EFFECT OF PATIENT ADVOCACY ON PHARMACEUTICAL DEVELOPMENT AND MARKETING.

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Abstract.

Patient Advocacy has been proved to be a strong force which can produce profound effects on pharmaceutical development and marketing. This paper presents the impact of this force on these two important areas. Although it has been utilized as a positive force for the benefits in human society but its negative uses can not be ignored.

1) Patient Advocacy.

In Oxford Advanced Learner’s Dictionary, the word advocacy means,

“Public support to an idea, a course of action or a belief”.¹

Therefore patient advocacy refers to,

“Patients support to an idea or a course of action or belief”

Two components are important in this regard,

i) Patients: A person who receives medical treatment in any form for a particular disease or pathology is a ‘patient’. The patients are increasing by aware of, what they believe to be their human rights and expect doctors and others who are involved in their treatment, to respect them. Rights are claims for specific types of goods or services that individuals are believed to be entitled to make on others. However some are worried regarding the rising patient rights as Leonard Peikoff says “Health care is not a right”².

ii) Idea or course of action or belief: Patient advocacy is attached to the idea or course of action or belief which can improve the outcome of their treatment or can help them to face their problems. This is self generated or disseminated by activists who want to achieve some target or change based on their sincerity or particular interests. Patients can run most affective advocacy campaigns as it has been observed that people who are sick or disadvantaged through illness are motivated to act for themselves and for others.

2) Patient Advocacy and Pharmaceutical Development in Future.

A) Opportunities in the Development of Drugs.

1) Development of new Drugs: Patient advocacy will help to develop new drugs mainly through generating funds. This can be supported by the example of unique partnership developed between Genentech and National Breast Coalition. Early in 1992, a political ally of the National Breast Coalition suggested that new money for breast cancer research could be found more easily if funding was requested via the department of defense rather than more traditional route of the National Institute of Health. In 6 weeks, the national Breast Coalition flooded congressional offices with 0.6 million letters from members and supporters. Ultimately, the Coalition got $210 millions in fund from requested source. In 1993, the National Breast Coalition produced a petition with 2.6 million signatures to the then President Bill Clinton to support renewal of the funding. The important out come of all this US patient advocacy is that, one of the early research project funded by the department of defense led the discovery that over expression of the HER2- new gene in cancer cells, which results in very aggressive biological behavior. Research then demonstrated that an antibody directed against HER2- new gene could slow the growth of the cancer cells that over expressed the gene. This pre clinical research laid the foundation for the development of the “Herceptin” by Genentech.

2) Reduction in the time required for development and approval process: Patient power can reduce the time required for development and approval process. This is achieved by providing funds and creating momentum for fast approval by concerned authorities. Two examples can be presented in this regard.

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First example is the “Omeprazole”, which was developed in routine way without special attention to get patient advocacy. It is a proton pump inhibitor and is used in the treatment of acid peptic disease. The significance of this drug is represented by it’s high demand. The world wide sale of this drug was $5.9 billion in 1999 and 5.7 billion in 2001 and the world wide market for ulcer drugs exceeded 14 billion. Twelve years were spent between the project launched and approval for the patient.

Second example is the “Herceptin” which was developed by Genentech. The company and the National Breast Coalition worked together to design the phase II trials and recruited the patients. The National Breast Coalition acted as the “Patient Champion” and then mobilized it’s members to lobby the government hard for fast tract FDA approval in the US once the breakthrough data was published. Herceptin was approved by FDA in a record five months.

No doubt, many other factors which can delay development and approval process like appearance of unpredictable toxicity of the drug during clinical trials, vigorous interactions with other drugs or the effect of genetic polymorphism, can not be overlooked but role of patient power in this process has high momentum to get the task.

3) Better cooperation of patients during Clinical studies: Usually the patients have confidence on the organizations which run affective advocacy campaigns. They are cooperative and easily follow the instructions given by their advisors. This can help to recruit the cooperative patients in clinical studies. Large data can be produced in this way which can help for better development and evaluation of a drug. For examples in case of “Herceptin” break through data was published within short time which helped the FDA for fast evaluation of this drug.

4) Attention towards ethnic minorities: Out come of the patient advocacy depends upon many factors. Two factors are very important. First is the number of the participants and the second is the planning to get the task. Many general health planners fail to take account of ethnic minorities needs which have health differences. For example heart attack rates are higher among South Asian mans, cancer of oral cavity is common in Indian and Pakistani due to pan chewing habit and end stage renal failure is reached at about four times the rate in blacks compared with white and hypertension is a major cause. Therefore patient power, although small in number but with better planing can attract the attention of the concerned authorities towards their benefits.

B) Challenges in the Development of Drugs.

1) Focus on certain Drugs: Most of the pharmaceutical companies will focus on the drugs of certain diseases only in which they will find potential to gain patient advocacy of large groups. For example American Diabetic Association, National Breast Coalition, Beating Bowl Cancer and American Heart Association have large number of members. This attitude will completely ignore certain diseases and drugs. Orphan Drugs should be mentioned here. These are the drugs for rare diseases and are difficult to research, develop and market, basically due to three reasons,

   i) Only small population is available for the proof of the drug safety and efficacy.

   ii) Since basic research in the pathophysiology and mechanisms of rare diseases tend to receive little attention of funding in both academic and industrial settings, recognized rational targets for drug action may be relatively few.

   iii) Cost of developing a drug can greatly influence the priorities where the target population is relatively small.

Naturally these drugs can not create a greater momentum of patient advocacy due to small population of patients, less attention of campaign organizers and poor charm of pharmaceutical companies, therefore, such drugs will probably be ignored in such circumstances.

2) Unjustified distribution of facilities and funds: Patient advocacy can disturb or direct the policies and plans towards specific interests. This can lead to unjustified distribution of facilities and funds. For example recently American Diabetes Association has been lobbying congress on the need for a greater level of funding for diabetes research. Similarly Department of defense funded $210 million in breast cancer research because National Breast Coalition sent numerous letters to congressional offices from members and supporters. Sometimes large pharmaceutical companies are capable of mobilizing several thousand employees to write or email congressional representatives or state legislators. Since facilities and funds have certain limits so such competition will lead to unjustified decisions to release the pressure of patient power.

3) Patient Advocacy and pharmaceutical Marketing in future.

   A) Opportunities in the Marketing of drugs.
I) Easy Approach to a Particular Segment of Population: The sources which develop patient power organize them into different identities too. They catch attention to particular segment easily after working on their interests. These sources draw strategy to approach general population or particular group of patients. In addition to membership, they adopt appropriate methods to approach general population or a particular segment. Flu campaign use television and press advertising, resource packs, leaflets and free telephone help lines to approach general population, because flu is not an infection of particular segment of population but the campaigns against prostate cancer or Alzheimer disease or postmenopausal osteoporosis utilize “Daily Express” or a Daily Telegraph", that reaches more readers aged over 65. Therefore these sources can help pharmaceuticals to approach a particular segment of the population therefore, it can save time and money with a better result of advertising.

II) Reduction of Impact of Cultural Differences on Marketing: The sources which work to acquire patient power, try to bring patients at a single platform irrespective to cultural differences on the basis of a particular disease and common interests in this regard. These resources try to spread a specific message throughout the world. For example the "Alzheimer’s society has produced audiotapes in 14 languages from polish to hindi. This helps to develop a common understanding in different cultures and populations and therefore, can be considered to be able to support marketing of a particular drug.

III) Improving Patient Relations Due to new Alliances: Newalliances will be developed to gain patient attention which will be utilized to gain patient advocacy and therefore will improve patient relation of pharmaceutical companies. For example charities are forming alliances with the government more than ever, such as ICR in their testicular cancer campaign. Pharmaceutical companies can also be part of such alliances. Black liner worked with Bristol-Myers Squib in their “Positive Attitude” national poster campaign, which was also supported by the department of health. Charities provide pharmaceutical company can get their name and logo out to the general public and show their interest in supporting research and company, thereby achieving their patient relations goal. Charities provide a direct route to the audience that pharmaceutical company needs to reach. It is just a case of aligning the right strategy with the right alliance and one can keep the audience glued.

II) Indirect benefits in marketing of a drug: The sources involved in creating patient power are in continuous in contact to them. They keep them informing and educating the different aspects of a disease. This help pharmaceutical company because patients having knowledge about their disease can understand properly the information given by a pharmaceutical company regarding its product. Similarly the therapeutic response of such product is also improved because such patients can follow the indications, contraindications and dosage of it correctly. Medical education is very important for a product if it is new class of a drug or treats a slightly unusual aspect of a condition. Similarly the activities of sources organizing the patient power, improves the awareness in a society regarding a disease, therefore it leads to early diagnosis and treatment which improve sale of a product.

B) Challenges in the Marketing of Drugs.

I) Influence of Drug Companies: Drug companies will compete to produce influences over the persons involved in campaigns of patient power to get direct or indirect support to their product(s).

II) Disease promotion: Patient power draws attention of millions of peoples. This creates awareness and consciousness in people for a disease. This can be imagined that it can induce a false believe in many people especially those suffering depressive illness that they have this disease or have some ailment or can develop generalized anxiety disorder. Erectile dysfunction, PMDD and GERD which are psychogenic rather than organic. Marketing will receive it’s poor effects because such psychiatric problems can alter the response of other drugs and if anxiolytic or psychotropic drugs are given with these drugs to control these symptoms then there is probability of vigorous drug interactions.

References.


2. Leonard Peikoff, PhD (1993); Speech at a Town Hall Meeting on the Clifton Health Plan, Red Lion Hotel, Costa Mesa CA, Dec 11.
