

## Are drug companies calling the shots?

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By Kevin Lamb

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

Advocates of evidence-based prescribing are doing just that with a \$21 million fund — about one-1,000th 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 [perxinfo.org](http://perxinfo.org), under "Documentary Modules." It's her third film and 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 (PhRMA) 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. 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."