

## HEALTH AND SOCIETY Shaping diseases: marketing departments flex their wings

**C**ommercial strategies are now being designed to modify the social perception of diseases, syndromes and health conditions, and to create as close a link as possible between a pharmaceutical brand name and a health condition (1).

**Modifying the social perception of a disease.** These strategies simultaneously target researchers, healthcare professionals, patients, regulatory agencies, etc. Their influence is carefully orchestrated: funding of scientific experts, scientific societies and patient groups, symposia, consensus conferences, continuous medical education, and advertisements in the professional and lay media.

**Creating an automatic response linking a health condition and a brand name.** In an article entitled "The art of branding a condition", published in 2003 in a monthly magazine for advertisers and drug companies, Vince Parry, an American marketing expert, wrote that there is nothing new about the practice of expanding the market for drugs to include those who are in fact neither really nor seriously ill (2). He cites the case of Listerine°, the brand name of an antiseptic used first as a surgical disinfectant, then as a household cleaning product, and as a dandruff treatment in the United States. Afterwards, through an advertising campaign touting Listerine° as a remedy for a common and unpleasant problem (bad breath) and by using the impressive scientific name 'halitosis', a 'chronic condition with serious social consequences', the manufacturer Warner-Lambert increased

Listerine° sales tenfold in the 1920s (a)(2).

More recently, Pfizer adopted the marketing tactic of using the term 'erectile dysfunction' instead of 'impotence', because it has fewer negative connotations and suggests reversibility.

**More abuses.** In November 1999, Lilly succeeded in obtaining unanimous FDA expert committee approval to market fluoxetine for a new indication, 'premenstrual dysphoric disorder', a poorly defined depressive disorder (b)(2-4). Immediately after market approval for this indication, Lilly asked the FDA for permission to market fluoxetine under the name Sarafem°, instead of the usual brand name Prozac°, with new lavender-coloured tablets for women with this disorder (2,4). Shortly afterwards an advertising campaign hit television screens throughout the United States, based on the slogan "Think it's PMS (premenstrual syndrome)? Think Again. It could be PMDD (premenstrual dysphoric disorder)", thus targeting all women who feel irritable just before their periods (4).

**Refuse commercially-motivated disease definitions.** These commercial strategies could not succeed without the passive cooperation of physicians. By prescribing these products, they are endorsing the medicalisation of physical and mental states that were previously considered to be part of the normal human experience (5,6).

It is not helpful to those concerned to identify them as patients and to expose them needlessly to a serious risk of adverse drug effects.

Healthcare professionals must keep a critical mind and refuse to allow commercial interests to decide who is and who isn't sick.

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*a- Halitosis maintained its status as a health disorder and the brand Listerine° is still marketed by Pfizer, in France and elsewhere.*

*b- In 2003 the European Medicines Agency refused to include the indication 'premenstrual dysphoric disorder' in the harmonised summary of product characteristics of fluoxetine, arguing that "this disorder is not a well-established diagnostic entity across Europe. It is not listed in the International Classification of Diseases (ICD), and remains only a research diagnosis in DSM-IV" (ref 7).*

### Selected references from Prescrire's literature search.

- 1- Mintzes B "Fabriquer des maladies pour vendre des médicaments" *Rev Prescrire* 2007; 27 (279): 63-65.
- 2- Parry V "The art of branding a condition" *Medical Marketing & Media* 2003; May: 43-49. Website <http://www.mmm-online.com>, accessed 20 February 2007.
- 3- Prescrire Rédaction "Syndrome dysphorique prémenstruel: halte à la dérive!" *Rev Prescrire* 2007; 27 (279): 19.
- 4- Moynihan R and Cassels A "Advertising disease. Premenstrual dysphoric disorder". In: Moynihan R and Cassels A "Selling sickness" Nation Books, New York 2005: 99-118.
- 5- Ngoundou Mbongue T et al. "Medicamentation" of society, non-diseases and non-medications: a point of view from social pharmacology" *Eur J Clin Pharmacol* 2005; 61: 309-313.
- 6- Montastruc JL and MBongue B "La "médication" de la société: un exemple de pharmacologie sociale" *Rev Prescrire* 2003; 23 (243): 712-714.
- 7- European Agency for the Evaluation of Medicinal Products "CPMP summary information on referral opinion following arbitration pursuant to article 30 of Council Directive 2001/83/EC for Prozac and associated names" London, 18 June 2003: page 2.

