

## **Module 4: Pharmaceutical Industry Influences on Prescribing**

### Learning Goals

1. Overall: assess the influence of pharmaceutical industry marketing and promotional strategies on physicians' prescribing practices and on the quality and objectivity of peer-reviewed scientific information, and other available information, about psychotropic drugs.
2. Define "medicalization" and "disease-mongering," and reflect on their impact on prescribing.
3. Identify five specific marketing strategies used by pharmaceutical companies to expand markets for medications.
4. Identify lower and upper ranges of estimates of total yearly promotional spending by the pharmaceutical industry in the United States.
5. Define "ghostwriting" and assess known and probable impacts on the probable quality of information available in medical journals.
6. Use critical thinking tools to evaluate the probable quality of easily available information about psychotropic drugs, particularly as found on the Internet.

### Questions for Practice, Supervision and Administration

1. Identify and discuss a case of medicalization of distress (e.g., SAD, GAD, PTSD) that has been recently described in the literature.
2. In your own practice, working with children on psychotropic medication, can you identify the presence or influence of pharmaceutical marketing? Where? How? (Describe three examples.)
3. In academia, professors and course instructors often receive textbooks free from publishers and are under no obligation to use these textbooks in their courses. Do you believe this might present a conflict of interest for professors? Do you think this practice might help to cause (positive) bias toward the publishers? Are there analogies to be drawn to the situation of physicians receiving free drug samples and other small gifts?
4. When one of your clients is prescribed a medication, do you inquire about the availability of older, cheaper, generic drugs? If not, why not?
5. Some authors have suggested that the generic version of a molecule is not always completely identical to its patented version, and should not automatically be substituted for the more expensive latter version.

- Locate some articles that make this argument and summarize the evidence for it.
6. Where do you obtain most of your drug prescription information? Who is the source of the information? Do you feel it is independent and unbiased?
  7. Some people might not feel comfortable asking their physician if he or she has any financial relationships with pharmaceutical companies whose products he or she is prescribing. Do you think it is appropriate to ask this question to the physician who has prescribed an antipsychotic drug to a child in your caseload? Role-play such a situation with one of your colleagues.
  8. You are an administrator in a mental health agency that contracts with several psychiatrists to provide mental health (mostly prescription) services to the agency's clients. You have just learned that in your neighboring state, 1 in 3 psychiatrists have received over the past 5 years direct payment from drug companies and that such payments are associated with the receiver vastly increasing his or her off-label antipsychotic prescriptions to youths. What plan(s) should your agency envisage to:
    - a. Discover if your physicians receive such payments
    - b. Determine any impact such payments may have on services and on client outcomes
    - c. How/what/when other practitioners and your clients should be informed of this, and
    - d. Whether your agency should devise specific policies related to such payments