North Coast Physician

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Cover Photo
"FOOT BRIDGE AT THE MARSH"
Stephen Kamelgarn, M.D.

The Editorial and Publications Committee encourages our member's comments for publication. Please submit electronically prior to the 15th of the month preceding publication. hdncms@sbcglobal.net

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Advertising's False Hopes

Stephen Kamelgarn, MD

Have any of you recently engaged in the retro activity of watching commercial television, lately? I don't mean Netflix or PBS or You Tube, but I do mean the local CBS or Fox or ABC or NBC affiliate. Actions that, according to research, are only performed by old geezers like me. Young people don't even have TVs anymore, relying on streaming services on their smartphones for their entertainment. But despite a shrinking market it seems like the number of ads have increased. Well, they have, and a giant number of those new ads are for pharmaceutical products–drugs in the vernacular. Again, mostly aimed at older people.

Every time I turn on my TV, I see an ad for some new "mab", one of the new immuno-drug class of monoclonal antibodies promising a magic cure for my Rheumatoid Arthritis, my Psoriatic Arthritis, my Psoriasis. I call them "Mabs" since the generic name for almost all of these agents ends in "-mab" (monoclonal antibody).
Ever since the FDA's approval of Centocor's ReoPro (abciximab) in 1994, the number of these biologics on the market has exploded. The range of conditions that they're designed to treat are staggering, everything from acute leukemia and Ankylosing Spondylitis to Ulcerative Colitis and X-linked Hypophosphatemia.

As the number of approved "Mabs" have increased, the amount of money the drug companies spend directly targeting we consumers increases proportionately. Although these drugs are used to treat a huge range of conditions, the only ads I see are for "Mabs" designed to treat psoriasis, psoriatic arthritis or metastatic lung or breast cancer. If an alien was watching our drug commercials it would be convinced that the US is being overwhelmed with an epidemic of autoimmune diseases.

Of the ten most heavily advertised drugs of all classes in 2017, four of them: Humira (adalimumab), Xeljanz (tofacitinib), Taltz (Ixekizumab) and Cosentyx (Secukinumab) were aimed at Rheumatologic conditions, specifically: Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Psoriasis, Crohn's Disease and Ulcerative Colitis. There was also a fifth drug, Keytruda (Pembrolizumab) in the top ten, but this is prescribed for metastatic cancer. Now I don't wish to minimize the suffering caused by these terrible diseases, and, as we get exposed to more environmental toxic antigens the incidence of these diseases is increasing, but by no stretch of the imagination are they the most common causes of morbidity and mortality in the US–coronary heart disease still holds that place of honor. Yet drugs for rheumatologic conditions are almost exclusively the only ads I see on TV. And I have some serious concerns about these ads.

My concern regarding the direct marketing of these extremely powerful agents is two-fold, but both involving false hope. Firstly, these ads can give false hope, but not "snake oil" false hope, but the more demeaning "they're out of your price range" false hope. For, not only can these drugs be remarkably effective, they can also be remarkably expensive. They're so expensive that even if someone has basic health insurance their out-of-pocket costs can be bankrupting. For example, Keytruda, marketed for the treatment of Metastatic Non-small Cell Lung Cancer, metastatic Melanoma and Hodgkin's lymphoma, among others, will cost the person with that disease $12,500 per month or $150,000 per year. Opdivo can cost up to $256,000 per year for a person with inoperable metastatic melanoma.

Unless someone has either really good insurance or can get onto one of the patient assistance plans that may be available, these life-saving and life-enhancing meds are not available because they've been priced into the stratosphere. And there can be nothing more demeaning and dispiriting than dashed hopes. To have hope dangled in front of someone's face and then be told that "Nyah, nyah, nyah. You can't afford it," has got to be emotionally devastating.

My other cause for concern is that while these may be powerful life-saving meds, they also have powerful life-threatening side effects. These are almost always immune-mediated disasters that can affect any organ system–kidneys, lungs, heart, GI, bone marrow, skin, eyes, nerves. While the vast majority of patients will not have one of these devastating side-effects, in my experience many, if not most, of these patients will have some side effect–nausea, dizziness, susceptibility to the common cold etc. Yet, we don't see any of that on TV.

Here's what we do see. Last year, the drug companies spent $853 million on these five drugs, painting happy pictures of happy, loving, mostly white upper middle class families at play for us to digest. Healthy-appearing, smiling survivors are surrounded by their spouse, children and grandchildren while hiking or picnicing or playing catch with the grandchildren. The federally mandated potential side effects are projected or announced so fast that one needs to be a superhero to process this stuff.

This approach engenders the idea, in the mind of the consumer, that prescribing and taking these drugs is easy, no more difficult than prescribing ranitidine or omeprazole for GERD.
Drug companies directly advertise to con-

"Advertising" Continued on Pg. 20

"Advertising"" Continued From Pg.

sumers for one reason only–to have them recognize the name of their drug and take that name to their physicians. The drug companies have enough data to show that if a patient comes to their physician with the name of a drug there is a sixty percent chance that they will walk away with a prescription for that drug. This may not be a big deal for someone requesting Crestor (rosuvastatin) rather than generic atorvastatin (Lipitor) to treat their high cholesterol, the side effect profile isn't nearly as ugly as that of any of the "Mabs." The side effects of the "Mabs" are so much worse that they demand a huge amount of physician-patient interaction to go over side effects and develop realistic expectations of what the drug will or won't do. Because doctor visits tend to be rushed, the physician can't always spend the time needed to work with the patient and their therapeutic plan, part of which is developing a set of realistic expectations.

Also, these are not drugs that are routinely prescribed by primary care physicians. These are drugs that are best prescribed by specialists, but often it's the specialist who is the poorest, or most pressed for time, at working with patients in formulating plans and expectations.

Aren't these images of smiling, happy patients also encouraging a type of false-hope? Most people who take these meds have some sort of side effect from mild to moderate nausea all the way up to a life threatening hepatitis. So obviously, if they're having side-effects and the smiling, healthy people in the TV ads aren't, the doctor obviously screwed up. Someone must be held accountable, and the physician, not having the time or the wherewithal to work with the patient on the side-effect profile, is a good candidate to blame.

No. The decision of which "Mab" to use, or even if one is appropriate, is a decision that can only be made between physician and patient, not a slick ad on TV. By raising false expectations as to the efficacy and/or benign side effects is a confounding variable that has no place in the discussions between physician and patient. I think it's safe to assume that the specialist will have heard of the "Mabs" appropriate to their practice and they don't need a slick TV ad to inform them. So all the ads can do is raise false hope.

However, as far as the patient is concerned, there is an escape clause. TV, that Pavlovian Box, that creates the problem by providing idyllic images, also provides a pie-in-the-sky resolution to this problem. Usually, immediately after seeing the ad for the "Mab" I see an ad for some law firm telling the consumer that they can collect huge rewards if they had any type of surgical prosthesis or took some new med. The implication being that when the almost inevitable side-effects develop, the patient has an means of satisfaction.

"When in doubt, sue your way out." Now, ain't that a kick in the head.

"Syphilis", Continued from Pg 11

testing in 1-2 weeks should be considered in cases of typical signs and symptoms of primary syphilis and negative initial testing.

Also, screening according to national guidelines is critical to decrease time between infection and treatment and to decrease the risk of onward transmission. Annual screening for syphilis is recommended for sexually active MSM, and more frequent screening (i.e., every three to six months) is recommended for those at higher risk of infection. Screening also is recommended for women and men with only female sexual partners who have risk factors.1 Routine sexual history-taking is necessary for providers to accurately assess risk and screen appropriately for syphilis and other STIs.

All patients with syphilis who have neurological (including ocular) symptoms and/or abnormal neurological examination should be evaluated for neurosyphilis with a cerebrospinal fluid (CSF) examination (for total protein, glucose, cell count, and VDRL), and patients with ocular symptoms should receive urgent ophthalmologic evaluation. Patients with confirmed ocular syphilis on ophthalmologic examination should receive treatment for neurosyphilis, regardless of CSF examination results.1

Providers also should report cases of syphilis to the local health department within 24 hours of diagnosis and notify women of childbearing age with any stage of syphilis and men with primary and secondary syphilis that they will be contacted by the local health department to protect them and their partners from future infections and complications. This can help to facilitate the work of public health employees to limit onward transmission in the community. There also are a number of resources available through the public health department. Syphilis histories, including prior positive tests and treatment information, can be obtained for continuity of care by calling (619) 692-8501. Expert clinical consultation also is available by paging (877) 217-1816. More resources for providers, as well as data reports, are available at http://www.stdsandiego.org.

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Humboldt-Del Norte Medical Society Future Physician Scholarship Fund

Stephanie Dittmer, M.D.

OUR Humboldt-Del Norte Medical Society Future Physician Scholarship Fund is now a reality!! Coordinating through the Humboldt Area Foundations 501(c)3 to allow for tax deductible contributions the fund is now active and available for contributions.

The purpose of the fund is to help build our pipeline of physicians into Humboldt and Del Norte Counties. The initial award will be one or two scholarships per year in the amount of $1,000 each to a student entering a qualified premedical program, medical school, or residency program who plans on becoming a physician practicing in Humboldt or Del Norte County.

We are currently developing criteria for the awards, which will focus on HSU PreMedical Students applying for medical school and medical students transitioning into our Family Medicine Residency Program. However, final determinations for the scholarship awardees will be made by the Humboldt Area Foundation board. HAF will start accepting applications in Jan, 2019, and should be able to award the first two scholarships in March 2019. The recipients of the awards will be honored at our annual meetings in November.

Initially designed as a "expendable scholarship fund," we hope that we can create a "sustainable endowment scholarship fund." In order to become "sustainable" we must achieve and maintain a $25,000 balance in the fund. We hope to be able to give more scholarships and/or larger awards, eventually. It depends on how much money we can put into the sustainable fund.

We ask our local sponsors to help support these efforts with "in-kind donations" at our silent auctions that are held at the Medical Society's Annual Membership Gala every November. We will also accept other financial contributions from those of you who don't come to the gala. We'll recognize all donors in the Medical Society's monthly newsletter - *North Coast Physician.*

Anyone can make contribution to the fund at anytime. Please make checks payable to the "Humboldt Area Foundation" and send your contributions to the Medical Society at P.O. Box 6457, Eureka, CA 95502. Alternatively, you may contribute on-line through the following URL: **www.hafoundation.org/HDNCMSFuturePhysicians**. The Humboldt Area Foundation will send an official receipt with tax deduction information needed.

Please help us get the word out in the community and help develop a pipeline of future physicians for Humboldt and Del Norte. Remember, we ALL will need a physician at sometime in our lives.

PHYSICIAN RECRUITMENT BROCHURE....

Reminder: the Medical Society has a Physician Recruitment Brochure available to download/print from the Medical Society's website www.hdncms.org under Physician Recruitment section.

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