



## **Direct-to-consumer advertising is more profitable if it is misleading**

In his editorial about direct-to-consumer advertising, Saunders asked ‘Does DTCA compromise or improve patient health?’ (<http://www.nzma.org.nz/journal/116-1180/557/>).<sup>1</sup> The answer is that there is evidence of increased costs and damage to decision making but no evidence of health benefits.<sup>2,3</sup> One of the main problems is that DTCA is more profitable if it is misleading.

For example, the current fluticasone (Flixotide) DTCA creates a misleading impression of effectiveness by using subjective improvement rates without a comparison group.<sup>4</sup> The advertisement does not explain that Flixotide is more expensive than appropriate doses of the alternatives. It contains no warnings against unnecessary high doses. It fails to disclose the uncertainty regarding whether or not Flixotide’s higher bioavailability may lead to more long-term adverse effects.<sup>5</sup>

Another example is the DTCA claiming that tolterodine (Detrusitol) is an ‘effective treatment’. This claim is not supported by the findings of a high-quality systematic review from New Zealand, which shows that apart from causing dry mouth the effects of anticholinergic drugs, including tolterodine, are of questionable clinical significance.<sup>6,7</sup>

It would be foolish for drug companies to deliberately produce misleading DTCA during the government review. Consequently, it is likely that GlaxoSmithKline and Pharmacia are genuinely unaware that their advertising is misleading. Clearly the sales-promotion culture within drug companies is contrary to producing the balanced educational information that the public needs for good healthcare decisions. The only effective option is to ban DTCA.

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