

HEALTHY LIVING

Are drug companies calling the shots?



Research shows physicians are influenced by manufacturers' education, marketing programs

BY KEVIN LAMB
Cox News Service

Vioxx is the most notorious of medications that turned out to be dangerous after widespread use by people who didn't need them.

There was no evidence that Vioxx or other Cox-2 inhibitors were more effective pain-relief drugs than such generics as ibuprofen, just that they were safer for patients at risk for digestive bleeding. But manufacturer Merck outscented Pepsi and

Budweiser to advertise Vioxx in 2000. By 2002, total Cox-2 prescriptions for low-risk patients outnumbered the cheaper, equally effective generics 2-1.

Then researchers linked Vioxx to more than 27,000 cardiovascular deaths in 2004, and Merck stopped selling it—three years after its federal warning to stop misleading doctors about Vioxx's effect on the cardiovascular system.

Ads aren't the only way drug companies have persuaded doctors to prescribe Vioxx instead of ibuprofen, Zoloft for teens with depression or Premarin for menopausal women who might have been better off without drugs.

When physicians take professional education courses to maintain their licenses, drug companies sponsor 60 percent of them.

"There's a real need for nonbiased sources to inform the medical profession, and that's a problem," said Dr. Jerald Kay, who has banned industry-sponsored courses as psychiatry chairman at Wright State University's medical school in Dayton, Ohio.

Advocates of evidence-based prescribing are doing just that with a \$21 million fund—about one-thousandth of the industry's annual budget for direct physician marketing. It came from Pfizer's \$430 million settlement for marketing its epilepsy drug Neurontin for unapproved uses.

The initiative includes a four-part documentary showing doctors how the industry goes about obtaining their patients' business, produced by former drug sales rep Kathleen Slattery-Moschkau.

"PERx: Prescribing Evidence-Based Therapies" is also free online for patients at www.perxinfo.org, under "Documentary Modules." It is Slattery-Moschkau's third film and her second documentary after her 2005 feature, "Side Effects." A DVD will be available, she said, as will more resources for consumers.

"We want patients to be more aware, so

when we see that ad on TV, our radar goes up and we don't just automatically go in and ask for the new drug."

Physicians see drugs extend and improve so many lives that they tend to give them the benefit of the doubt. They're also "trained to always think about which drug to prescribe in a certain situation, and not to think about nutrition or something else," Slattery-Moschkau said.

That makes even good doctors susceptible to arguments for prescribing the newest, most profitable brand names.

"It's particularly problematic when the newer medicines are heavily promoted at the expense of sometimes perfectly legitimate alternatives that are less expensive," said Dr. Robert Fink, who directs pulmonary medicine at Children's Medical Center and teaches at Wright State.

U.S. patients spend about \$200 on medications for every \$100 in the average developed country, and \$125 for every \$100 in France, the next highest-spender. But the Pharmaceutical Research and Manufacturers of America disputes the link between marketing and costs.

"Arming physicians with essential information about the medicines they prescribe undoubtedly benefits patients," senior vice president Ken Johnson said.

As Slattery-Moschkau recalled, though, "The reps are only out there pushing the most expensive, latest drugs on the market." As she soured on her job and talked more honestly with doctors, she found them so hungry for objective drug information that her sales went up. "Even if the information wasn't positive, they knew how to use it."

"I still have a lot of respect for physicians," she said. "Most of them truly want to practice evidence-based therapies, but they have to seek out objective information. You'll never learn from drug reps whose livelihood depends on how many pills they push." ■

The cost debate

Does the system, with huge marketing and research budgets, make patients spend more?

BY KEVIN LAMB
Cox News Service

Proposals to reduce U.S. drug prices are gaining traction, but the discussions tend to end with threats that lower prices would leave drugmakers unable to discover new cures.

"Patient access to new life-saving medicines could be limited" if Medicare negotiated bulk discounts, said senior vice president Ken Johnson of Pharmaceutical Research and Manufacturers of America. And patent-protected monopoly prices "provide the necessary incentives to develop new life-saving medicines."

Yet CEOs of drugmakers Pfizer and Merck have called drug pricing unrelated to research and development costs. They say prices are set to maximize revenue from customers and investors.

Current patents even discourage innovation, the Government Accountability Office concluded last November. They encourage companies instead to develop highly profitable "copycat" drugs in the same class of

medications already treating high cholesterol, depression, allergies, heartburn or impotence.

So while research and development expenses grew by 147 percent from 1993 to 2004, there was just a 38 percent increase in new drug applications and a 7 percent rise in "new molecular entities" that differ significantly from existing drugs.

Research and development aren't the only figures drug companies could reduce if prices fell, critics say. Their marketing expenses are higher than R&D costs. So are their profits, averaging consistently near 20 percent—about four times the percentage of revenue as other Fortune 500 companies.

A more radical proposal than bulk discounts is to eliminate the government's role in issuing patents.

"We'd have publicly financed research, contracted out to private companies," said proponent Dean Baker, co-director of the Washington-based Center for Economic and Policy Research. "All research results would be public, and all drugs would be in the public domain," the way generics are now.

One reason for drug companies' lofty profits is the risk of spending \$1 billion researching a drug that doesn't pan out. That risk would shift to the federal government, which routinely spreads risk over large populations.

The government, already a heavy research spender, would save \$30 million a year on Medicare with bulk discounts, Baker said. That alone is close to drugmakers' \$39 million research expense.


"The idea is not without some merit, but it's such a different model, I'm not sure it would work," said Dr. Robert Fink, a Children's Medical Center pulmonologist and professor at Wright State University's medical school in Dayton, Ohio. "You'd essentially be destroying a whole industry's stock value."

"We need these conversations, though," he said. "The current system is problematic, and I'm not quite sure how to fix it."

Besides lowering drug costs, Baker said eliminating patents would lead to using the best drugs for a person's ailment, instead of drugs with the most advertising. ■



CHRIS HUNT / COX NEWS SERVICE



Rediscover
Sasse's
Better than Ever

Barbara & Jerry Snyderman, Proprietors

*Reaching beyond the rhythm
of traditional restaurants.
A taste of Tuscany and much more ...*

Reservations Suggested.
Dinner: Tuesday - Saturday, 5:30 - 8:30
3651 Evans Avenue • Suite 101 • Fort Myers • 239.278.5544