

2009

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Original Publication Citation

Karlowicz, K. A. (2009). Direct-to-consumer advertising for erectile dysfunction drugs. *Urologic Nursing*, 29(4), 214.

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Editorial

Direct-to-Consumer Advertising For Erectile Dysfunction Drugs

You've seen the commercials on television: the guy band singing a well-known Elvis Presley tune but with different lyrics; the fifty-something couple dancing with wanting looks in their eyes; the couple in his and her clawfoot bathtubs on the beach. These are all images that are part of the direct-to-consumer advertising (DTCA) effort by pharmaceutical companies that manufacture medications for erectile dysfunction (ED).

ED is a significant clinical health problem that urologic care professionals discuss with ease. However, many in the general public find open talk of sexual health problems an invasion of privacy, embarrassing, inappropriate, or even taboo. The level of discomfort that many have regarding this topic is escalating with the increasing number of commercials promoting ED drugs, especially during prime-time television viewing. In fact, as I write this editorial, I have seen no less than four advertisements for ED drugs in the hour between 10:00 to 11:00 p.m. on CNN.

Frustrated and outraged by the ads for ED drugs on television, on April 29, 2009, Rep. James P. Moran (VA) introduced H.R. 2175, Families for ED Advertising Decency Act. This bill is intended to prohibit the broadcasting of any advertisement for medication for the treatment of ED or other purposes. It has been referred to the House Committee on Energy and Commerce for further consideration.

DTCA has been on the rise world-wide over the past 15 years, due in part to government efforts to reduce the influence of the pharmaceutical industry on those with prescriptive authority. With less advertising dollars dedicated to activities for health care providers, pharmaceutical companies have redirected their advertising budgets for patent-protected, brand name drugs to consumer marketing. In 2006, about 40% of all advertising dollars, totaling an estimated \$4.8 billion, was spent on DTCA by drug companies. In the years to come, this figure is expected to significantly increase, with more focus on television advertising to consumers and less advertising in professional journals (Polen, Khanfar, & Clauson, 2009).

Among the reported benefits of DTCA are



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increased patient knowledge and motivation for self-care, as well as improved health-seeking behaviors that empower individuals to consult their care provider about problems they have been hesitant to discuss. The downside of DTCA is the increased risk of inappropriate or excessive prescriptions, higher prescription costs to individuals and insurers, as well as the inappropriate or over diagnosis of certain health conditions. Moreover, many believe DTCA contributes to consumer misinformation, thus putting health care providers in the awkward and time-consuming position of convincing patients that the

drug they are requesting is not in their best interest (Montoya, Lee-Dukes, & Shaw, 2008).

My concern regarding DTCA for ED drugs is the lack of objective evidence that documents the benefits or limitations of this marketing approach. The dearth of research on this topic, as well as for those drugs widely marketed for overactive bladder, represents tremendous research opportunities for urology nurses.

As for H.R. 2175, I understand the motivation for the legislation introduced (I still don't get what a couple in separate bathtubs on the beach has to do with sex or ED!), but I wonder whether a legislative approach is appropriate or needed to address the concerns regarding DTCA for ED drugs. Urologic nurses have a long history of partnering with the pharmaceutical industry to provide education to professionals and patients. Thus, it seems to me that the time has come for us to engage our pharmaceutical partners in a serious discussion on how to best provide education about ED drugs in a way that is responsible, meets the needs of all stakeholders, and yet, is not offensive to the public. ■

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