DIRECT-TO-CONSUMER PRESCRIPTION DRUG ADVERTISING AND THE
CULTIVATION THEORY

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DIRECT-TO-CONSUMER PRESCRIPTION DRUG ADVERTISING AND THE CULTIVATION THEORY

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Thesis

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ABSTRACT

This study indicated a change in our culture and a change in physician and patient communication as a result of direct-to-consumer prescription advertising. The Cultivation Theory served as a lens for understanding how these advertisements could have changed something as important as how we manage our health. The content analysis examined direct-to-consumer advertisements aired on primetime television during a one-week period. It was shown that 22 direct-to-consumer advertisements aired. Of those direct-to-consumer advertisements, 14 were aired during dramas, four during news programming, two during reality programming and situational comedies, and zero during sports programming. One hundred percent of the advertisements contained a call to action. The direct-to-consumer advertisements contained positively framed messages 95.5% of the time and negatively framed messages 63.6% of the time. Ninety percent included a toll-free number while 100% percent contained a website.
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CHAPTER I

INTRODUCTION

In 1555 the Royal College of Physicians in London mandated that physicians must not teach patients about medicines or tell them why they were prescribed for fear that patients would use these medicines improperly (Sheehan, 2003). Even in the 1980’s, the physician-patient relationship could be described as one in which the physician prescribed and the patient complied (Ballard-Reisch, 1990). In the 1990’s, direct-to-consumer advertising of prescription advertisements began in the United States. Direct-to-consumer advertising is “any promotional effort by a pharmaceutical company to present prescription drug information to the general public through the lay media” (Bradley & Zito, 1997, p. 86).

Direct-to-consumer advertising is a relatively new phenomenon and the body of research is rapidly growing. First, it is known that spending by pharmaceutical companies on advertising has grown exponentially from approximately $25 million in 1988 to a projected $7.5 billion by the end of 2005 (Cline & Young, 2004). Second, researchers have examined the content of print and Internet advertising. This type of research showed that direct-to-consumer pharmaceutical advertisements have specific types of messages that span the various types of drugs (Handlin, Mosca, Forgione, & Pitta, 2003). Third, researchers have examined the nonverbal cues in direct-to-consumer
advertising, finding that the majority of advertisements contain exclusively healthy looking people (Cline & Young, 2004).

Fourth, researchers have examined the experiences of consumers and physicians with direct-to-consumer advertising finding that the messages have reached a significant number of both (Findlay, 2001). Finally, models have been created to facilitate participatory decision-making between health care providers and patients (Handlin et.al, 2003).

The combination of consistency in types of messages and the experiences of consumers and physicians may have changed our culture from one in which the physician prescribed and the patient complied to one in which physicians and patients make decisions together regarding prescription medication. This is arguably a shift from the model that existed even in the 1980’s. George Gerbner’s Cultivation Theory may be suited to help examine this shift. Gerbner’s central argument is that television creates a worldview that, although possibly inaccurate, becomes a reality because people believe it to be the reality (Gerbner, Gross, Morgan, & Signorielli, 1994).

Cultivation may explain how direct-to-consumer advertising contributed to the shift in our worldview of how medication is prescribed. To examine the possible link this study measured the frequency of direct-to-consumer advertisements in one week’s worth of network primetime broadcasting. This content analysis examined the frequency of drug brands advertised, as well as the frequency of calls to action, positively framed messages, negatively framed messages, toll free numbers, and websites included in those advertisements.
CHAPTER II
LITERATURE REVIEW

Direct-to-consumer advertising of pharmaceutical products did not exist in 1994. However, O’Donohoe (1994) found that consumers in general were becoming more sophisticated, as was the relationship between advertisers and consumers growing more complex. O’Donohoe’s study categorized advertisements as either marketing or non-marketing in nature. In general, her participants talked about advertising as providing information about products, thereby facilitating choice, convenience and competition. The research also suggested that advertising provided reassurance and stimulated consumption related aspirations (O’Donohoe, 1994).

Specifically, in regards to information, O’Donohoe (1994) found that advertising primarily provided information on availability and price and that there was little expectation that the advertisement would tell consumers about actual product features. When it came to choice, advertising was thought to stimulate competition, provide people with information about alternatives and tell people about those alternatives. Advertising can enhance quality assurance and reassurance because respondents felt that if a company advertised its brand that it would stand behind its brand. Finally, advertising was found to stimulate consumption for consumers that had no need for the product but fueled a desire for the product in the future when they might need it.
Increasing the sophistication and complexity of advertising in 1997, the Food and Drug Administration (FDA) relaxed its rules regulating prescription drug advertising. Manufacturers were given permission to advertise in the broadcast media with detailed information on the use, indications, and potential adverse events of brand named prescription medication. By the year 2000, direct-to-consumer advertising became a $2.6 billion dollar industry with about 2% of total prescription drug expenditures. Direct-to-consumer advertising became the channel of choice for reaching pharmaceutical customers (Parmar & Arundhati, 2003). By 2001 the 24 most heavily advertised drugs were for chronic conditions. These chronic conditions included: allergy relief, anti-ulcer, anti-obesity, male pattern baldness, smoking cessation, erectile dysfunction, anti-diabetic, antiviral, bladder control, anti-migraine, asthma, anti-depressants, anti-arthritic, and Alzheimer’s (Findlay, 2001).

Regardless of the class of drugs, there does appear to be similarities when it comes to advertising. Handlin et al. (2003) published a review of more than 30 direct-to-consumer print ads in the *Journal of Consumer Marketing*. The researchers found patterns in organization of content, two basic message types, and barriers to effective comprehension by the consumer. First, Handlin found that print ads showed a clear pattern starting with body copy. This copy ranged from 220-350 words that consistently began with an explanation of what the drug does and why it is important. This was followed by an overview of risk factors, and reminders that the drug was not for everyone. Finally, due to FDA requirements, there was a full disclosure of indications and contraindications, generally found on a separate page. Second, Handlin found that the two basic types of messages were either positively framed or negatively framed. The
team explained that positively framed messages emphasize the benefits of particular products. For example, “after just 12 weeks of treatment Lamisil may help you see clearer, healthier nails” (Handlin et al., 2003, p. 231). A negatively framed message portrays the adverse consequences of not using a product. For example “an overactive bladder can be an accident waiting to happen” (Handlin et al., 2003, p.231). The group’s research found that negatively framed messages were more effective in persuading the consumer to act. Third, the review of direct-to-consumer print ads found frequent use of terms that may be unfamiliar to the majority of consumers and had the potential to lead to poor comprehension. Terms included placebo, topical, contra-indication, somnolence, and dyspepsia. Other confusing terms include, but were not limited to absolute benefit increase, number needed to treat to cause one harmful event, and confidence interval. These terms could lead to poor comprehension, which may lead consumers to feel like they have missed something (Handlin et al., 2003).

Cline and Young (2004) conducted a study that explored the visual characteristics of advertisements that may influence consumers to change their health care interaction behavior. The researchers found that if consumers were to change their interaction the advertisement had to attract attention, offer messages that invite identification with depicted models, and associate rewards with the models and the advertised product. There findings indicated that the majority of advertisements contained models and that over 91% of the people were portrayed as exclusively healthy looking people (Cline & Young, 2004).

In contrast to the research conducted by Handlin (2003), and Cline and Young (2004) that specifically focused on the content and types of messages in print advertising
Dupuitis (2002) reviewed the Internet and its impact on prescription pharmaceutical product consumers. He found that the Internet affects pharmaceutical consumers through five main functions. “These functions are: to provide and distribute information; to support informed decision making; to promote health; to provide a means for information exchange and support; and to increase self care and manage the demand for health services, thus, lowering direct medical costs” (p. 679). Dupuitis also argued that the Internet influences the pharmaceutical consumer by enhancing the move to consumer empowerment and that the Internet offers increased self-care capabilities to consumers through pharmaceutical information.

Previous researchers have not examined the frequency or impact of messages that call a patient to action. A call to action could be defined as any spoken or written copy in the advertisement that called the viewer to engage a physician in dialogue about the advertised medication. For example, an advertisement for Ortho-Evra states “Want to simplify your life, talk to your health care professional so you can be smart about your body and smart about your birth control.”

Eight years have passed since the FDA relaxed its laws. In 2005, the PhRMA (Pharmaceutical Research and Manufacturers of America) which represents America’s leading pharmaceutical research and biotechnology companies, met to review the laws set forth by the FDA (PhRMA, 2005). The FDA requires all direct-to-consumer advertising to be accurate and not misleading, and to only make claims when supported by substantial evidence that reflects the balance between risks and benefits, and is consistent with the FDA approved labeling (PhRMA, 2005).
According to PhRMA chairman Bill Weldon, the group also implemented 15 new Guiding Principles for direct-to-consumer advertising (PhRMA, 2005). By suggesting the adoption of these guidelines, Weldon asked the industry to use advertising not only to promote new medicines but also to educate the consumer about health and diseases. Weldon had the following four suggestions. One, companies should spend an appropriate amount of time educating health professionals about new medicines or new therapeutic indication before beginning direct-to-consumer advertising. Two, companies should submit all new direct-to-consumer advertisements to the FDA before releasing them for broadcast. Three, direct-to-consumer advertisements must be targeted to avoid audiences that are not age-appropriate for the messages involved. Four, companies should no longer use “reminder” television advertising, that is, direct-to-consumer television advertising that identifies a product but does not state the indication the product is approved for or the major risks associated with the medicine (PhRMA, 2005).

The physician-patient relationship was described as one in which the physician prescribed and the patient complied (Ballard-Reisch, 1990). The following research will examine if this dynamic has changed, in part, as a result of direct-to-consumer advertising. Cultivation Theory may explain why this change may have taken place.

George Gerber is widely acknowledged as the creator of the Cultivation Theory. His central argument is that television creates a worldview that, although possibly inaccurate, becomes a reality because we believe it to be the reality (Gerbner et al., 1994). According to Gerbner, many of our judgments about the every day world stem
from television viewing. Everyone is a television viewer according Cultivation Theory. It is only a matter of heavy viewers versus light viewers (Gerbner et al., 1994).

Baran and Davis (2000) summarized Gerbner’s five assumptions about television and how it shapes our view of reality. First, television is essentially and fundamentally different from other forms of mass media because it is in 98% of homes, does not require literacy, is free, combines picture and sound, does not require leaving home, and is the only medium that people can utilize at both the earliest and latest stages of life. Second, television is accessible to everyone and reaches the masses with both entertainment and information. Third, television presents itself as communicating basic facts of life rather than specific attitudes and opinions. Fourth, television’s major cultural function is to stabilize social patterns and cultivate resistance to change. Lastly, as cited, the observable, measurable, independent contributions of television to the culture are relatively small (Baran & Davis, 2000). Cultivation is not the effect of a single television text but rather the cumulative effect of the similar texts overtime.

According to this Cultivation Theory, cultivation occurs through mainstreaming. Gerbner believes the cumulative effective of constant exposure to the same images and labels creates a commonality of outlook known as mainstreaming. Gerbner described mainstreaming as “relative commonality of outlooks and values that heavy exposure to the television world tends to cultivate” (Gerbner, 1998, p.183). Second, cultivation occurs through resonance. Gerbner explains that when viewers have experiences in everyday life congruent with the experiences witnessed on television the cultivation process is amplified (Gerbner et al., 1994).
Cultivation Theory can also be utilized to examine the impact of direct-to-consumer pharmaceutical advertising. First, direct-to-consumer pharmaceutical advertising began to appear on television in 1997. This means that direct-to-consumer pharmaceutical advertising is available for free to 98% of people in their homes regardless of literacy. According to Cultivation Theory, television is viewed as informative and representative of basic facts of life and has the demonstrated power to stabilize social patterns. Second, direct-to-consumer pharmaceutical advertising is constant and consistent in its use of images and labels. The effect of these cumulative images and labels is mainstreaming, congruent with Cultivation Theory. Third, the possibility for resonance exists. Viewers can experience real world examples of people in their lives talking about their medications and recounting stories of dialogue about medications with their physicians.

Furthermore, there is evidence that the traditional practice of physicians prescribing and patients complying has shifted. The shift in this dynamic is first noted in 1999, two years after the advent of direct-to-consumer prescription drug advertising. *Prevention* magazine and the American Pharmaceutical Association conducted a 1200 person survey. Thirty-one percent of the 1200 respondents said they had talked with their physician about a prescription drug they had seen advertised. Out of those surveyed, 104 asked for the drug and 87 said their physician complied. When *Prevention* projected these response rates across the United States, 54.8 million consumers had spoken to their physician about an advertised drug, 15.3 million requested the drug, and 12.9 million received it (Findlay, 2001).
Findlay’s work focused on the experience of the consumer. The experience of the physician also has been taken into account. Unlike most other products, the consumer cannot purchase a prescription drug simply because of the appeal of the advertisement. The physician ultimately makes the decision to prescribe or not prescribe the advertised drug.

Lipsky and Taylor (1997) reviewed a study of 454 active members of the American Academy of Family Practitioners who responded to a direct-to-consumer advertising survey. The researchers found that 95% of those physicians had encountered direct-to-consumer advertising. The 454 doctors also reported that an average of seven patients had asked each of them over the last six months for a specific prescription. This data, in combination with the results of the 1999 Prevention study, support that consumers are having dialogues about prescription medicine they have seen advertised (Lipsky & Taylor, 1997).

Sheehan (2003) conducted a study that found more than two-thirds of physicians surveyed believed that direct-to-consumer advertising raises awareness of health treatment. Fifty percent of surveyed physicians believed direct-to-consumer advertising leads people to seek treatment. Sheehan also reports that both patients and physicians perceived direct-to-consumer advertising as a way to initiate conversation with one another and that this enables doctors to give general health recommendations, not just prescriptions. It is also believed that advertising breaks down fears that some patients have about some conditions and enhances compliance, ultimately leading to reduced surgeries and hospital stays (Sheehan, 2003).
As much as this literature illustrates what is known about direct-to-consumer prescription drug advertising it also should illustrate what is unknown. As previously mentioned, O’Donohoe’s 1994 study documented the growing recognition that consumers in general were becoming more sophisticated and the relationship between advertisers and consumers was growing more complex. Because direct-to-consumer prescription drug advertising did not exist in 1994, questions remain. For example, how would consumers rate what they learned from the information about the features of the prescription medicine? Additionally, it is unclear how direct-to-consumers prescription drug advertisements may stimulate competition. For example, would a medicated person with high cholesterol investigate another medication because of an advertisement? O’Donohoe also found that her respondents reported increased feelings of quality assurance and reassurance because of advertising. Is a patient more or less likely to discontinue the use of a medication that they see advertised? For example is a patient likely to stay on their cholesterol medication because of the consistent reassuring advertisements. Finally, O’Donohoe found that advertising increased consumption stimulation. Is it possible that a consumer may be more likely to request a drug they saw advertised years ago if they develop a condition in the future?

Even without knowing all the answers the previous research has demonstrated that the doctor and patient relationship that existed between 1555 and the 1980’s has been changed. Sheehan (2003) suggests one could conclude that direct-to-consumer advertising has improved overall health care and increased collaborative decision-making communication.
However, according to Findlay (2001), physician’s sense potential problems if they say no to products they would not otherwise prescribe. This is due in part to their feelings that they cannot afford to alienate or disappoint patients. Research shows that physicians may disappoint and even lose patients by not complying with their requests. Bell, Wilkens, and Kravitz’s 1999 survey asked respondents how they would react to a physician who hypothetically refused their request for a prescription based on direct-to-consumer advertising. Forty-six percent of respondents believed that they would be disappointed and 25% responded that they would likely resort to seeking the prescription elsewhere (Hallquist, 2003).

According to Findlay, physicians often have good reasons for not choosing the advertised product. Physicians express concerns that tainted information from direct-to-consumer advertising undermines their expertise and professionalism, and affects the physician-patient relationship. Findlay also reports that in a 1998 survey of 2000 physicians, 38% said direct-to-consumer advertising confused patients, 42% found advertisements to be negative, and 16% found they did more harm than good. Physicians sited a “misleading biased view” as the most common disadvantage to direct-to-consumer advertising followed by not having the time to clarify the misunderstandings (Lipsky & Taylor, 1997). Hallquist and Viale (2003) found that pharmaceutical companies often promote the newest and most expensive products. Physicians may choose to prescribe a lower-cost alternative with equal benefits. Misinformation, biased views, lack of time, and cost all play a role in physician’s negative response to direct-to-consumer advertising (Hallquist, 2003).
Handlin (2003) cites that in response to both the benefits and the potential drawbacks of patients engaging physicians in decision making related to direct-to-consumer advertising of prescription medication, the Therapeutic Initiative (2001) for evidence-based drug therapy has recommended a series of questions the physician should answer before writing a prescription based on an advertising-prompted request:

1. Does this patient fit the drug’s indications? (i.e., is the patient in the wrong age group, wrong gender, present wrong conditions, etc.)

2. Does the patient have a realistic idea of the drug’s effectiveness? (i.e., does only one out of four patients experience the benefit, or is the percentage improvement small, etc.?)

3. What other options are available? (i.e., is there an OTC version of the drug, alternative prescription drugs, alternative therapies, or non-drug or surgical interventions, etc.)

4. What are the harms and risks? (i.e., did one out of every 50 test subjects experience adverse side effects, are the adverse side effects of long-term use known, etc.)

5. How long will I have to prescribe it? (i.e., will all benefit stop within weeks of discontinuance, is continuous treatment needed to maintain the benefit, etc.)

6. How will I know that it is working? (i.e., is it difficult to be certain the drug is working, will the effect take several months or a year to be achieved, etc.)

7. What other facts should I know about the drug? (i.e., is this drug used to treat other illnesses, does it come in higher doses for different applications that will adversely affect the patient, what are the contraindications, will it cause reproductive abnormalities, etc.)

8. What are my legal liabilities if I give in to patient pressure to prescribe it? (i.e., are they different than for any other prescriptions, etc.)

9. What is it going to cost? (i.e., what are they average daily, monthly, or yearly costs to the patient for this drug, etc.)
According to Kreps and Query (1998) the effectiveness of general participative decision-making lies in the communication skills of both parties. Health communication research has shown that the communication skills of both health care providers and consumers determine the overall effectiveness of health care. Furthermore, patient satisfaction, compliance, and recuperation have all been linked to quality patient-physician communication (Kreps & Query, 1989). According to Kaplan, Greenfield, Gandek, Rogers, and Ware (1996) a participative decision-making relationship has also been shown to make sense from a dollars and cents standpoint. Research conducted in solo practices, multi-specialty groups, and health maintenance organizations in Boston, Chicago, and Los Angeles found that of patients who rated their physicians in the lowest quartile of participatory decision-making styles, one-third changed physicians the following year. Only 15% of patients changed physicians when they rated their physician in the highest quartile.

The Model for Participative Decision Making in patient-physician interactions was created in response to the overall benefits attributed to quality health care communication. Ballard-Reisch (1990) developed her model for Participative Decision Making for Physician-Patient Interaction in order to aid patients and physicians in competent interactions and quality medical decision-making. Her model is a structured framework that recognizes different perspectives, offers approaches for negotiating, and encourages analysis. Ballard-Reisch’s research shows that a structured model offers advantages over an unstructured model, including higher quality decisions, increased satisfaction with interactions, and increased compliance with treatment regimens.
Ballard-Reisch’s model of Participative Decision Making for patient-physician interaction proposes that decision making in the health care delivery process occurs over three phases. The first phase is the diagnostic phase characterized by information gathering and information interpretation. For example, the first phase can be demonstrated by a consumer watching a prescription drug television advertisement and then seeking more information on the drug’s website. The second phase is exploration of treatment alternative. This phase consists of exploration of alternatives, criteria establishment for treatment and weighing of alternatives against treatment. For example, the second phase can be demonstrated by the consumer comparing information from two prescription allergy medication magazine advertisements. The final phase is treatment decision, implementation, and evaluation phase including alternative selection, decision implementation, and evaluation of the implemented decision. For example, the consumer may use the symptom trackers available on prescription drug websites to guide a conversation with the physician about evaluation of treatment. During each phase there are four options available to the patient and physician; patient abdication, collaborative relationship, patient autonomy, and relationship termination (Ballard-Reisch, 1990).

Ballard-Reisch is not the only communication scholar to research participative decision-making. Elwyn, et al. (2001) offered their own empirical model that physicians can engage in at any time during the Participative Decision Making for patient-physician interaction. The tactics include problem definition, equipoise, options and information about options, enabling patients to explore their concerns and queries, decision making at any point in the consultation, and reviewing arrangements.
In conclusion, direct-to-consumer advertising is only eight years old and it is still developing. Some research has pointed to the benefits of direct-to-consumer prescription advertising and some research has pointed to the drawbacks. All of the research has pointed to the change in our culture and the change in physician and patient communication as a result of direct-to-consumer prescription advertising. The Cultivation Theory serves as a lens for understanding how these advertisements could have changed something as important as how we manage our health. This study asks the research questions in the following chapter.
CHAPTER III
RESEARCH QUESTIONS

RQ1: How many direct-to-consumer pharmaceutical television advertisements air in a week of primetime network broadcasting?

RQ2: How many direct-to-consumer pharmaceutical television advertisements air in a week of primetime network broadcasting in these program types; drama, reality, news programs, situational comedies, and sports?

RQ3: What percentages of direct-to-consumer pharmaceutical television advertisements contain a call to action?

RQ4: What percentages of direct-to-consumer pharmaceutical television advertisements contain positively framed messages?

RQ5: What percentages of direct-to-consumer pharmaceutical television advertisements contain negatively framed messages?

RQ6: What percentages of direct-to-consumer pharmaceutical television advertisements contain a toll free number?

RQ7: What percentages of direct-to-consumer pharmaceutical television advertisements contain a website address?
CHAPTER IV
METHODS

This study is a content analysis of direct-to-consumer television advertisements for prescription drugs. “The primary goal of a quantitative content analysis is to describe and count the characteristics of messages embedded in public and mediated texts” (Frey, Botan, & Kreps, 2000, p. 238). Whenever possible content analysts use random sampling procedures to select representative samples of text. It is not uncommon to select primetime network programming to examine the frequency of messages that are available to the public (Frey et al., 2000).

The advertisements for this study were chosen from broadcast networks primetime programming. Primetime was defined as airing between 8:00 PM and 11:00 PM, Monday through Friday. ABC, CBS, FOX, NBC, and UPN were the five networks chosen. These networks and time slots were chosen because of their high ratings and public accessibility. One evening of each network was examined between September 20, 2005, and September 27, 2005. As is customary in content analysis, the evenings were chosen randomly. This study had a total of 15 viewing hours.

In all, 22 direct-to-consumer advertisements were sampled. Three coders were used, two female and one male. The coders were instructed to view the television shows and commercials and then code for show name, brand name, program type, inclusion of a call to action, inclusion of a positively framed message, inclusion of a
negatively framed message, inclusion of a toll free number, and inclusion of a website. Coding for the show name and the brand name of the product was concluded to be straightforward by the coders and required little instruction. Operational definitions and examples were provided to the coders for call to action, positively framed message, and negatively framed message as described in the methods section. A code book (see Appendix) was utilized by all three raters.

Five separate programming types appeared during the study: drama, reality, news programs, situational comedies, and sports. Examples of the five programming types in order include *CSI: Crime Scene Investigation, Survivor: Guatemala-The Maya Empire, Action News at Ten, According to Jim,* and *NFL Football-Kansas City Chiefs at Denver Broncos.* Coders were instructed to choose which of the five program types was most appropriate for each show.

Each direct-to-consumer advertisement was coded for calls to action. A call to action was defined as any spoken or written copy in the advertisement that called the viewer to engage a physician in dialogue about the advertised medication. For example, an advertisement for Ortho Evra states, “Want to simplify your life, talk to your health care professional so you can be smart about your body and smart about your birth control.” Coders were provided with this operational definition and example.

Direct-to-consumer advertisements were coded for positively framed messages and negatively framed messages. Positively framed messages emphasize the benefits of particular products. For example, “after just 12 weeks of treatment Lamisil may help you see clearer, healthier nails” (Handlin et al., 2003, p.231). A negatively framed message portrays the adverse consequences of not using a product. For example,
“an overactive bladder can be an accident waiting to happen” (Handlin et al., 2003, p.231). Coders were provided with these operational definitions and with these examples.

Finally, the direct-to-consumer advertisements were coded for the inclusion of a website or toll free number. The number or website could be provided either in the verbal or visual context of the message. Coding for a toll free number or a website was determined to be straightforward by the coders.

The reliability ranged from an alpha of 1.0 to an alpha of .6981. An alpha of 1.0 represented 100% agreement among the coders. Show name, brand name, call to action inclusion, positively framed message inclusion, toll free number inclusion, and website inclusion all resulted in an alpha of 1.0. Program type resulted in an alpha of .9449 and negatively framed message inclusion resulted in an alpha of .6981.
CHAPTER V

RESULTS

The first RQ asked, “How many direct-to-consumer pharmaceutical television advertisements air in a week of primetime network broadcasting?” This study showed that 22 advertisements aired during the 15-hour span of data that was collected. The second RQ asked, “How many direct-to-consumer pharmaceutical television advertisements air in a week of primetime network broadcasting in these program types; drama, reality, news programs, situational comedies, and sports?” This study showed that 14 advertisements or 64% occurred during dramas, followed by four in news, and two each in reality programming and situational comedies (See Table 1). Clearly the vast majority of advertising occurred during dramas. Specifically, seven direct-to-consumer advertisements aired during CSI: Crime Scene Investigation. Seven was the highest total number of direct-to-consumer advertisements airing on any one individual show. Other dramas containing direct-to-consumer advertisements were Bones, House, and Inconceivable.

News programs were rated the second highest for containing direct-to-consumer advertising at 18%. Fox 8 News contained one advertisement and Dateline NBC contained three. Reality programming accounted for 9% of the direct-to-consumer advertising. The two reality shows captured were Survivor: Guatemala-The Maya Empire, and Wife Swap. Situational comedies also accounted for 9% of the
advertisements and aired on the shows *Still Standing*, and *Yes Dear*. During this study no direct to consumer advertisements ran during a sports broadcast. Of the five networks examined only one, UPN, did not contain any direct-to-consumer prescription drug advertisements.

The third RQ asked, “What percentages of direct-to-consumer pharmaceutical television advertisements contained a call to action?” A call to action was any spoken or written copy in the advertisement that called the viewer to engage a physician in dialogue about the advertised medication. All 22 direct-to-consumer advertisements contained a call to action (See Table 2). For example this message appeared in an Ortho Evra advertisement, “Want to simplify your life, talk to your health care professional so you can be smart about your body and smart about your birth control.” Even though, every direct-to-consumer advertisement contained a call to action the messages themselves were different. Some messages were in the verbal content of the advertisements and some were seen as copy in the advertisements. Examples of verbal calls to action included this message from the makers of Lunesta, “People everywhere are discovering it. What are you waiting for? Talk to your doctor to see in Lunesta could make a difference for you.” An Advair advertisement provided an example of a print only call to action, “Call to learn more or ask your doctor.” Some advertisements included a printed and verbal message that coincided such as, “There has never been a better time to talk with your doctor about Ambien.”

The fourth RQ asked, “What percentages of direct-to-consumer pharmaceutical television advertisements contain positively framed messages?” Positively framed messages emphasize the benefits of particular products. The frequency
for positively framed messages was 95.5% (See Table 3). During this study, examples of positively framed messages included testimonies such as this one for Ambien, “I tried it that night and it helped me get a good night’s sleep.” Other positively framed messages were claims made by the announcer like this example, “Managing type two diabetes can be hard. Avandia can help. Avandia lowers blood sugar.”

The fifth RQ asked, “What percentages of direct-to-consumer pharmaceutical television advertisements contain negatively framed messages?” The frequency for negatively framed messages was 63.6% (See Table 4). The makers of Plavix delivered this negatively framed message, “At 6’ 4’’ 220 pounds Bob is a formidable man. But he was no match for something one millionth of his size. It KO’d Bob so fast he didn’t know what hit him. It was a clot. Like Bob, if you have been hospitalized for chest pain or a certain type of heart attack doctors call ACS, chances are you have had a clot.”

Research questions seven and eight asked, “What percentages of direct-to-consumer pharmaceutical television advertisements contain a toll free number and a website?” This study found the frequency for toll free numbers to be 90.9% and websites to be 100% (See Table 5 and 6). For example, Wellbutrin provided the toll-free number 1-800-310-8855 and the website www.wellbutrin-xl.com.
## Table 1. Program Type Frequencies

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drama</td>
<td>14</td>
<td>63.3%</td>
</tr>
<tr>
<td>News</td>
<td>4</td>
<td>18.2%</td>
</tr>
<tr>
<td>Reality</td>
<td>2</td>
<td>9.1%</td>
</tr>
<tr>
<td>Situational Comedy</td>
<td>2</td>
<td>9.1%</td>
</tr>
<tr>
<td>Sports</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

## Table 2. Call to Action Inclusion Frequencies

<table>
<thead>
<tr>
<th>Inclusion Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>22</td>
<td>100%</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

## Table 3. Positively Framed Message Inclusion Frequencies

<table>
<thead>
<tr>
<th>Inclusion Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>21</td>
<td>95.5%</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>4.5%</td>
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</table>

## Table 4. Negatively Framed Message Inclusion Frequencies

<table>
<thead>
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<th>Inclusion Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14</td>
<td>63.6%</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>36.4%</td>
</tr>
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</table>

## Table 5. Toll Free Number Inclusion Frequencies

<table>
<thead>
<tr>
<th>Inclusion Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>20</td>
<td>90.9%</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

## Table 6. Website Inclusion Frequencies

<table>
<thead>
<tr>
<th>Inclusion Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>22</td>
<td>100%</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>
CHAPTER VI
DISCUSSION

The results of this study indicated that direct-to-consumer pharmaceutical advertising is indeed part of United States culture. During an average evening of primetime television watching a consumer will see at least one direct-to-consumer advertisement regardless of if they are watching a drama, news program, reality program, or situational comedy. One limitation of this study may be that zero direct-to-consumer advertisements ran during the one sports program that aired. Of note, is the fact that seven direct-to-consumer advertisements aired during CSI: Crime Scene Investigation, consistently the highest rated program on primetime television.

While the results of this study indicated the prevalence of direct-to-consumer advertising during primetime television, each commercial is not in and of itself significant. According to the Cultivation Theory the significance lies in the cumulative effect of similar texts over time. This constant exposure to the same images and labels creates a commonality of outlook that the creator of the Cultivation Theory, George Gerbner (1994), referred to as mainstreaming. The results of this study did indicate that there was consistency in the types of messages that were portrayed in each individual direct-to-consumer advertisement.
One consistent message throughout the study was a call to action. One hundred percent of the advertisements contained a call to action. Regardless if the product was for asthma, cholesterol, allergies, toe fungus, contraception, diabetes, sleep disorders, heartburn, or dry eye, consumers were directed to talk to their doctor about the brand name of drug that was being promoted. With this type of frequency, it is no surprise that *Prevention* magazine found that 54.8 million consumers had spoken to their physician about an advertised drug (Findlay, 2001).

With 100% of advertisements containing calls to action and a projected 54.8 million consumers responding to the call to action the argument for Participative Decision Making is strengthened. If consumers are going to request medications they will be engaging their physicians in decision-making. Ballard-Reisch’s (1990) research shows that structured decision-making offers advantages, including higher quality decisions, increased satisfaction with interactions, and increased compliance with treatment regimens.

While all the advertisements contained a call to action they were not all the same. Some calls to action were verbal while others were visual. An argument could be made that there were also differences in the ways the calls to actions were framed. Future research may want to examine the effectiveness of visual versus verbal calls to action as well as the effectiveness of uniquely framed calls to action.

The results of this study also indicated that there was a consistency in the use of positively and negatively framed messages. Handlin (2003) discovered that print direct-to-consumer advertisements typically contained two types of messages. The messages were either positively or negatively framed. This remained a consistent finding.
again in this study of television direct-to-consumer advertisements. Positively framed messages were included 95.5% of the time while negatively framed messages were included 63.6% of the time. The Cultivation Theory suggests that television presents itself as communicating the basic facts of life rather than specific attitudes and opinions (Baran & Davis, 2000). Whether the message is positive or negative, the viewer is exposed to such a consistent number of messages that according to the Cultivation Theory, the consumer can begin to interpret these messages as facts. Handlin’s (2003) research also indicated that negatively framed messages were more effective in persuading the consumer to act. Future researchers may want to evaluate why more pharmaceutical companies do not include negatively framed messages in their direct-to-consumer advertisements.

The last consistent finding was frequency of toll free number and website inclusions in direct-to-consumer advertisements. Toll free numbers were included 90.9% of the time while websites were included 100% of the time. This consistency cultivates the belief that more information is available to the consumer about any prescription product they may be interested in and the information is readily accessible. It is not simply that one product has a website; it is that they all had a website that leads to a cultivation of perceptions about reality. For example, a viewer may be interested in a particular medication for overactive bladder. Even though they did not see a direct-to-consumer advertisement with a web address, all of the advertisements they have seen in the past cultivates their belief that a website does indeed exist. This leads the consumer to a website without the drug manufacturer even having to advertise. Knowing that television advertising is driving consumers to websites, future researchers may want to

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study the websites for brand name prescription products that are launched and maintained by pharmaceutical companies. The same questions asked in this study regarding calls to action, positively framed messages, and negatively framed messages would certainly apply to the websites.

The answers to the research questions support that through direct-to-consumer advertising a culture is being cultivated where patients inquire about medications and engage in participative decision-making with their physicians. All of the advertisements contained a call to action and the overwhelming majority contained positively framed messages, toll free numbers, and websites. Gerbner’s theory states that it is the cumulative effect of these messages that makes them part of the mainstream. Gerbner also argues that through resonance these ideas take root. The frequency of advertisements and the frequency of the calls to action are cumulative. The websites and toll free numbers lead to resonance as the viewer takes action and learns more about how others have initiated dialogue about the prescribed medication.

This study is not without limitations. Twenty-two is a small sample size and it is only representative of those direct-to-consumer advertisements that ran during prime-time. It is recognized that pharmaceutical companies advertise heavily during the national news in the morning and early evening hours. It is also recognized that advertisements likely run through out the day. More research needs to be conducted to determine the actual frequency of exposures to direct-to-consumer advertising for both light and heavy television viewers. With this limitation in mind the study still shows nearly 100% of all 22 advertisements contained a call to action, toll free number inclusion, and website
inclusion. Based on these results it would be difficult to argue these results would vary regardless of sample size.
REFERENCES


APPENDIX

Code Book

Rater Initials: __________ Date: __________

1. What is the name of the show in which this direct-to-consumer prescription drug advertisement aired?
   1. Bones
   2. House
   3. Fox 8 News
   4. Still Standing
   5. Yes Dear
   6. CSI: Crime Scene Investigation
   7. Everybody Hates Chris
   8. Love, Inc
   9. Eve
   10. Cuts
   11. Action News at Ten
   12. Dateline NBC
   13. Three Wishes
   14. Inconceivable
   15. Wife Swap
   16. NFL Football

2. What is the brand name of the prescription drug being advertised?
   1. Advair
   2. Cialis
   3. Concerta
   4. Crestor
   5. Flonase
   6. Lamasil
   7. Levitra
   8. Lipitor
   9. Lunesta
   10. Vytorin
11. Nasonex
12. Ortho Evra
13. Wellbutrin
14. Ambien
15. Plavix
16. Avandia
17. Nexium
18. Restasis

3. What type of program is the direct-to-consumer prescription drug advertisement airing on?
   1. Drama
   2. News
   3. Reality
   4. Situational Comedy
   5. Sports

4. Does the direct-to-consumer prescription drug advertisement contain a call to action as defined in the methods section of this thesis?
   1. Yes
   2. No

5. Does the direct-to-consumer prescription drug advertisement contain a positively framed message as defined in the methods section of this thesis?
   1. Yes
   2. No

6. Does the direct-to-consumer prescription drug advertisement contain a negatively framed message as defined in the methods section of this thesis?
   1. Yes
   2. No

7. Does the direct-to-consumer prescription drug advertisement contain a toll free number?
   1. Yes
   2. No

8. Does the direct-to-consumer prescription drug advertisement contain a website?
   1. Yes
   2. No