

This article was downloaded by: [CDL Journals Account]

On: 11 June 2009

Access details: Access Details: [subscription number 785022369]

Publisher Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Health Marketing Quarterly

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title-content=t92306865>

Consumer Friendly or Reader Hostile? An Evaluation of the Readability of DTC Print Ads

Kim Sheehan ^a

^a 1275 University of Oregon, Eugene, OR

Online Publication Date: 15 May 2008

To cite this Article Sheehan, Kim(2008)'Consumer Friendly or Reader Hostile? An Evaluation of the Readability of DTC Print Ads',Health Marketing Quarterly,23:4,1 — 16

To link to this Article: DOI: 10.1080/07359680802131483

URL: <http://dx.doi.org/10.1080/07359680802131483>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Consumer Friendly or Reader Hostile? An Evaluation of the Readability of DTC Print Ads

Kim Sheehan

ABSTRACT. The Food and Drug Administration requires advertisements promoting prescription drugs to be written in “consumer friendly” language. The purpose of this study is to examine the language of Direct-to-Consumer prescription drug advertisements to determine if such language is easy for consumers to read and understand. A series of advertisements for a variety of products, appearing in popular consumer magazines, were analyzed using the Flesch and Gunning-Fogg formulas to determine if DTC advertisements are more or less complex than other advertisements that consumers read today. Results indicate that DTC ads are among the most difficult print ads to read. Additionally, certain types of information contained in these print ads (such as information discussing a drug’s risks and contraindications) are significantly more difficult to read than information in any other type of ad copy in magazines today. Implications for DTC marketers and the FDA are included. doi:10.1080/07359680802131483 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com>> © 2006 by The Haworth Press. All rights reserved.]

KEYWORDS. Direct-to-consumer advertising, prescription drugs, magazines

Kim Sheehan is Associate Professor, 1275 University of Oregon, Eugene, OR 97403 (E-mail: ksheehan@uoregon.edu).

Health Marketing Quarterly, Vol. 23(4) 2006
Available online at <http://www.hmq.com>
© 2006 by The Haworth Press. All rights reserved.
doi:10.1080/07359680802131483

INTRODUCTION

For more than a decade, pharmaceutical companies have advertised prescription drugs directly to consumers. This practice was controversial before it was sanctioned by the Food and Drug Administration, and the controversy has not abated. Many of these controversies surround the inclusion of negative product information about the drug, since Direct-to-Consumer (DTC) advertisements that include both the drug's brand name and what condition the drug treats must also indicate the drug's risks and contraindications.

The FDA has always insisted that this risk information be written in consumer friendly language in order to facilitate consumer comprehension of this important information. However, the FDA has never defined "consumer friendly" language, leaving it open to marketer interpretation. Given a range of other studies which find that health information in a variety of formats is difficult to read and comprehend, it may be possible that the language used in DTC ads to communicate risk information may not be written clearly enough for most consumers to understand. When faced with language that is difficult to understand, consumers may feel anxious, fatigued or discouraged, which may affect patient compliance with any instructions contained in the information.

The purpose of this study is to examine advertising copy in DTC advertisements to determine if indeed the language is easy for consumers to read and understand. A sample of advertisements for a variety of products, appearing in popular consumer magazines, will be analyzed using two readability matrices to determine if DTC advertisements are more or less complex than other advertisements consumers read today.

REVIEW OF THE LITERATURE

Direct-to-Consumer (DTC) promotion of prescription drugs is highly scrutinized and rigorously debated. The size of the prescription drug industry (\$400 billion plus) and the power exerted by the industry in the media marketplace are reasons enough for the scrutiny. The past five years have seen an increase in the average cost of prescriptions as well as an increase in the number of advertising messages about drugs directed to consumers. These DTC advertising messages represent between \$3 and \$4 billion in advertising spending, making DTC advertising one of the top categories of advertising spending (Sheehan 2003).

Before 1997, drug marketers used the “push” strategy to market drugs by targeting the physicians who have the ultimate control and responsibility to prescribe appropriate drugs to their patients. When the FDA sanctioned DTC television advertisements in 1997, drug marketers began to utilize the “pull” strategy, where drug advertisements directed at consumers caused interest to learn more about drugs and to ask their physicians whether certain drugs were appropriate for them. Proponents of DTC messages feel that this strategy can serve a positive public health function by increasing consumer awareness of the availability of specific treatments for ailments (Food and Drug Administration 2003). Consumers tend to have positive attitudes toward DTC advertising, and find the information obtained through such messages useful (Roth 2003). DTC messages, particularly in print, are seen as a key resource for consumers as written information enables them to cross-check information from doctors or other sources (Siegel 2000). Access to drug information, then, balances out what was previously an information asymmetry, where information availability was substantially weighted toward doctors (Eagle and Chamberlain 2004). This allows consumers to take a more proactive role in their own health care decisions. Additionally, research has shown that the presence of DTC messages can increase compliance with prescription administration: basically, people are more likely to complete the course of their prescription when they see messages about a drug that they’ve been prescribed (Haynes, McDonald, and Garg 2002).

The shift from “push” to “pull” has also generated numerous concerns about DTC. Physicians express concerns with changes in the doctor/patient relationship: some are concerned with losing professional control, others with pressure to prescribe drugs inappropriately (Kleinke 2001; Wilkes, Bell, and Kravitz 2000). Other critics question how well information is communicated to consumers, since television ads only run for a minute or less, and print ads contain large amounts of small print information that is seen as difficult to read and easy to ignore (Lyles 2002; Wilkes, Bell, and Kravitz 2000).

DTC advertising is one of the few areas of marketing and advertising tightly controlled by the government, primarily by the Food and Drug Administration (FDA). As per FDA guidelines, branded DTC advertisements (those advertisements that feature both the name of a drug and the condition it treats) on television and radio must include different sources for consumers to find out the full information story on a drug’s benefits, risks, and contraindications, a procedure known as adequate provision (Food and Drug Administration, 1999). Print ads can serve as

one of these sources. As a result, print ads provide a significant level of information about the drug.

Branded print advertisements for prescription drugs often consist of multiple pages. The first one or two pages make up the "display" advertisement (i.e., a traditional advertisement containing a headline, body copy that includes both benefit and risk information, and some type of image). An additional page or a spread consisting of the full prescribing information, often in very small print, accompanies the display ad: the complete listing of risks, benefits and contraindications of the drug for patients.

DTC print ads can be an optimal message vehicle since they allow consumers to spend as much time as they want with the information (Mehta and Purvis 2003). The format of print ads offers more depth of information than other media vehicle, and the nature of the publishing industry means that narrower segment targeting can be achieved (Case 1999; Pinto 2000). In fact, experts suggest that 50% or more of DTC budgets should be dedicated to print advertisements, since overall awareness and returns on investment are greater for print than for broadcast DTC (Case 1999; Liebman 2001).

Roth (2003) described the optimal consumer utilization of DTC print ads as a four-step process. First, consumers must see a DTC ad and perceive it as balanced in terms of benefit and risk information. Second, consumers must recall the advertised information. Third, they must take some action, as in seeking additional information and talking to doctors, and finally, they must engage in medically sound behaviors. Roth insists advertisers must present benefit and risk information in a way that is believable, relevant, and memorable in order to generate recall so that consumers move on to the third and fourth steps of the process.

Several studies have investigated ways to improve the information content of print DTC ads to make sure that consumers attend to key messages they need to make good decisions. Consumers tend to easily process messages that have personal relevance to them. Thus, those suffering from specific illnesses are most likely to pay attention to the small print information for drugs that treat their illnesses (Bell, Kravitz, and Wilkes 1999). However, these users may be overwhelmed with the complexity of information, since DTC print ads often provide numerous secondary and tertiary benefit claims that distract from other types of information (Ehrlich 2002). It could be that marketers provide these claims to balance the effects of risk information to consumers.

Regardless, DTC ads are often information heavy, which tend to be less appealing to consumers than emotional ads. While some DTC

marketers have attempted to use emotional messages, they have found that they do not meet FDA guidelines as clearly as informational ads (Roth 2003).

The FDA is considering eliminating the requirement that drug manufacturers provide the small print full prescribing information pages in print ads (Food and Drug Administration, 2004). The new draft guidance would allow manufacturers to run ads that contain only certain key risk information and that present the risk data in a way that consumers can easily understand. In most cases, advertisers would create a highlighted section in a traditional print display ad where the risk information would be included. The draft guidance suggests that this risk information could be in the main body of the advertisement if the data are put in bullet-point format within a "risk information window," rather than embedded in the text. A risk information window would be that section of the advertisement that stands out from the rest of the copy, either with highlighted text and/or text in clearly defined box or window and could include a title such as "important safety information" that calls attention to the information it contains. This would make such risk information easy for consumers to find and read (Food and Drug Administration 2004). The FDA believes this approach will help consumers focus on the most important risks and thus will have a greater impact on improving consumer health.

The new guidance also encourages drug marketers to provide risk information in consumer friendly language that avoids technical and scientific terms and jargon. This direction is not new to the revised guidance; it has been included in all guidelines on DTC advertising since its inception. The revised guidance also recommends that advertisements include a statement reminding consumers that the information is not comprehensive, and that ads contain a toll-free telephone number or web site where consumers can obtain additional information (Food and Drug Administration 2004).

Experts have positive reactions to this draft guidance. Most believe that the ad pages that contain full prescribing information in small type are difficult for consumers to read; in fact, some magazine publishers generally discount the space cost for such ads since they believe they have little communication value (Hutchins 2004). Research shows that even the "traditional" display print ads do not do a good job of grabbing readers' attention, and are seen as chaotic and wordy (Krisanits 2005). As a result, it is possible that advertisements today, which are supposed to be written in consumer friendly language, are too difficult for many potential consumers to read and understand.

Are DTC ads today chaotic and wordy? Are advertisers using consumer friendly language? This study seeks to evaluate the readability of DTC print ads relative to other ads appearing in media vehicles where DTC ads appear.

Readability of Advertising and Health Information

Research into the readability of print advertising reached the height of its popularity during the 1970s and 1980s when academics feared the “dumbing down” of print advertising in magazines. Bruno (1974) examined consumer and business-to-business advertisements for three industries: airline, automobile and finance. His goal was to see if readability levels of advertising copy for business-to-business users were more difficult than those designed for the ultimate consumers of products. He found that most of the business-to-business ads were written for individuals with an education level of high school or beyond, while consumer advertisements were written for individuals with an elementary school education. Bruno found the writing level for the business-to-business ads appropriate for their designated target audience, who were likely to have at least a high school education.

In contrast, the reading ease of consumer ads may have been an attempt for advertisers to cast a “broad net” and appeal to the largest possible audience with ads, as Bruno estimated that about 75% of the U.S. population could read the selected consumer print ads advertised in his study (Bruno 1974).

Shuptrine and McVicker measured readability of ads in numerous consumer magazines and found that only two magazines, *Fortune* and *Scientific American*, had ads that represented a readability level appropriate for the magazine’s audience (Shuptrine and McVicker 1981). Low readability indices were recorded for ads in three magazines with high levels of education (*People*, *Newsweek*, and *Sports Illustrated*). *The New Yorker*, a magazine with a highly educated audience, had ads whose readability was lower than those of three magazines with audiences with minimal educations (*True Confessions*, *National Enquirer*, and *Grit*). Most surprising to the researchers was that none of the ads had a readability level beyond the junior year in high school. In light of literacy research today, though, this last finding is not that surprising. Literacy research shows that many people read three-to-five grades lower than their highest level of schooling. In a recent study, Hochhauser suggested that individuals with high school diplomas often read what is considered a seventh

to ninth grade reading level (Hochhauser 2003). In fact, literacy researchers suggest that any information to induce readers to take an action should be written at the 8th grade level (Hochhauser 2003).

These advertising studies were conducted before the advent of DTC advertising, and may not reflect the impact of advertising and magazine industries today. Print advertisement readability research since the early 1980s has been minimal, due in part to increasing audience segmentation in the magazine industry that made it easier for advertisers to match ad copy to audience demographic, resulting in the alleviation of the “dumbing down” concern. While research into advertising readability has been minimal, recent studies have examined the readability of other types of written health information (such as pamphlets or brochures targeted to patients). This area of study is of interest since one recent study indicated that nearly one in two Americans do not understand basic health information (Partnership for Clear Health Communication 2004). According to this study, low literacy levels among Americans results in misunderstanding of simple information such as directions for taking medicine or hospital discharge instructions. This may also prevent use of the Internet for health information by people with low literacy skills. Another study found that patient information booklets or pamphlets, a primary source of health information, are frequently too difficult for consumers to read and comprehend. Graber and his colleagues (2002) studied 50 samples of patient education materials from the Internet and found on average the information was written at a 10th grade reading level, which is higher than the 8th grade level recommended for the general public. Other findings confirm that a variety of health information is written above the 8th grade reading level (King, Winton, and Adkins 2003). In a systematic review of 79 studies assessing the quality of consumer health information on the Internet, 70% of papers concluded that quality was a problem (Kisely, Ong, and Takyar 2003). Those looking for information on the Internet may have trouble understanding not only the information about the product at the site, but also the privacy policies at the site.

Poor comprehension of written materials occurs when the required reading level of a particular text exceeds the reading capacity of the target population. In this situation, patients often become anxious, fatigued and discouraged, which may affect compliance with the information they have received (Graber, D’Alessandro, and Johnson-West 2002).

Purpose of Study

The purpose of this study is to evaluate whether advertisements promoting direct-to-consumer prescription drugs are more or less readable than ads for other consumer-oriented products. Specifically, we ask two research questions:

RQ1: How readable are DTC ads compared to ads for products in other categories?

RQ2: Is the risk information in DTC ads comparable in readability to the non-risk information such as the headline and the persuasive body copy?

METHOD

We examined the readability of print advertisements from randomly selected issues of six magazines. Five magazines used by Shuptrine and McVicker (*Fortune*, *New Yorker*, *People*, *Newsweek* and *Sports Illustrated*) were included in the sample for the current study. One additional magazine, *Reader's Digest*, was selected to include a magazine with a broader reader base in terms of educational levels. One random issue of each of these six magazines from the first half of 2005 was selected for the sample, and every advertisement that was one-half page or larger was included in the analysis.

To estimate readability, we entered the text of each print ad into a word processing program, and applied a computer-based analysis tool to each ad's text to estimate the Flesch-Kincaid Grade Level, and the Gunning-Fog index. These two indices are the most popular matrices to measure readability. Rudolf Flesch popularized readability research in 1960s with the publication of *The Art of Readable Writing*. His reading ease score uses the number of syllables per 100 words and the average number of words per sentence to determine text readability (Flesch 1974). The formula results in a score ranging from 0 to 100, and the score can be translated to an estimated reading grade level. Robert Gunning adapted the Flesch-Kincaid score into a new index called the Gunning-Fog index (1952), which uses sentence length and number of three-letter words to evaluate reading ease. The Gunning-Fog index results in an estimated education level for reading comprehension (Gunning 1952). In addition to methodological differences, the Flesch grade level has 12th grade as

the highest level evaluated, while the Gunning-Fogg index evaluates readability using post-high school reading levels.

Each ad was also classified into a product or service category as defined in previous advertising research (see, for example, Ratchford 1987) to allow for categorical comparisons. A few caveats about the analysis on the ads in the DTC category are warranted. For the DTC ads in the study, we performed this analysis only on the “display” portion of the ad and did not include the pages with small print full prescribing information that currently accompanies most DTC ads. As previously discussed, the “display” page is the portion of the print advertisement consumers read most often, and is indicative of the types of messages drug marketers would provide when the revised FDA guidance is approved and implemented. For the DTC sub sample, we analyzed different parts of the advertisements individually. Specifically, we examined the readability of the headlines, the readability of the body copy that included information about the drug that was either neutral or positive, and the readability of the body copy that included risk or other negative information about the drug. DTC ads were the only ones treated in this manner since DTC ads were the only types of ads that contained both benefit and risk information. Two examiners parsed the information for each ad into each of these three categories; agreement between the examiners was 100%.

RESULTS

The final sample from the six selected publications consisted of 239 total ads. A small number of ads appeared in more than one publication, resulting in 224 unique ads in the six publications.

The first research question asked whether the readability of DTC ads was comparable to other categories of ads. The readability level of each category of product (or message) is outlined in Table 1. The Flesch Grade level of the categories ranged from a high of 8.72 for “Corporate Image” advertisements to a low of 1.78 for ads in the “Retail” category. These differences were significant ($F = 326.75$, $p = 0.00$). What this means is that a consumer would need about a ninth grade education to fully comprehend the “Corporate Image” advertisements, and would only need about a second grade education to fully comprehend the retail advertisements. The Gunning-Fogg index ranged from 12.57 for “Corporate Image” ads to 3.8 for “Retail” advertisements. Again, these differences are significant ($F = 457.32$, $p = 0.00$). Since the Gunning-Fogg formula takes

TABLE 1. Readability of Ads by Category

Category	Number of Ads	Flesch Grade Level	Gunning-Fogg Index	Average Number of Words
Corporate image	13	8.72	12.57	125
Telephony	6	8.08	12.35	113
Software	7	8.56	12.01	116
Insurance	6	7.29	11.49	131
DTC	14	8.0	11.27	214
Computers	8	7.47	11.22	114
Finance	24	6.76	10.67	130
Personal Care	3	6.68	10.25	50
Watches	5	7.47	10.10	49
Beauty	5	6.78	9.80	84
Automotive	21	6.67	9.79	100
OTC	7	6.02	9.43	94
Government	2	6.11	8.11	138
Liquor	6	6.02	8.06	59
Snacks	11	4.94	7.92	37
Apparel	6	7.57	7.83	24
Entertainment	19	4.87	7.65	33
Internet	7	4.70	7.61	62
Beverages	7	4.5	7.6	57
Tobacco	2	6.63	7.37	36
Food	29	4.9	7.35	62
Home products	9	4.78	7.29	45
Shipping	2	3.75	6.82	85
Pet	2	3.59	6.74	59
Travel	5	4.21	6.62	66
Real Estate	1	4.09	6.56	81
PSA	2	3.19	6.19	94
Fast Food	3	5.06	5.91	42
Consumer electronics	1	1.94	4.63	92
Retail	1	1.78	3.8	19

a larger range of educational levels into account (i.e., the Flesch formula will not go above 12th grade and the Gunning-Fogg formula does), the scores tend to be somewhat different from Flesch scores. What the Gunning-Fogg scores suggest is that a consumer would need the educational level of a college freshman to fully comprehend the "Corporate Image" ads, while they would need about a fourth grade education to comprehend the "Retail" ads.

Pair-wise analysis was used to group the categories in terms of readability. These groupings are provided in Table 2. DTC ads fall into the top group in terms of reading difficulty, and the readability of such ads were statistically similar to ads for telephony, software, insurance, computers, and corporate image ads. DTC ads are part of a group that is more difficult to read than 76% of the ads surveyed for this study.

For the second research question, we asked whether specific parts of a DTC ad were more or less readable than others. For the 14 ads comprising the DTC sub sample, we separately examined the headlines, body copy with neutral or positive copy, and body copy with risks and indications. The results are outlined on Table 3. The headline is the easiest part of DTC ads to read (mean Flesch grade level = 4.99, mean Gunning-Fog index = 7.84). Less readable is the body copy that presents neutral or positive information about the drug (mean Flesch grade level = 7.77, mean Gunning-Fog index = 10.51). Finally, the risk information is significantly less readable than other portions of the ad (mean Flesch reading level = 9.23, mean Gunning-Fog index = 14.03). Analysis of variance indicates that all pairs are significantly different ($F = 14.392$, $p = 0.00$).

We then compared the readability of the risk information in DTC ads to the most difficult ads to read in the general sample: the “Corporate Image” ads. We found that the risk information of DTC ads is significantly

TABLE 2. Ad Category Groupings

Corporate image, telephony, software, insurance, DTC, computers	
Finance, watches, beauty, automotive, OTC, personal care	
Government, liquor, snacks, apparel, entertainment, net	
Beverages, tobacco, food, home products	
Shipping, pet, travel, real estate, PSA, fast food	
Consumer electronics, retail	

TABLE 3. Evaluation of Parts of DTC Ad

	Headline: Flesch Grade Level/Gunning-Fog Index	Body Copy/Benefits Flesch Grade Level/Gunning-Fog Index	Body Copy/Risks and Indications Flesch Grade Level/Gunning-Fog Index
DTC Ads	4.99/7.84	7.77/10.51	9.23/14.03

Note: ANOVA: $F = 14.392$, $p = 0.00$. All pairs significantly different. Risks compared to “corporate image” $t = 2.92$, $p = 0.01$.

less readable than the “Corporate Image” ads. A t-test of the readability of the risk information using the Gunning-Fogg index compared to the Gunning-Fogg index for corporate image ads shows a significant difference ($t = 2.92$, $p = .01$).

DISCUSSION

The fact that DTC ads are similar in readability to products such as insurance and software is not surprising, since products in these categories tend to have a lot to talk about in their advertisements. The purchase decision is somewhat complex, and the more information available to consumers, the more confident consumers will be in their decisions. Like computer and insurance ads, DTC ads appeared in all six of the magazines analyzed, and the ads that appeared in the publication with the least educated audience (*Reader's Digest*) also appeared in the publications with more educated audiences.

However, the information provided in these advertisements may not be written for all potential consumers of the products. Many of these ads are written for a well-educated audience that may comprise the magazine demographic, but may not comprise the actual consumer population. Products like prescription drugs and mobile phones are products that cut across demographic lines and are purchased by a wide range of people. Segmenting the copy so that it may be difficult for many people to read may be detrimental to the success of the brand.

What is of greatest concern is the finding that the risk information in DTC ads is harder to read than the benefit information and the headline, and that this risk information is also harder to read than the most complex advertisements considered for this study (the “Corporate Image” ads). Clearly, this information is not written in a consumer friendly way. The complexity of the language may keep many consumers from learning about the risks, even after they have already read and understood the benefits. Thus, they may not successfully complete the “second step” of Roth’s process and will not have sufficient knowledge of the drug to have a meaningful conversation with their doctors.

A related concern is the evidence of clear distinctions between the readability of benefit information and the risk information in DTC ads. It could be that drug marketers are using “legalese” to make sure that the important meaning of the risk information is communicated in a way that would not be considered false or misleading. However, it could be a tactic designed to limit the accessibility of the information with the

result of possibly making people believe the drug is less dangerous than it actually is.

The fix is simple: drug marketers should embrace the FDA guidelines to write in consumer friendly language. Examples of difficult to read passages from two advertisements are given below. Note the long sentences and complex words that may cause a consumer to choose to ignore this information.

Patients should speak with their doctor if they have a history of high blood pressure or any heart condition, glaucoma, thyroid problems, emotional instability, mental illness, or a known allergy to this type of medication. If you are currently taken or have recently taken a type of antidepressant called a MAO inhibitor or have a preexisting structural heart abnormality, you should not take Adderall XR.

Due to the decongestant (pseudoephedrine) component in Allegra-D, this product must not be used if you: are taking an MAO inhibitor (a medication for depression) or have stopped taking an MAO inhibitor within 14 days; retain urine; have narrow-angle glaucoma; have severe high blood pressure or severe heart disease. You should also tell your doctor if you have high blood pressure, diabetes, heart disease, glaucoma, thyroid disease, impaired kidney function, or symptoms of an enlarged prostate such as difficulty urinating.

Compare this risk information to the risk information below, which is written with shorter sentences and simpler language. Both of the examples below had reading grade level scores in the 7th-9th grade range.

We know that no medicine is for everyone. If you use nitrate drugs, often used for chest pain (known as angina), don't take Viagra. Taking these drugs together could cause your blood pressure to drop to an unsafe level. The most common side effects of Viagra are headache, facial flushing, and upset stomach. Less common are bluish or blurred vision, or being sensitive to light. These may occur for a brief time.

Important information: Vytorin is a prescription tablet and isn't right for everyone, including women who are nursing or pregnant or who may become pregnant, and anyone with liver problems. Unexplained muscle pain or weakness could be a sign of a rare but

serious side effect and should be reported to your doctor right away. Vytorin may interact with other medicines or certain foods, increasing your risk of getting this serious side effect. So, tell your doctor about any other medications you are taking.

The FDA's revised guidelines on print advertising continue to insist that ad copy should be written in consumer friendly language. As it seems that pharmaceutical companies tend to ignore or misinterpret this guideline, the FDA should find ways to increase compliance. For example, the FDA could develop a "style sheet" that would include examples of language that are and are not consumer friendly. This would provide a template for advertisers to use in copy development and for the FDA to use in copy approval. The FDA should encourage the use of focus groups to allow consumers to review and discuss ad copy, which can help marketers to craft messages using appropriate language.

The FDA should consider requiring DTC marketers to include the results of consumer copy tests or some other type of consumer evaluation to confirm that the risk information is both readable and understandable by magazine readers in the appropriate target markets for the advertisements. This type of evaluation will help to ensure that key information about drugs is communicated clearly and effectively to current and prospective consumers of drugs. Finally, the FDA should consider sanctions against marketers who did not include consumer friendly language in their advertisements, and insist that these advertisements be revised in order to make them as easy to read as possible.

CONCLUSION

DTC print ads are among the most difficult types of ads to read today. Risk information in DTC ads sampled for this study is the most difficult to read ad copy printed in magazines today. The clear distinctions on the readability scale should indicate to the FDA and DTC marketers that DTC ads are not fulfilling the FDA's mandate for ads to be written in consumer friendly language.

This study is limited in that it looked at a relatively small sample of advertisements from a controlled group of magazines. Future research could evaluate more print advertisements and examine if specific manufacturers differ in their language choices in their print advertisements. Actual consumer comprehension of different types of language should

also be examined. This will help to determine the optimal language choices for DTC advertisements.

New FDA guidelines on DTC print advertisements are designed to highlight the risk information in the display portion of the ads. While consumers will be exposed to less risk information overall (through the absence of the small print page of risks and contraindications), the FDA is searching for ways to make sure that consumers read and comprehend some level of risk information. They must vigilantly review the pharmaceutical industry to make sure that DTC ads provide easy to understand information that consumers can utilize in the decision-making process.

REFERENCES

- Bell, R. A., R. L. Kravitz, and M. S. Wilkes (1999), "Direct to Consumer Prescription Drug Advertising and the Public." *Journal of General Internal Medicine* 14 (11):651-658.
- Bruno, Sam J.(1974), "A Readability Comparison Between Industrial and Consumer Advertising Copy", *The Journal of Business Communication* 11 (2):32-41.
- Case, Tony. (1999), "Print RX Spending Declines as Marketers Turn to TV". *Advertising Age*. (70), 11, 2.
- Eagle, Lynne, and Kerry Chamberlain. (2004), "Prescription Medication Advertising: Professional Discomfort and Potential Patient Benefits: Can the Two Be Balanced?" *International Journal of Advertising* 23:69-90.
- Ehrlich, Bob.(2002), "The Lost Art of Advertising Focus". *DTC in Perspective* September 22.
- Flesch, Rudolf. 1974. *The Art of Readable Writing*. New York: Harper and Row.
- Food and Drug Administration Center for Drug Evaluation and Research (CDER), (1999, August 9). Guidance for Industry: Consumer-directed Broadcast Advertisements. Federal Register, 64, (152), 43197-43198, (Docket 97D-0302).
- Food and Drug Administration (2003), FDA Releases Preliminary Results of Physician Survey on Direct-to-Consumer RX Drug Advertisements.
- Food and Drug Administration. (2004). Draft Guidelines on Risk Information in Print Advertisements.
- Graber, Mark A., Donna M. D'Alessandro, and Jill Johnson-West (2002). "Reading Level of Privacy Policies on Internet Health Web Sites". *The Journal of Family Practice* 31 (7):642-645.
- Gunning, Robert (1952). *The Technique of Clear Writing*. New York: McGraw Hill.
- Haynes, R. B., H.P. McDonald, and A.X. Garg (2002). Helping Patients Follow Prescribed Treatment. *Journal of the American Medical Association* 288 (22):2880-2883.
- Hochhauser, Mark (2004). *Why Patients Won't Understand Their HIPPA Privacy Notices* [Web page]. Privacy Rights Clearinghouse, 2003 [cited May 24 2004]. Available from <http://www.privacyrights.org/ar/HIPAA-Readability.htm>.
- Hutchins, Traver (2004), The Finer Points of DTC Risk Rules. *Medical Marketing and Media*:18.

- King, Maia M., Alan S.W. Winton, and Angela D. Adkins (2003), "Assessing the Readability of Mental Health Internet Brochures for Children and Adolescents". *Journal of Child and Family Studies* 12 (1):91-99.
- Kisely, Stephen, Greg Ong, and Ashish Takyar (2003), "A Survey of the Quality of Web Based Information on the Treatment of Schizophrenia and Attention Deficit Hyperactivity Disorder," *Australian and New Zealand Journal of Psychiatry* 37:85-91.
- Kleinke, J. D. (2001), The Price of Progress: Prescription Drugs in the Health Care Market. *Health Affairs* 20 (5):43-60.
- Krisanits, Tracy (2005), Print DTC Fails to Grab Attention: Study. *Medical Marketing and Media*:28.
- Liebman, Milton (2001). "Return on TV Advertising isn't a Clear Picture:." *Medical marketing and Media* 36 (11):80-84.
- Lyles, A. (2002), "Direct Marketing of Pharmaceuticals to Consumers". *Annual Review of Public Health* 23 (1):73-91.
- Mehta, Abhilasha, and Scott C. Purvis (2003). "Consumer Response to Print Prescription Drug Advertising," *Journal of Advertising Research*:194-206.
- Pinto, Mary Beth. (2000). "On the Nature and Properties of Appeals Used in Direct-to-Consumer Advertising of Prescription Drugs". *Psychological Reports* 86 (2):597-607.
- Ratchford, B. T. (1987). "New Insights about the FCB Grid." *Journal of Advertising Research*: 24-38.
- Roth, Martin (2003), "Media and Message Effects of DTC Prescription Drug Print Advertising Awareness." *Journal of Advertising Research*:180-193.
- Sheehan, Kim (2003), "Balancing Acts: An Analysis of FDA Letters Regarding DTC Advertising Violations." *Journal of Public Policy and Marketing* 22(2), 159-169.
- Shuptrine, F. Kelly, and Daniel D. McVicker (1981), "Readability Levels of Magazine Ads". *Journal of Advertising Research* 21 (5):45-51.
- Siegel, L. (2000), "DTC Advertising: Bane or Blessing? a 360 Degree View." *Pharmaceutical Executive* 20 (10):140-152.
- Wilkes, M.S., R.A. Bell, and R. L. Kravitz (2000), Direct to Consumer Prescription Drug Advertising: Trends, Impacts and Implications. *Health Affairs* 19 (2):110-128.