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Large Numbers of People Believe that Direct to Consumer Advertising of Prescription Drugs Influences their Behavior, Attitudes and Knowledge

They believe DTCA makes them more knowledgeable and more likely to ask questions, and also more concerned

A recent survey by Harris Interactive found that large numbers of people believe that they are influenced by the direct to consumer advertising (DTCA) of prescription drugs. Between 21 and 51 percent agree with 10 statements about how they are influenced by DTCA, with 30 percent or more agreeing with eight of the 10 statements. While 30 to 50 percent of adults are not a majority, they represent many millions of people who believe that they are influenced by DTCA.

These are some of the results of a nationwide survey of 1,726 U.S. adults interviewed online between October 20 and October 30, 2006. The survey was conducted for the Pharmaceutical Safety Institute and was designed to represent the general public, except that it excludes people who work in the health care industry, for a regulatory agency or who are health care providers.

The results of this survey were analyzed to see if people with medical conditions, people currently taking prescription medications or people who see their doctors three or more times a year were more likely to be influenced than healthier patients. The survey found that they are only a little or somewhat more likely to be influenced. In most cases the differences were modest.

Asking more questions

- 51 percent of adults believe that DTCA encourages them to ask additional questions when visiting their physician.
- 42 percent believe that DTCA increases the number of questions they have regarding prescription drugs.

Increasing consumer knowledge

- 44 percent believe that DTCA makes them more knowledgeable about treatments they previously did not already know about.
- 42 percent believe that DTCA provides useful information on the risks of using prescription medications.
- 41 percent believe that DTCA provides useful information on the benefits of prescription medications.
- 41 percent believe that DTCA increases their knowledge of prescription medications.

Increasing consumer concerns

- Substantial but smaller numbers also believe that DTCA increases their general concerns:
 - about using prescription medications (38%)
 - about their physicians’ judgments in prescribing medications (24%)

Changing consumer behavior

- Minorities, albeit more modest ones, believe that prescription drug advertisements:
 - motivate them to visit their physicians and schedule an appointment (21%)
 - help them to make better decisions about what medications they prefer to take (30%)

Table 1

Agreement or Disagreement with 10 Statements About Prescription Drug Advertising
“Please indicate whether you agree or disagree with the following statements:”

Base: All Adults*

	Agree	Dis-agree	Neither Agree Nor Dis-agree	Not Applic-able
Prescription Ads:	%	%	%	%
Encourage me to ask additional questions when I visit my physician	51	13	30	6
Make me more knowledgeable about treatments that I previously did not know about	44	17	33	6
Increase the number of questions I have regarding prescription medications	42	16	36	6
Provide useful information on the risks of using prescription medications	42	19	34	5
Provide useful information on the benefits of using prescription medications	41	18	37	5
Increase my knowledge on prescription medications	41	19	36	5
Increase my general concerns of using prescription medications	38	17	38	6
Help me make better decisions about what medications I prefer to take	30	24	39	7
Make me more concerned about my physician’s judgment in prescribing medications	24	32	38	6
Motivate me to visit my physician to schedule an appointment	21	37	36	6

*Excluding people who work in the health care industry, for a regulatory agency or who are health care providers.

Table 2
Proportion of Key Populations Who Agree with 10 Statements About Prescription Drug Advertising

“Please indicate whether you agree or disagree with the following statements:”

Base: All Adults*

	All Adults	Have a Medical Condition	Currently on Prescription Medication	See Primary Care Physician Three Plus Times a Year
Prescription Ads:	%	%	%	%
Encourage me to ask additional questions when I visit my physician	51	56	58	55
Make me more knowledgeable about treatments that I previously did not know about	44	46	47	53
Increase the number of questions I have regarding prescription medications	42	45	48	47
Provide useful information on the risks of using prescription medications	42	44	44	48
Provide useful information on the benefits of using prescription medications	41	42	46	53
Increase my knowledge on prescription medications	41	42	44	48
Increase my general concerns of using prescription medications	38	40	42	41
Help me make better decisions about what medications I prefer to take	30	32	36	44
Make me more concerned about my physician’s judgment in prescribing medications	24	24	25	30
Motivate me to visit my physician to schedule an appointment	21	21	24	30

*Excluding people who work in the health care industry, for a regulatory agency or who are health care providers.

The overall impact of DTCA: Good or bad?

Most of the results of this survey suggest that DTCA has a positive impact on the public. It appears to inform them and to make them more inquisitive so that they ask more questions. Large numbers of people also believe that DTCA increases their knowledge on prescription medications. All that, if true, is presumably a good thing.

At the same time, many people feel that DTCA sometimes raises their concerns about prescription medications and their physicians. A reasonable conclusion could be that this is also positive as consumers should be concerned about the safety and appropriateness of the drugs which are available to them.

The most equivocal finding is the 21 percent who report that DTCA motivates them to schedule visits with their doctors. If many of these visits are unnecessary that, presumably, is a bad thing. However, if many of these visits result in a better diagnosis or a better treatment (or a treatment for a previously untreated condition) that, presumably, is a good thing. It is likely that DTCA does some of both.

Methodology

This Harris Poll was conducted online within the United States between October 20 and October 30, 2006 among a nationwide cross section of 1,726 adults (aged 18 and over). The survey was designed to represent the general public, except that it excluded people who work in the health care industry, for a regulatory agency or who are health care providers. Figures for age, sex, race/ethnicity, education, region and household income were weighted where necessary to bring them into line with their actual proportions in the population. Propensity score weighting was also used to adjust for respondents' propensity to be online.

All surveys are subject to several sources of error. These include: sampling error (because only a sample of a population is interviewed); measurement error due to question wording and/or question order, deliberately or unintentionally inaccurate responses, nonresponse (including refusals), interviewer effects (when live interviewers are used) and weighting.

With one exception (sampling error) the magnitude of the errors that result cannot be estimated. There is, therefore, no way to calculate a finite "margin of error" for any survey and the use of these words should be avoided.

With pure probability samples, with 100 percent response rates, it is possible to calculate the probability that the sampling error (but not other sources of error) is not greater than some number. With a pure probability sample of 1,726 adults one could say with a ninety-five percent probability that the overall results would have a sampling error of +/- two percentage points. However that does not take other sources of error into account. This online survey is not based on a probability sample and therefore no theoretical sampling error can be calculated.

These statements conform to the principles of disclosure of the National Council on Public Polls.

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