

Guest Article

Cholesterol Drug Users Discuss Their Medication

Talking Health at a Local Coffee Shop

By Jim Avery

At breakfast last week in one of my favorite coffee shops, I was talking with some friends who I knew had some health problems. I mentioned that there were a couple of recent articles in newspapers on cholesterol drugs and clinical trials. No one had seen or even heard of these articles and I was a bit taken aback that I was the only one who had seen what I judged to be fairly important information on healthcare.

Impromptu Focus Group

One thing led to another and pretty soon we were having an in-depth discussion about their high cholesterol, general healthcare, the FDA, and what they think when they read news stories or advertising that relates to their ailment. Obviously, being a professor of advertising at the University of Oklahoma, I took the opportunity to turn our breakfast meeting into a little impromptu focus group.

All three of my friends—Jack, Rose, and Steve—are over the age of fifty, are college graduates, and two of the three have master's degrees.

Jack had a heart attack a few years ago. Prior to that time he did not go to a doctor on a regular basis. When he was in the hospital, he learned his triglycerides were too high and his doctor recommended that he start taking medication to bring them in line.

Rose found that her cholesterol level was high during a routine blood test. It appears to be a family heritage. At first, she tried to increase her exercise. She found it improved her test scores, but she was still just borderline. She decided to start taking the prescription recommended by her doctor in order to give her a margin of safety.

Steve has had several "episodes" with his heart, has been to several doctors in two different states, and has tried everything his doctors have recommended. Even with his diligence, he still did not have his high cholesterol under control. His wife found a program offered at a hospital that required total diet control, medication, and exercise. She said it is time for them to "take the offensive." He believes it saved his life. He recognizes that it is very stringent. No butter, no fat of any kind, can be included in his diet, ever.

Cholesterol Treatment in the News

I gave each of them copies of the articles on cholesterol, which I just happened to have with me. I had read these earlier in the week and gave my friends some time to read them while we enjoyed our coffee and doughnuts. One article was on new ways to treat cholesterol and the other revealed that a reduction in cholesterol does not necessarily lead to a reduction in heart disease.

In the first part of our discussion afterward, all three said was that their cholesterol medication is working for them. Rose and Steve commented on their latest blood work as evidence. Jack was certain that he was improving, too. When I challenged him on whether the medication is working or if he is just getting better on his own, Jack said there was no way for him to know, but he is confident that his improved health is directly related to the medicine.

All of them had done individual research on their ailment, diagnosis, and the treatment of medicines recommended by their doctors. After a short period of time, however, Rose and Jack soon left the details of their ailment and its treatment up to their doctors.

However, Steve, who is retired from both the Air Force and a management position, took more control of his health. He monitors everything he eats—he didn't have any doughnuts like the rest of us did that day—and he exercises regularly. He also sees his doctor regularly, and often takes articles from magazines or details from advertisements to show his doctor and asks for a recommendation.

I was surprised at how little Jack and Rose knew of their medical condition. Neither knew the difference between HDL and LDL. I suspect that they quit investigating when they felt confident that they were getting better physically and chose to therefore trust their doctors.

Surprising Lack of Trust

We are all aware that consumers do not trust big corporations, but I was surprised at how distrustful all three of these friends were of pharmaceutical companies. I never even brought up the subject of

Continues...

Should I Stop Taking Zetia?

After Merck & Co. and Schering-Plough Corp. admitted that Vytorin—a combination of Zetia and Zocor (simvastatin)—worked no better than an older, generic medication to reduce plaques in arteries, Dr. Steven Nissen, head of cardiology at the Cleveland Clinic in Ohio, immediately called for a "moratorium" on the use of Vytorin and Zetia, according to a story on Bloomberg.com (see coverage [here](#)).

My question is this: Should I stop taking Zetia, which was prescribed to me by my cardiologist, who—although I respect his judgment—is no head of cardiology at a renowned medical center?

The problem is that I haven't heard from MY CARDIOLOGIST or MY FAMILY DOCTOR about whether or not I should continue to take Zetia. I guess I should call them. Why is it that my Volkswagen service center calls me soon after buying a new car, but I have never received a call from any doctor about service for my body?

I know that Nissen is not my doctor and is not giving individual medical advice to all those patients like me out there who are on Zetia or Vytorin and whose doctors are mum on the subject. Whether or not I should continue my medication depends upon my personal medical history that only me and my doctor can evaluate.

But where is my doctor? Why isn't he more pro-active? Why hasn't he contacted me a long time ago and either re-assured me about Zetia or told me to hold off until the ENHANCE study data were reported? Why didn't he tell me about the study a long time ago and what it might mean for ME personally? I know you will say that he should have and I should find a doctor who is more proactive. Hey, it may be possible to find one. But who has the time for all that due diligence and switching medical records around!

There're all kinds of cardiologists these days advising me what to do. There's Dr. Jarvik, for example. He's telling me that Lipitor is good for my cholesterol. Oh! Wait a minute! He's not REALLY a cardiologist. In fact, he doesn't even have a license to practice medicine at all (see "[Jarvik -- Lipitor spokesperson -- "outed" as an unlicensed physician!](#)").

Then there's Dr. Nissen, who IS a practicing cardiologist. He's quoted all the time in the media. I respect his opinion although I know he's every pharmaceutical executive's worst nightmare.

I am sure there will be many more cardiologists weighing in with their opinions in media stories to come. But MY doctor probably won't be one of them.

Of course, I will be calling my cardiologist today and asking him about all this. I will report back to you when I hear something from him.

P.S. Don't worry about me. While my cholesterol is a bit high, I have recently passed my high-tech stress test, which cost my insurance company about \$13,000 (thanks be to God that my wife has a real job with good benefits. My laid-off neighbor with 2 small children, however, is not so lucky.)

P.P.S. Since this blog is really all about pharmaceutical marketing, I should say something about how the ENHANCE trial failure may affect the advertising of Zetia and Vytorin.

Obviously, these brands are probably maintaining a low profile these days. I don't remember seeing the usual ads on TV last night. Perhaps the ads are being revamped in light of the ENHANCE trial news and will soon re-appear addressing the issues raised by the study's failure. But why weren't these damage-control ads rolled out IMMEDIATELY? Maybe it's best to say nothing to the public? No way! Merck and Schering-Plough should have PSAs explaining their take on the situation and NOT just depend on issuing a press release!

What about the product web sites? Perhaps they have some information. I checked both www.zetia.com and www.vytorin.com—both the patient and doctor sites—and found NOTHING about the recent news. I looked in patient education areas where doctors are supposed to find information to hand out to their patients, I looked in the FAQ areas, the "Questions to Ask Your Doctor" areas, the "Studies" areas—NO WHERE COULD I FIND A WORD ABOUT THIS!

That's a shame in my book. Shame on you Merck! Shame on you Schering-Plough! Shame on you MY DOCTOR!

Then they wonder why patients go to other sources on the Internet and other patients they do not even know on the Internet to find information they need about their medications!

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trust or reliability. Rose just commented that these companies are not trustworthy. I understood their distrust of advertising, but was surprised to find out that this distrust extended to the news media, doctors, and hospitals as well. Rose went so far to say that "drug companies lie to me" and both Jack and Steve agreed. They each had a comment to express their distrust, and each related a story about a doctor who gave bad advice. Steve said that it took him several years to correct a situation caused by a poor doctor.

On the positive side, they all had praise for their pharmacists. Rose and Steve both related personal experiences when their pharmacist had corrected a mistake their regular doctor had made. Both spoke of a prescription that might have caused harmful effects with another medication they were taking at the time. I shared my own story about being prescribed a penicillin based drug even though my chart noted my allergy. The pharmacist caught the error for me, also.

Surrogate Endpoints "Miss the Point"

One article I gave them referenced limited FDA requirements for drug testing, It flabbergasted all three of them. That the FDA does not require testing results to show a change in heart disease, but only requires that the research show that there is a reduction in cholesterol, seemed to miss the point to them. Steve noted that it is as if cholesterol has become the disease instead of the symptom.

FDA Not Doing Its Job?

They were all disappointed that the FDA permitted the sale of drugs that could have negative effects. Jack said that he had read that the FDA is a stickler for testing and that it often takes longer to get new drugs approved in our country than elsewhere in the world. He pointed out that this does not seem to be consistent with the current practice.

All three were disappointed with how long it takes to get a new drug to the market.

Jack brought up his distrust of insurance companies. Rose and Steve immediately agreed. Each related an experience when their HMO did not allow something they thought would have improved their health. Steve gets his prescriptions at the Air Force base. He has a list of what is available. His doctor told him that he could recommend a drug from the list, but it wouldn't help him. So now, Steve often pays for medication that is not covered under his plan.

Overall, I continue to be surprised at what little trust people have for anything that has to do with

the healthcare industry. I knew, as I am sure you do, that consumers do not trust the pharmaceutical companies. My surprise is in two areas. First, the intensity of that distrust, and second, that this negative halo extends to the FDA and to virtually any news associated with these companies or with the government agencies responsible.

We Haven't Reached Bottom Yet

It is likely that the distrust started with insurance companies and HMOs, but every time the news media report that a drug doesn't do what it was intended to do, or that people who took what had been tested to be a perfectly safe drug may have a serious side effect, the "bad will" meter goes up. This "bad will" is rubbing off on medical practitioners, marketers of pharmaceuticals and medical devices, and the FDA more all the time.

My small group discussion indicates to me that the situation is getting worse and that we probably have not yet hit bottom.

Note: The two articles referenced here were:

1. New Questions on Treating Cholesterol, *New York Times*, January 17, 2008
2. Study Reveals Doubt on Drug for Cholesterol, *New York Times*, January 15, 2008

Jim Avery is Professor of Advertising, and holds the Gaylor Endowed Professorship, at the University of Oklahoma. The meeting of "friends" in a coffee shop was a fictional embellishment of an actual focus group Avery recently held. Except for that and the names of the participants, everything else reported here is an accurate summary of the results of the focus group discussion. You can learn more about professor Avery and his teaching techniques by listening to this Pharma Marketing Talk podcast: ["Teaching New Dogs Old Tricks."](#)

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