

# Let's Talk about "Bad Drug" Ads

## A Physician's Point of View

An interview with FRANK LAVERNIA, MD



### **Q** When did you first become aware of "bad drug" ads?

I've been seeing these advertisements on mainstream TV for more than a decade. I wish more patients could see that the people running these ads have only their own pocketbooks in mind - not patients' best interest. It's quite sad really.

### **Q** How do these ads affect patients with diabetes?

I've noticed that "bad drug" ads focus on newer, more sophisticated drugs such as GLP-1 receptor agonists. The medication has several purposes including that it stimulates the pancreas to release insulin and can help with weight loss, both of which are important for patients with Type 2 diabetes. In fact, the American Diabetes Association has made it the preferred injectable medication for patients with Type 2 diabetes.

The volume of "bad drug" ads for SGLT2 inhibitors have also picked up. SGLT2 inhibitors are used to lower blood sugar. But, patients get scared into not taking the medication because the ads show very rare, yet serious consequences as if they are everyday occurrences. The truth is, the majority of patients are at greater risk of having heart failure events and progression of their chronic kidney disease.

### **Q** How can physicians counter the fear that "bad drug" ads instill?

It can be tough. I've seen polling that shows nearly a quarter of patients stop taking their medication without consulting their doctor. I don't want to see my patients suffer, so I try to keep the lines of communication open and ask questions about medication adherence. I hope it's enough to overcome the persuasive advertising.

The onus is on clinicians to listen to our patients' experiences and points of view. Then, I share the science. I explain to my patients that the medication's benefits outweigh the risks. Patient-centered communication with open-ended questions works best. Collaborative decision-making leads to better management and better chances of treatment adherence.

### **Q** What else can physicians do to help their patients?

Caring for patients extends beyond the exam room. We need to speak out against things that can cause harm.

Physicians can support efforts to enhance regulations on "bad drug" advertising by writing to their state legislators and members of Congress. Enacting policy change takes time, but continuously working to raise awareness about the harmful consequences of these ads is necessary.

*Frank Lavernia, MD, is a diabetes specialist from Coconut Creek, Florida.*

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