

The Henry J. Kaiser Family Foundation



Understanding the Effects of Direct-to-Consumer Prescription Drug Advertising

November 2001

The Henry J. Kaiser Family Foundation, based in Menlo Park, California, is a non-profit independent national health care philanthropy dedicated to providing information and analysis on health issues to policymakers, the media, and the general public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.

Introduction

Pharmaceutical manufacturers have dramatically increased the advertising of prescription drugs directly to consumers in recent years, with ad spending more than tripling from \$791 million in 1996 to \$2.5 billion in 2000. Television advertising, in particular, has grown rapidly –from \$220 million in 1996 to \$1.6 billion in 2000 –in part due to the relaxing of the Food and Drug Administration (FDA) rules governing such ads in 1997.

However, as pharmaceutical companies' spending on direct-to-consumer (DTC) prescription drug advertising continues to grow, so does the controversy that surrounds it. Opponents of DTC advertising have argued that the ads induce consumer demand for prescription drugs –especially newer, higher-priced drugs –which in some cases may be inappropriate. They further argue that this increase in consumer demand leads to higher prescription drug use and contributes to the shift to higher-priced medicines, which both play key roles in the continuing increase in prescription drug spending. Opponents have also suggested that the ads harm the doctor-patient relationship by creating unrealistic expectations among patients and requiring extra time during physician office visits when patients request prescriptions for drugs they have seen advertised.

On the other hand, proponents of DTC advertising say that the ads serve to educate the public about health conditions and available treatment options, and therefore encourage patients to obtain care for health problems they may not have been aware of. They argue that greater information empowers patients, and that because the drugs in question require a physician prescription, the ads themselves do not lead to inappropriate use.

While much of the controversy around DTC ads has centered on the extent to which those ads increase drug spending, there are also questions about how the FDA regulation is working. For example, rules require less information about side effects in broadcast ads than in print advertising, instead directing viewers to more detailed magazine ads and to talk to their doctors. How well do people understand these ads? Do they recall information in the ads about side effects and where to look for additional information?

To clarify some of the issues in the debate, various surveys have been conducted to try to better understand how the public is responding to DTC ads. These surveys have generally involved asking respondents to recall the prescription drug ads they have seen in the past and to react to and assess those ads.

In this study, we have done two things. First, we have further documented what the public reports it does in response to prescription drug advertisements they have seen in the past. Second, we used a new, internet-based survey technology to show a random representative sample of the public a particular prescription drug ad and then asked them questions directly related to that ad. The technology allowed respondents to receive and view the ads within the context of a survey in their own home and on their own television.

We also included a group of respondents in the study to whom we did not show an ad, the “non-viewers,” and asked them to respond to similar questions. The people who were shown the ads were further divided into three random groups. Each of these groups saw one of three different prescription drug ads for the following: the cholesterol-lowering medicine, Lipitor (manufactured by Pfizer); the acid reflux disease and heartburn medicine, Nexium (manufactured by AstraZeneca); or the asthma medicine, Singulair (manufactured by Merck). (See Appendix for more information about Methodology and the Ad Summaries.) These ads were chosen because they are good examples of how DTC prescription drugs ads generally look and feel and because they represent a variety of conditions affecting a broad segment of the population. Having control over when and what ad respondents viewed allowed us to explore specifically what information viewers take away from the ad, including their recall of basic information, as well as any new knowledge they may have gained about the health condition or treatment as a result of viewing the ad.

The study was designed to specifically address the following questions:

- How do people respond in general to prescription drug advertising?
- To what extent are the specific ads we showed likely to encourage people to seek treatment or additional information?
- Do these ads educate the public about health conditions and treatment options?
- Do these ads succeed in communicating information about drug side effects and where to go for additional information?
- What does the public think of prescription drug ads? How do assessments differ between those who have just seen an ad and those who have not?

How do people respond in general to prescription drug ads?

In an effort to document reported behavior in response to drug ads in general, the study asked the public about how they responded to ads in the past, and if they approached their doctor as a result of seeing an ad, how their doctor responded.

Talking with a Doctor

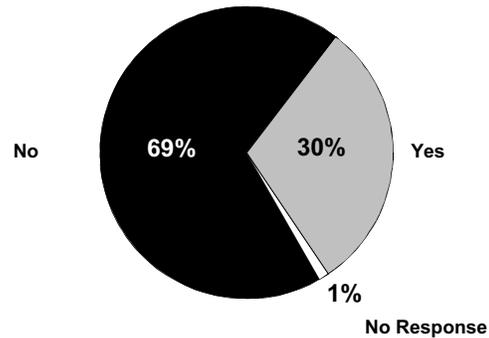
Prescription drug ads do indeed prompt some consumers to talk to their doctors about the medicines they have seen advertised in the past and, in some cases, motivate patients to ask for a prescription for the advertised medicine. Thirty percent of Americans indicate that as a result of seeing an ad in the past for a prescription medicine, they have talked with a doctor about the specific medicine they saw advertised (Chart 1).

Among the 30% of Americans who said they talked to their doctor about a medicine they saw advertised in the past, 44% (representing 13% of the public overall) say that the doctor gave them the prescription medicine they asked about. Respondents reported that physicians also responded in a variety of other ways to these discussions, including: recommending that they make changes in their behavior or lifestyle (35%), recommending a different prescription drug (25%), recommending no drug (19%), or recommending an over-the-counter drug (15%) (Chart 2).

Chart 1

Talking with a Doctor about an Advertised Medicine

As a result of seeing any ad for a prescription medicine, have you ever talked with a doctor about the specific medicine you saw advertised?

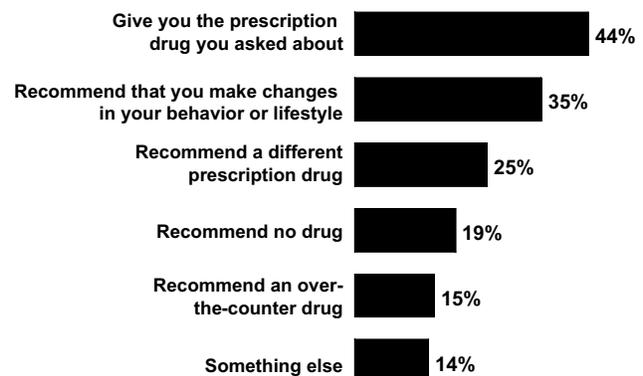


Source: Kaiser Family Foundation *Understanding the Effects of Direct-to-Consumer Prescription Drug Advertising*, November 2001 (conducted August-September 2001).

Chart 2

What did your doctor do?

Among the 30% who talked to their doctor about any medicine they saw advertised... Did your doctor...



Note: Multiple responses accepted

Source: Kaiser Family Foundation *Understanding the Effects of Direct-to-Consumer Prescription Drug Advertising*, November 2001 (conducted August-September 2001).

Among the 69% who had not talked to a doctor about a medicine they saw advertised in the past, the most common reason they gave for not talking to their doctor was that they had never had any of the conditions that the medicines in television ads treat (67%; representing 46% of the public overall). Other factors were cited less often –only 8% of the public said it was because they do not trust medicines that are advertised on television, and only 9% indicated that they would not want to ask their doctor about a medicine that s/he did not suggest.

Responses among Those with Greatest Health Needs

As might be expected, those with the greatest health needs –such as the elderly and those in poor health –are more likely to talk to their doctor about a medicine they saw advertised. These groups, however, are not any more likely to receive a prescription. Forty one percent of those who report that their health is fair or poor and 39% of those age 65 or older say that as a result of seeing any prescription drug ad in the past, they have talked with a doctor about the specific medicine they saw advertised (compared to 30% of the public overall). Among those who talked to their doctor, 44% of those in fair or poor health (representing 18% of those in fair or poor health overall) and 38% of those age 65 or older (representing 15% of those age 65 or older overall) received a prescription for the medicine they asked about (compared to 13% of the public overall).

Do DTC prescription drug ads encourage people to seek treatment or additional information?

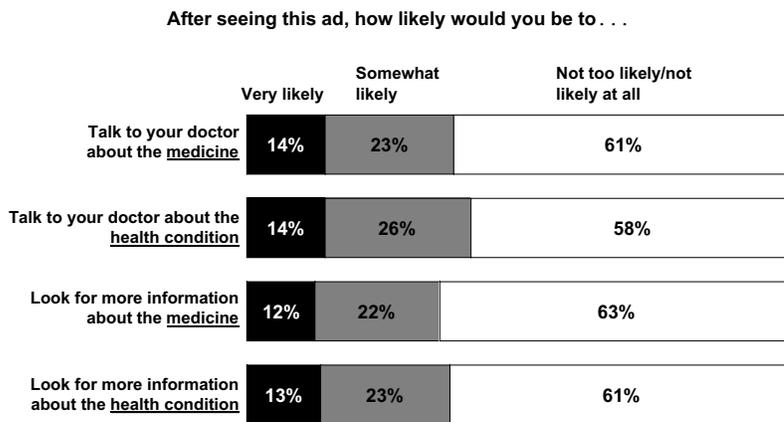
One of the key questions in the debate over DTC ads is whether or not they increase the public's demand for prescription drugs, particularly costlier, brand-name drugs. One way to address this question is to ask respondents what they anticipate they will do after being shown one of the specific prescription drug ads in the study.

Anticipated Action in Response to Ads

After viewing the prescription drug ads, many respondents predicted that they would seek more information about both the medicine and the health condition. This varied very little by which particular ad viewers saw. Thirty seven percent said that they are very or somewhat likely to talk to their doctor about the medicine that they saw advertised. A similar proportion (40%) said that they are very or somewhat likely to talk to their doctor about the health condition the drug is intended to treat. Some viewers also indicated that they are very or somewhat likely to look for more information about the medicine (34%) or to look for more information about the health condition (36%) (Chart 3).

Chart 3

Anticipated Action in Response to Ads Shown to Viewers

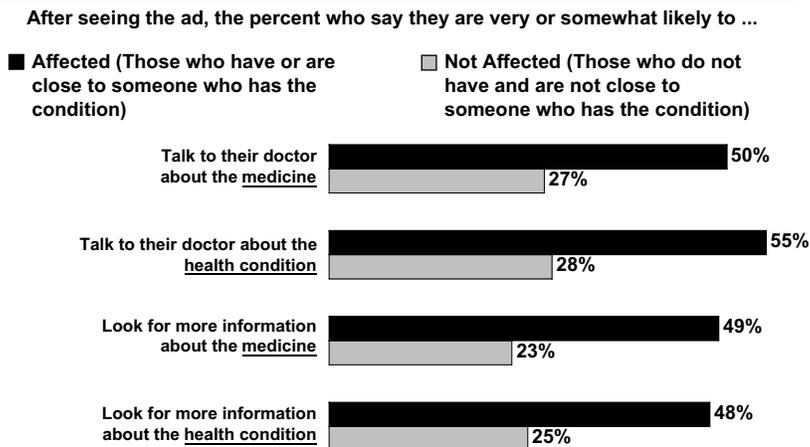


Note: No response not shown
 Source: Kaiser Family Foundation *Understanding the Effects of Direct-to-Consumer Prescription Drug Advertising*, November 2001 (conducted August-September 2001).

One of the goals of DTC ads may be to reach those people who are personally affected by the condition – in other words, those who have or are close to someone who has the condition. After seeing the ads, those affected are about two times more likely than those who are not affected by the condition to predict that they are very or somewhat likely both to talk to a doctor about the medicine or health condition and to look for more information about the medicine or health condition (Chart 4).

Chart 4

Anticipated Action in Response to Ads Shown to Viewers by Those Affected and Not Affected by the Medical Conditions



Note: No response not shown
 Source: Kaiser Family Foundation *Understanding the Effects of Direct-to-Consumer Prescription Drug Advertising*, November 2001 (conducted August-September 2001).

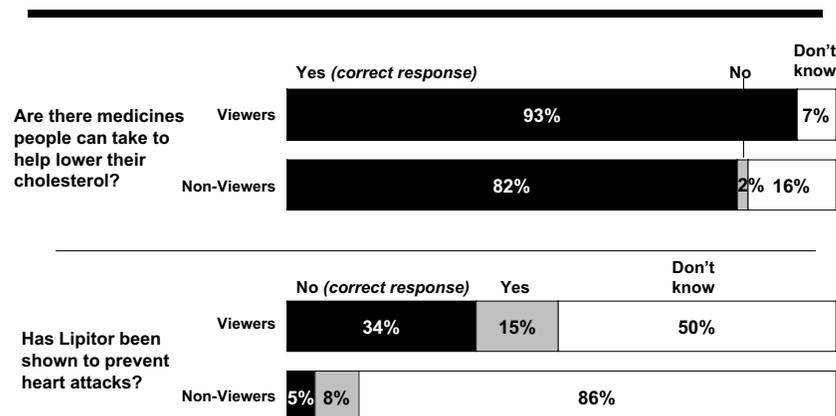
Do these ads educate the public about health conditions and treatment options?

Proponents of DTC advertising argue that the ads can improve the public's health by making people aware of health conditions and potential treatment options, imparting knowledge that they might not otherwise have.

The results on whether these three tested ads actually educated the public is mixed. In some cases, the public already knew a great deal about the drug and/or the condition, so their correct responses are not necessarily evidence of the ads' contribution to their knowledge. In other cases, the public lacked knowledge about the condition or medicine, and any gains in knowledge can be attributed more reasonably to the ad. For example, when asked whether heartburn and acid reflux disease can lead to more serious stomach problems, majorities of both those who had just seen the Nexium ad (79%) and those who had not (68%) knew that the correct answer is yes. This indicates that this was not necessarily new information for most of those who saw the ad, but something they already knew. Similarly, when asked whether there are medicines people can take to help lower their cholesterol, large majorities of both those who saw the Lipitor ad (93%) and those who did not (82%) knew that cholesterol-lowering medicines exist, again suggesting that this was not a new piece of information that viewers gained as a result of seeing the ad. However, when asked a more specific question about Lipitor, those who saw the ad were more likely to know that Lipitor has not been shown to prevent heart attacks than those who did not see the ad (34% versus 5%). Only a minority of those who saw the ad gained this knowledge, however, as a full half indicated that they did not know whether Lipitor had been shown to prevent heart attacks (Chart 5).

Chart 5

Knowledge: High Cholesterol and Lipitor



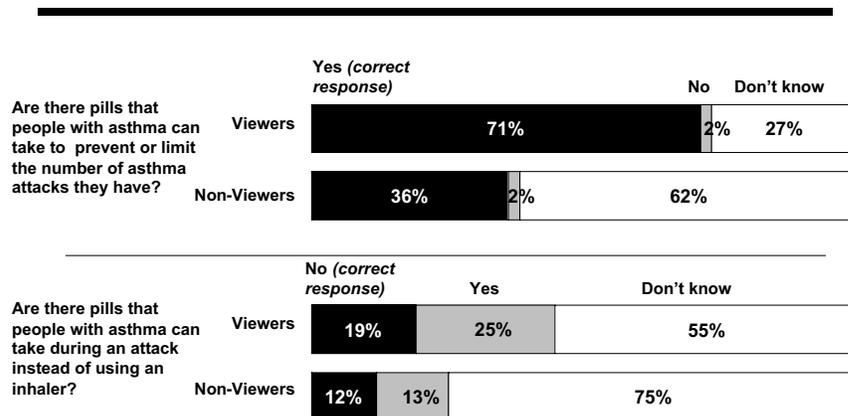
Note: Multiple responses accepted

Source: Kaiser Family Foundation *Understanding the Effects of Direct-to-Consumer Prescription Drug Advertising*, November 2001 (conducted August-September 2001).

With respect to Singulair, the evidence suggests that the public did not already have a lot of knowledge about the treatment. Sixty-two percent of the non-viewers said they did not know whether or not there are pills that people with asthma can take to prevent or limit the number of asthma attacks they have (which is true), and 75% of the non-viewers indicated that they did not know whether or not there are pills that people with asthma can take during an attack instead of using an inhaler (which is not true). The majority of those who saw the ad (71%) did learn that there are pills that people with asthma can take to prevent or limit the number of asthma attacks they have. On the other hand, 25% of those who saw the ad also came away with the mistaken information that there are pills people can take during an asthma attack instead of using an inhaler (Chart 6).

Chart 6

Knowledge: Asthma and Singulair



Note: Multiple responses accepted
 Source: Kaiser Family Foundation *Understanding the Effects of Direct-to-Consumer Prescription Drug Advertising*, November 2001 (conducted August-September 2001).

When asked for a self-assessment of their knowledge gain, the majority of those who saw the ads (70%) indicated that they know only a little or nothing more about the health condition after seeing the ads. Viewers were somewhat more likely to say that they acquired knowledge about the medicine, but still 59% say that they know only a little or nothing more about the medicine after seeing the ad.

Do these ads succeed in communicating the information about drug side effects and where to go for additional information?

While the ads seemed to communicate basic information such as the name of the medicine and what it treats, they had mixed results in terms of leaving respondents with information about potential side effects and where to get more information about the medicines. Even though viewers were not always able to recall the specific side effects, they were more likely than non-viewers to perceive the side effects as serious.

A large majority of respondents who saw the ads (81%) knew that you needed a prescription for the advertised medicine, and 86% were able to correctly identify what health problem the advertised medicine was designed to treat. Somewhat fewer (61%) were able to name the actual medicine that was being advertised, though this was higher among those who saw the Lipitor ad (82% versus Nexium, 48% and Singulair, 54%).

Side Effects

Since a prescription from a doctor is required to obtain any prescription drug advertised on television, communication about possible side effects occurs at the time the patient sees their doctor. However, the FDA guidelines require that television prescription drug ads include a thorough “major statement” prominently disclosing all of the major risks associated with the drug.

The survey results suggest that just because the ads include this information, it is not necessarily successfully communicated to viewers. With the exception of one of the side effects mentioned in the Lipitor ad, about half or more of respondents could not correctly identify the potential side effects after having just viewed an ad.

Moreover, respondents’ ability to identify side effects varied a great deal by ad and by specific side effect. While a large majority of those who saw the Lipitor ad (74%) were able to correctly identify liver problems as one of the side effects named in the ad, far fewer (42%) identified muscle pain and weakness, which was also mentioned in the ad. Similarly with respect to Singulair, about half of respondents (51%) recalled that headache was a possible side effect, while fewer than one in three were able to identify the other side effects named in the ad. No one side effect seemed to stand out most in the Nexium ad, as about half of respondents recalled that diarrhea (54%), abdominal pain (53%), and headache (47%) were potential side effects named in the ad (Chart 7).

Chart 7

Recall Among Viewers: Potential Side Effects

Percent who correctly identified potential side effects named in the ad ...

Lipitor		Nexium		Singulair	
Liver problems	74%	Diarrhea	54%	Headache	51%
Muscle pain/weakness	42%	Abdominal pain	53%	Flu	29%
		Headache	47%	Runny nose	29%
				Ear infection	28%

Source: Kaiser Family Foundation *Understanding the Effects of Direct-to-Consumer Prescription Drug Advertising*, November 2001 (conducted August-September 2001).

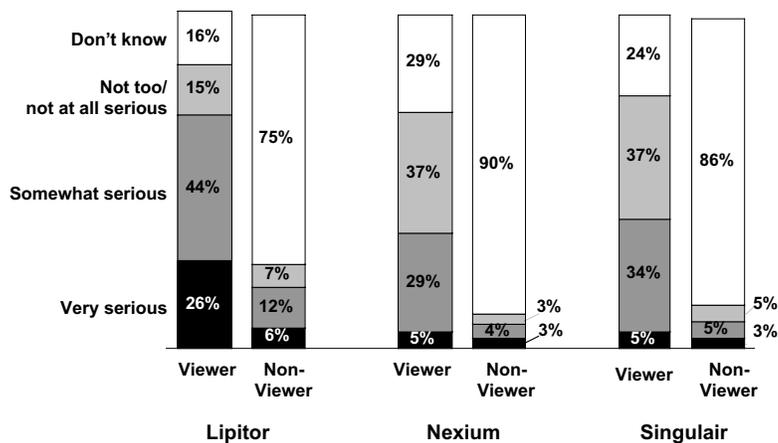
Perceptions of Potential Side Effects

With respect to the perceived seriousness of potential side effects, the results suggest that before viewing an ad, the public does not have a strong sense of whether the potential side effects for these medicines are serious or not. Large majorities of non-viewers said they did not know whether the side effects for Lipitor (75%), Singlair (86%), or Nexium (90%) were serious.

The sense that respondents who viewed the ads had about whether or not the potential side effects are serious varied by medicine, though in all cases viewers were more likely than non-viewers to perceive the side effects as serious. Seventy percent of those who saw the Lipitor ad said that the potential side effects of Lipitor are very or somewhat serious. Far fewer of those who saw the Nexium ad (34%) or those who saw the Singlair ad (39%) identified the side effects as very or somewhat serious (Chart 8).

Chart 8

Perceptions of Potential Side Effects of the Medicines



Note: Multiple responses accepted

Source: Kaiser Family Foundation *Understanding the Effects of Direct-to-Consumer Prescription Drug Advertising*, November 2001 (conducted August-September 2001).

Other Sources of Information

Given the difficulty involved in providing detailed information about a drug in a television commercial, drug manufacturers typically fulfill FDA rules about information dissemination by including references to other sources of information, including: a toll-free telephone number, referral to a print advertisement in a concurrently running print magazine, referral to a healthcare provider (e.g., physician, or pharmacist), and an Internet web page address.

While the ads do include this information, most respondents were not able to recall many of the sources named in the ads. Forty nine percent did recall that the ad said one could

get more information from a doctor or pharmacist, but only 12% named any of the other sources mentioned in the ad (such as a toll free number or magazine). A full 40% indicated they did not know where to get more information.

When respondents were prompted to identify the magazine named in the ad, one in four were able to correctly identify the magazine where they could find the Lipitor ad (25%, Ladies Home Journal) and the Singulair ad (25%, Redbook). Respondents who viewed the Nexium ad were much less likely to recall this information, as only 5% selected the correct magazine (Cooking Light).

What does the public think of prescription drug ads?

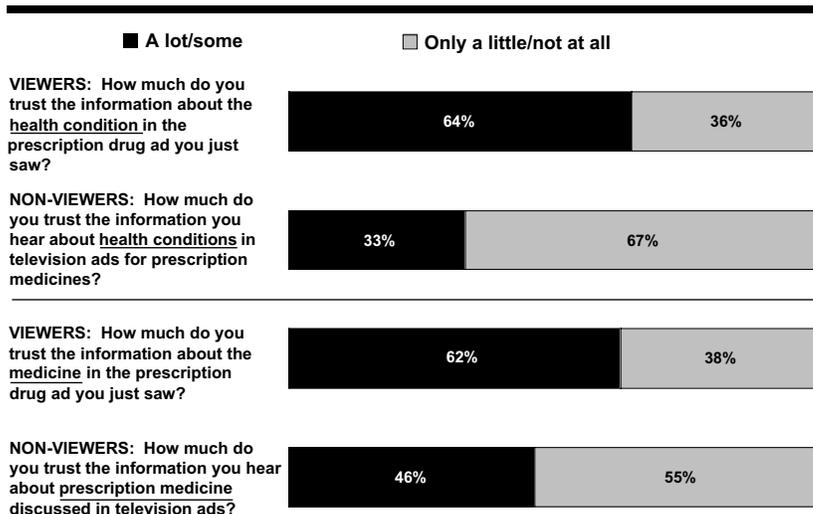
The public's assessment of television prescription drug ads seems to be strongly affected by whether people are assessing a specific ad or prescription drug ads in general. Those who have just seen an ad have a much more favorable opinion of that ad compared to those who are thinking about prescription drug ads in general.

Trust

Respondents who had just seen an ad were more likely to indicate that they trusted the information about the health condition in the ad (64%) than were those who had not just seen an ad and who were asked about prescription drug ads that they had seen in the past (33%). Similarly, though to a lesser extent, those who had just watched an ad were also more likely to say that they trust the information about the medicine than those who had not just seen an ad and who were asked about prescription drug ads in general (62% versus 46%) (Chart 9). The level of trust that viewers reported did not vary substantially by specific ad viewed.

Chart 9

Assessment: Trust



Note: Multiple responses accepted

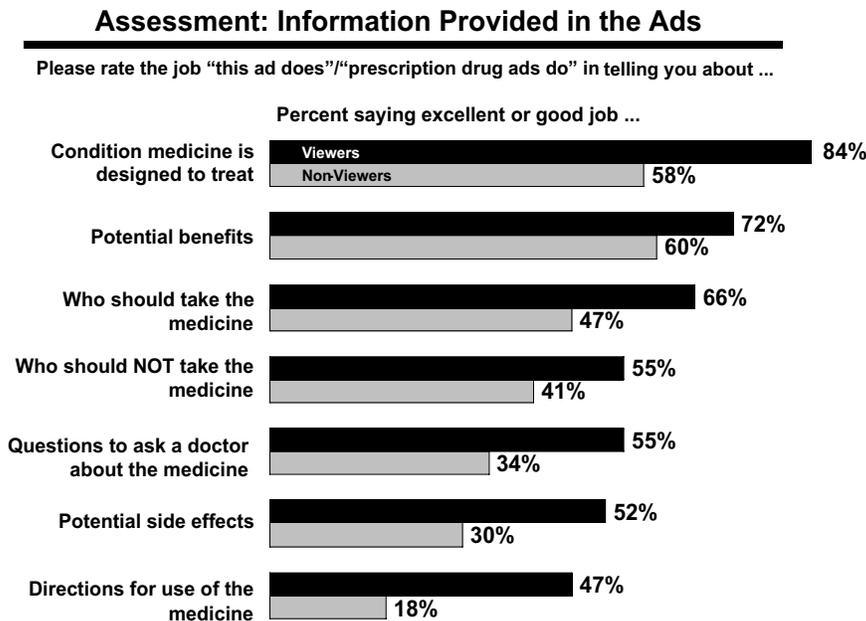
Source: Kaiser Family Foundation *Understanding the Effects of Direct-to-Consumer Prescription Drug Advertising*, November 2001 (conducted August-September 2001).

Providing Information

A large majority of those who had just seen an ad said that the ad did an excellent or good job telling them about the condition the medicine is designed to treat (84%), the potential benefits of the medicine (72%), and who should take the drug (66%). Respondents were more divided about whether the ad they saw did an excellent or good job communicating who should not take the medicine (55%), the questions to ask a doctor about the medicine (55%), and the potential side effects (52%). In only one case asked about in the survey – directions for use of the medicine – did fewer than half (47%) think the ad had done an excellent or good job. Viewers’ assessment did not vary substantially by specific ad viewed.

Respondents who had not just viewed an ad gave a much less favorable assessment of how prescription drug ads they had seen in the past had done in communicating information. The largest differences were in terms of information about directions for use of the medicine (a difference of 29 percentage points), the condition that the medicine is designed to treat (a difference of 26 percentage points), and the potential side effects (a difference of 22 percentage points). In fact, in only two cases – the condition the medicine is designed to treat (58%) and the potential benefits (60%) – did a majority of respondents who were thinking about prescription drug ads in general think the ads had done a good or excellent job (Chart 10).

Chart 10



Source: Kaiser Family Foundation *Understanding the Effects of Direct-to-Consumer Prescription Drug Advertising*, November 2001 (conducted August-September 2001).

Conclusion

The rapid growth in DTC advertising of prescription drugs in recent years has prompted debate over a number of issues concerning the effects of these ads. A number of questions have been raised, including: Do the ads encourage greater use of drugs and higher spending on pharmaceuticals? Do the ads promote health by educating consumers about diseases and treatments they might not otherwise be aware of? How well do consumers understand and retain the information being presented in the ads?

This study was designed to help inform the debate around DTC drug advertising by assessing how consumers perceive and respond to advertisements. It goes beyond other surveys of consumers by exploring how consumers react to actual ads they have just seen, in addition to asking them to recall advertisements they have seen in the past.

The results show:

- Prescription drug ads prompt many people to talk to their doctor about the medicines they have seen advertised, and a small but significant minority of people say they received prescriptions for the drugs as a result. In response to specific ads, a similar proportion of people say they are likely to talk to their doctor about the medicine.
- Those with the greatest health needs –the elderly and those who report they are in fair or poor health –are even more likely to talk to their doctor, though not more likely to receive a prescription for the medicine. In response to specific ads, those who are affected by a relevant medical condition are more likely to anticipate that they will talk to their doctor about the medicine.
- While the ads seemed to raise awareness of health problems and treatments, the results on whether the three tested ads actually educate the public are mixed and seem to be very dependent on the public’s initial level of knowledge about the condition or medicine.
- Although the ads were able to communicate successfully basic information such as the name of the medicine and what it treats, they had more mixed results in terms of leaving respondents with information about potential side effects and where to get more information about the medicines.
- The public’s assessment of television prescription drug ads seems to be strongly affected by whether people are assessing a specific ad or prescription drug ads in general. Those who have just seen an ad tend to give it a fairly positive assessment and have a much more favorable opinion of that ad compared to the public’s opinions of ads in general.

Appendix

Methodology

The results of this project are based on a Web-based survey designed and analyzed by Kaiser Family Foundation staff and conducted among a nationally representative random sample of adults between August 17, 2001 and September 7, 2001. The fieldwork was conducted by Knowledge Networks among its large, randomly drawn, representative national panel of households. Knowledge Networks employs a random digit dialing (RDD) telephone methodology to develop a representative sample of households for participation in its panel. Every participating Knowledge Networks household receives free hardware (WebTV), free Internet access, free email accounts, and ongoing technical support. Participants receive surveys by email on the same standardized hardware, through their television sets, allowing respondents to receive and view video within the context of a survey in their own home and on their own television.

For this study, respondents were divided into two groups, the “viewers” and “non-viewers.” There were a total of 1,872 viewers and 639 non-viewers. The viewers were further divided into three random groups. In an effort to approximate as closely as possible a “normal viewing environment,” each group was shown 3 ads: a public service ad discouraging young people from smoking, a prescription drug ad, and a new car ad. The hardware that Knowledge Networks gives to its panel households made it possible for respondents to view the ads in their own homes on WebTV, which furthered the effort to approximate a normal viewing environment. Before viewing the ads, respondents were not told the subject of the survey, so they had no reason to pay particular attention to the prescription drug ad. Each of the three groups saw a different prescription drug ad. The first group (n=623) saw an ad for the medicine Lipitor (manufactured by Pfizer), which treats high cholesterol. The second group (n=627) saw an ad for the medicine Singulair (manufactured by Merck), which treats asthma. The third group (n=622) saw an ad for Nexium (manufactured by AstraZeneca), which treats heartburn or acid reflux disease. These ads were chosen because they are good examples of how DTC prescription drug ads generally look and feel, and because they represent a variety of conditions affecting a broad segment of the population. The non-viewers did not see any ads. Both the viewers and non-viewers were asked about their past behavior in response to prescription drug ads, and about their knowledge of the medicines and conditions the medicines treat. The viewers were asked to assess the prescription drug ad they just viewed, and the non-viewers were asked to assess prescription drug ads in general.

The margin of sampling error was +/- 2.6 percentage points for the viewers overall, +/- 4.4 percentage points for those who saw the Lipitor ad, +/- 4.5 percentage points for those who saw the Singulair ad, +/-4.5 percentage points for those who saw the Nexium ad, and +/- 4.4 percentage points for the non-viewers. For results based on subsets of respondents the margin of sampling error is higher. Note that in addition to sampling error there are other possible sources of measurement error.

LIPITOR AD
Manufacturer: Pfizer

Ad Length: 60 seconds

Note: This includes the full text of the ad, but not all the visuals.

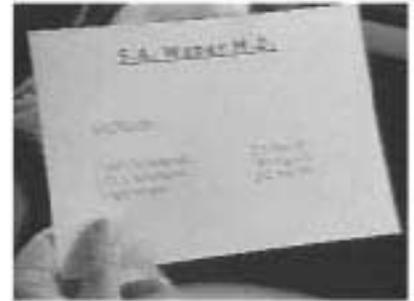
To view ad go to www.kff.org/content/2001/20011129a/



(SFX: TRUCK PULLS UP IN & OUT)



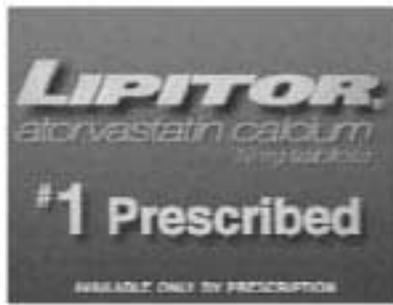
WOMAN: Problem? MAN: The doctor says my cholesterol's



still too high.



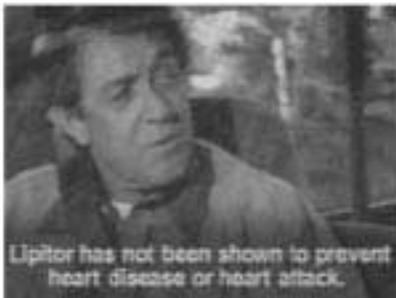
WOMAN: What about diet and exercise?
 MAN: They didn't do enough. WOMAN: So?
 MAN: He suggested adding Lipitor.
 TEXT: ATORVASTATIN CALCIUM/10 MG. TABLETS



MALE ANNCR: Lipitor, the number one prescribed medication for lowering cholesterol. In clinical studies,
 TEXT: AVAILABLE ONLY BY PRESCRIPTION



Lipitor, with diet, was proven to lower bad cholesterol 39 to 60%, total cholesterol 29 to 45%, triglycerides 19 to 37%.
 TEXT: AVERAGE EFFECT DEPENDING ON DOSE.



MAN: He said over four million people have started taking Lipitor to lower their cholesterol.



MALE ANNCR: Lipitor is not for everyone, including people with liver disease or possible liver problems, women who are nursing, pregnant, or may become pregnant.



MAN: There'll be blood tests to check for liver problems. MALE ANNCR: Tell your doctor about muscle pain or weakness, as these may be signs of serious side effects.



MAN: You take Lipitor once a day. MALE ANNCR: Ask your doctor or pharmacist for more information on Lipitor and call 1-888-LIPITOR.



WOMAN: Well? MAN: Lipitor did it. My cholesterol is way down.
 TEXT: SIX WEEKS LATER



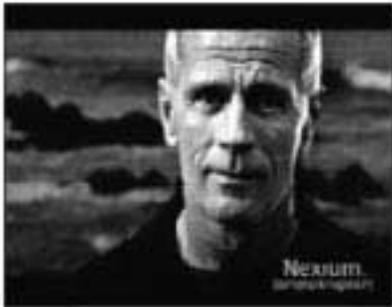
MALE ANNCR: Lipitor, the lower numbers you're looking for.
 TEXT: WWW.LIPITOR.COM

NEXIUM AD
Manufacturer: AstraZeneca

Ad Length: 60 seconds

Note: This includes the full text of the ad, but not all the visuals.

To view ad go to www.kff.org/content/2001/20011129a/



(MUSIC IN) MAN #1: I'm every man—



WOMAN #1: —and every woman who ever suffered— WOMAN #2: —from frequent persistent heartburn.



MALE ANNCR: If you've treated your heartburn and changed your diet, but the pain comes back two or more days a week, then you may think you know about acid reflux disease.



WOMAN #3: But there's something about acid reflux that I didn't know. MAN #2: Over time, that acid churning up can wear away the lining of your esophagus.



WOMAN #4: I didn't know. MAN #3: I didn't know. WOMAN #2: I didn't know. TEXT: A CONDITION CALLED EROSIIVE ESOPHAGITIS.



ANNCR: Now the makers of Prilosec introduce their new purple pill: Nexium. Just one prescription Nexium a day gives many people relief. TEXT: FROM THE MAKERS OF PRIOLOSEC (OMEPRAZOLE)



complete resolution of heartburn symptoms. WOMAN #5: That could mean complete heartburn relief. And Nexium is also proven to heal erosions in the esophagus caused by acid reflux. TEXT: YOUR RESULTS MAY VARY.



Only a doctor can determine if you have this damage. Other serious stomach conditions may still exist. TEXT: MOST EROSIONS HEAL IN 4 TO 8 WEEKS.



The most common side effects of Nexium and Prilosec are headache, diarrhea, and abdominal pain. So talk to your doctor. TEXT: SEE OUR AD IN COOKING LIGHT



your doctor and call this number for more information and for a free trial certificate for Nexium.



MAN #4: Relieve the heartburn, heal the damage. It's possible with Nexium.

TEXT: 800-4-NEXIUM. PURPLEPILL.COM



the new purple pill called Nexium. (MUSIC OUT)

TEXT: FROM THE MAKERS OF PRIOLOSEC.

SINGULAIR AD

Manufacturer: Merck

Ad Length: 60 seconds

Note: This includes the full text of the ad, but not all the visuals.

To view ad go to www.kff.org/content/2001/20011129a/



(MUSIC IN)



WOMAN: I have asthma.



I also have a family and carpool
(SFX: LAUGH IN & OUT) and play dates



and 24 kids.



Look, I might have asthma, but I also have
a life. FEMALE ANNCR: Singulair helps you
control your asthma.

TEXT: ONCE-A-DAY (MONTELUKAST SODIUM)



Singulair is different from many daily
inhaler controllers. It's not a steroid and
TEXT: NOT A STEROID



it's a once-a-day tablet that can help control
asthma for a full 24 hours.

TEXT: ONCE-A-DAY



It also comes in a cherry chewable tablet for
children two years and older.

TEXT: AVAILABLE BY PRESCRIPTION ONLY



Singulair should not be used to treat acute
asthma attacks.

TEXT: LOOK FOR OUR AD IN REDBOOK



Continue taking your other asthma
medicines unless your doctor tells you to
stop or change the dose.

TEXT: WWW.SINGULAIR.COM



If symptoms get worse, contact your doctor
at once. Side effects are generally mild and
vary by age and may include headache, flu,
runny nose, and ear infection.

TEXT: 1-888-MERCK-77



For more information about Singulair, ask
your doctor and ask about adding Once-
A-Day Singulair. Singulair. Asthma control
that can help you breathe easier.

TEXT: ASTHMA CONTROL THAT CAN HELP YOU
BREATHE EASIER



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