- Asking behaviors

In both 1999 and 2002, the percentage of patients asking their doctor whether a prescription was available to treat their conditions remained constant at about 32 percent. *Of these respondents*, 39 percent asked about a specific brand. Patients described their physicians' reactions as nearly uniformly positive when they asked about a prescription drug. Over 90 percent reported that their doctor welcomed their questions, and 83 percent reported that the doctor responded as if their questions were a normal part of the visit.

- Prescribing response

About half of the patients reported that the doctor prescribed the drug they had asked *about*. Another 41 percent of patients were told to change their behavior or diet, and about a third received a recommendation for a different prescription drug. Although all patients were equally likely to receive a recommendation to make lifestyle changes or to use over the counter (OTC) or generic drugs, patients who asked specifically about a particular brand were more likely to receive a prescription for the requested drug than those who simply asked whether there was a prescription treatment available for them.

### **Patient Opinions about DTC Advertising**

The surveys also measured patients' opinions about various positive and negative effects of DTC advertising. Because the data are most recent, the 2002 percentages are reported in this summary, but in some cases there were substantial differences between the 1999 and 2002 data. These differences are noted below. None of the differences were moderated by demographic characteristics or health conditions.

- Information

Patient perceptions of the type, quantity, and implications of the information they glean from advertisements are important considerations when assessing the effects of DTC advertising. Generally, about three out of four respondents (77%) agreed that DTC advertisements increase awareness of new drugs (a decline from 86% in 1999). Fifty-eight percent (58%) felt the ads provide enough information to make a decision about whether to discuss the drug with a doctor (a decline from 70%). In terms of specific content within the ads, 60 percent felt the ads do not provide enough

information about risks, and 44 percent believed the ads lack adequate benefit information. Finally, 39 percent of respondents thought that DTC advertisements encourage patients to look for more information about potentially serious medical conditions (this question was asked only in 2002).

- Influence on relationship with healthcare provider

Seventy-three percent (73%) of patients agreed that the ads do not minimize the role of the physician in product decisions. Forty-three percent (43%) felt the ads help them have better discussions with their doctor (a decline from 62%). Moreover, 10 percent of patients were reluctant to talk to their doctors about an advertised drug for fear of implying a distrust of the doctor (an increase from 7%).

- Overstatement of benefits

Two questions in the 2002 survey addressed the issue of accuracy in DTC advertisements, particularly with regard to claims that sponsors make. A little more than half (58%) believed the ads make the products seem better than they really are. Forty-two percent (42%) felt the advertisements make it seem like the drug will work for everyone.

- Effects on own health

Finally, patients were asked about how DTC influences their own health. Thirty-two percent (32%) felt the ads help them make better health decisions (a decline from 47%). Eighteen percent (18%) of respondents agreed that DTC advertisements remind them to take their medications, whereas 17 percent reported that the advertisements cause anxiety about their health. These last two questions were not asked in 1999.

- General attitudes

About a third of respondents (32%) indicated that they “like seeing” DTC advertisements in 2002, a substantial decline from 1999, when 52 percent reported that they “liked seeing” DTC advertisements.

### **Other Important Findings**

- Brief summary

The *brief summary*, a section of medical information that accompanies the main display portion of all print DTC advertisements, is designed to provide detailed risk information in a publicly accessible, yet anonymous, environment. Overall, patients in the 2002 survey expressed an interest in the information provided in all parts of a print advertisement when they had a reason to consider the drug. About 78 percent of respondents reported reading all or almost all of the main body of the advertisement when interested, and 45 percent of patients reported reading all or almost all of the brief summary when they were interested in the drug. Despite this desire for information, half of those who read at least some of the brief summary described it as difficult to read.

- Cost issues

Finally, respondents in our surveys reported rarely talking to their doctor about the cost of prescription drugs. Forty percent (40%) of respondents indicated that they never discuss this issue with their healthcare provider, whereas only 16 percent reported discussing it frequently. Patients who were female, in poor health, taking one or more prescription drugs, and lacking a prescription drug insurance plan were most likely to ask their doctors about the cost of treatment.

## **PHYSICIAN SURVEY**

The third survey, conducted in 2002, questioned office-based physicians (response rate: 46%; sample size = 500) about the role of DTC in influencing physicians' practices and relationships with their patients. The 250 primary care physicians (including internists, general practitioners, family practitioners, and obstetricians/gynecologists) and 250 specialists (including dermatologists, endocrinologists, allergists/pulmonologists, and psychiatrists) in this survey were chosen randomly from the American Medical Association's Physician Masterfile, which contains a listing of all physicians who have graduated from medical school in the United States. Specialties were selected to reflect those areas of therapy in which DTC advertising was most prominent at the time of the study.

The 2002 physician questionnaire (Appendix B) asked for information regarding the frequency of questions physicians received from patients, physicians' responses to questions regarding patient questions, and prescribing behaviors involved in a recent, specific encounter in which a DTC-advertised drug was discussed. Finally, general questions were asked about physicians' opinions regarding DTC advertising.

### **Findings**

Physicians reported an increase in the frequency of patient questions about healthcare topics during the last 5 years in all areas except OTC drugs. The most frequently asked questions were about drug treatments, with 85 percent of physicians reporting that their patients asked about prescription drugs frequently ("often/all the time") and 62 percent reporting that their patients asked about generic drugs frequently. Primary care physicians were significantly more likely than specialists to report an increase in patient questions about prescription drugs.

#### **Specific Patient Encounters**

Physicians were asked to focus on a specific, recent patient encounter in which a patient had initiated discussion about a prescription drug the patient had seen advertised. Physicians were then asked to describe in their own words specific benefits and problems that arose because of this exposure.

- Benefits and problems of patient DTC exposure

Forty-one percent of physicians reported that DTC exposure led to benefits, whereas 18 percent reported that the exposure led to problems. Benefits included better discussions, greater awareness of treatments, and DTC as a source for informing and educating patients. Problems included the time needed to correct misconceptions, requests for unnecessary drugs, and requests for one prescription treatment when another treatment was effective. Overall, 73 percent of physicians indicated that their patient in this encounter asked thoughtful questions because of the DTC exposure. However, 41

percent of all physicians indicated that their patient was confused about the effectiveness of the drug because of the DTC advertisement.

- Patient drug requesting behavior

The physician survey distinguished between patients asking *if* there was a prescription drug to treat their problem and those asking *for* a particular prescription drug. Eighty-six percent (86%) of physicians recalled patients asking about a prescription drug, and 88 percent of these physicians reported that patients had the condition the drug treats. Although primary care physicians received more requests for a prescription treatment *in general* than did specialists (60% vs. 44%), the likelihood of prescribing the requested drug was similar (77% vs. 74%). When asked for a specific brand name drug, however, primary care physicians were both more likely to receive requests than specialists (65% vs. 52%) and also more likely to prescribe the drug (64% vs. 46%).

- Denial of requests

Physicians gave many reasons for not prescribing a requested drug. Among all physicians, the most frequently mentioned reasons were that the drug was not right for the patient and that another drug was more appropriate. Primary care physicians and specialists differed, however, in their primary reasons for not prescribing the requested drug. Primary care physicians reported not prescribing primarily because of the availability of a less expensive drug, the patient did not require a prescription drug, or the patient could engage in behavioral and diet changes. Specialists tended to decline the request because a different drug was more appropriate, the drug was not right for the patient, or the drug had side effects unknown to the patient.

- Pressure to prescribe

About half of all physicians reported no pressure to prescribe, and 91 percent of physicians reported that the particular patient they recalled did not attempt to influence their treatment in a manner that would have been harmful to the patient. Primary care physicians did report more pressure to prescribe than did specialists, however, with 22 percent of primary care physicians feeling "somewhat" or "very pressured" to prescribe a drug, compared with 13 percent of specialists. Approximately 73 percent of primary care physicians reported that they thought patients came to the appointment expecting a prescription, whereas 63 percent of specialists felt the same way. Primary care physicians were more likely to say that this expectation influenced their decision to prescribe.

### **General Opinions about DTC Advertising**

In addition to examining physicians' recall of recent, specific patient encounters, the study also investigated physicians' general opinions of the influence of DTC advertising on their patients and practices.

- Opinions about patient understanding

Doctors perceived differing levels of patient understanding about DTC advertised drugs. On one hand, more than 75 percent believed that their patients understood that these drugs are available only by prescription (92%), that only a doctor can make the decision about the appropriateness of the drugs (82%), and that patients understood the benefits of the drugs (78%). On the other hand, fewer

than half believed that patients understood the risks and possible negative effects of the drugs (40%), the limitations of drug efficacy (30%), and the type of person who should avoid the drugs (25%).

- Opinions about problems

Physicians were also asked their perceptions of general problems arising from their patients' exposure to DTC advertising. A majority of all physicians felt that patients confuse the relative risks and benefits of DTC-advertised drugs (65%) and that these advertisements lead patients to overestimate the efficacy of the drugs (75%). Smaller percentages of physicians believed that DTC advertising causes patients to question their diagnoses (38%) and that the advertising led to tension in the doctor-patient relationship (28%). In general, primary care physicians were more likely than specialists to indicate that DTC advertising causes problems for their patients and practice.

- Opinions about benefits

With regard to general benefits of DTC advertising, 72 percent of physicians agreed that DTC advertising increases awareness of possible treatments, and 44 percent of physicians believed that it facilitates earlier awareness of health conditions. About a third of physicians thought that DTC advertising increases the likelihood of proper medication usage, and a third believed it helps patients maintain their treatment over time.

- Overall impressions

At the end of the interview, physicians were asked to give their general impressions of the influence of DTC advertising on their patients and practice. Responses were evenly divided, with about one-third each indicating that it had a positive effect, a negative effect, or no effect at all. Primary care physicians (38%) were more likely than specialists (27%) to rate the overall influence of DTC advertising as having a somewhat or very negative effect on their patients and practice.

## CONCLUSIONS

The opinions and experiences of patients and physicians are critical to an evaluation of how DTC advertising affects public health. DTC advertising may potentially affect this interaction by motivating information seeking, healthcare visits, questions, and/or requests. Ultimately, such motivation can have both positive and negative effects.

The three surveys conducted by FDA found both positive and negative effects of DTC advertising on doctor-patient interaction. By and large, DTC advertising seems to increase awareness of conditions and treatments, motivate questions for the healthcare provider, and help patients ask better questions. Our data provided no evidence of increased visits as a result of DTC advertising, and few patients reported that DTC advertising motivated physician visits. On the contrary, most people reported that health reasons prompted their visits.

It is clear, however, that DTC advertising also has effects that can be troubling. Although few physicians report excessive pressure to prescribe requested drugs from patients who have seen DTC advertisements, nearly half report feeling at least a little pressure to prescribe. Both patients and doctors indicate that DTC advertisements overstate drug efficacy and do not present a fair balance of



benefit and risk information. Patients gave only modest ratings to the understandability of the brief summary included in print advertisements, information that is meant to provide a more complete picture of the advertised product's risks. They also expressed some negative opinions about DTC advertising. Perhaps more important, fewer patients in the 2002 survey than in the survey conducted 3 years earlier indicated that DTC advertising was useful in terms of their interaction with their doctor and their healthcare decision making.

We continue to encourage research on all aspects of potential DTC influence on the interaction between patients and their physicians. The relationship between patients and physicians is essential for the proper dissemination of prescription drugs. Any influence that DTC advertising has on this special relationship may have broader implications for healthcare in general.