Patient demand for specific prescription medications is a growing phenomenon. In a social context, this demand has been influenced greatly by changes in pharmaceutical marketing, in the amount and nature of medication information directly accessible to patients, and in the ways in which "drug discoveries" are reported in the mass media. Knowledge, attitudes and behaviors involving medications are often based on the perceptions that people hold regarding specific drug products. Great differences in these perceptions can occur between patients and health care professionals (Montagne, 2001; 1996).

Mass Media and Perceptions of Drugs and Drug Use

Prescription drug use is an everyday occurrence for most people. Knowledge creates perceptions about medications and the intent to use them to solve health problems. What is the impact of various sources of information, including mass media, on the creation of perceptions about drugs and drug use?

Collective social knowledge has become instrumental in the development and transmission of perceptions about prescription medications, including psychoactive drugs (Montagne, 2001, 1996). Social knowledge refers to the collective accumulation of information and past experiences about a specific topic. What an individual or group of drug-users knows about drugs from reading information, listening to the media and promotional campaigns, receiving descriptions of others' experiences, and recalling their own previous experiences, will affect the actual use of drugs (Montagne, 2001; 1996).

Social knowledge also has a symbolic component (Montagne, 2001; 1996). The nature and meaning of drug use often is described, remembered and transmitted through society in symbolic form, as images, representations or metaphors. The imagery and symbolism in advertising and mass media sometimes suggest to patients that a specific medication promises to solve health and life problems in magical ways.

In addition to reports in the mass media, including electronic media, perceptions about drugs are derived through advertising (Montagne, 1992). In the United States, direct-to-consumer advertising (DTCA) is increasingly popular, wherein the availability and characteristics of a prescription drug product are promoted to the general public through mass media. These advertisements inform or increase awareness about certain diseases and the availability of treatment options.

It is estimated that the number of prescriptions written in the United States will increase from 2.9 billion to an estimated 4 billion by 2004, which includes an increase in the number of prescriptions for psychiatric medications. Anecdotally, pharmacists have reported that the day or two after a news story or new DTCA for a medication comes out, they will see a massive increase in the number of prescriptions for that specific medication.

Media Representations of Antidepressant Medications

A recent study (Montagne, 2001) examined what we know about certain antidepressant drugs and how we have arrived at our current collective knowledge. The primary goal of this study was to identify specific media representations of antidepressant drugs and to examine these images in comparison with known clinical information regarding them.

The results of this analysis portray an extensive and deeply rooted cultural awareness of these drugs. Over the past 20 years, the frequency of magazine and newspaper accounts and reports of antidepressant use peaked during three time periods: 1) 1977 to 1978, during a time of increased societal concern about depression; 2) 1980 to 1982, when a new generation of antidepressant drugs (tetracyclics like trazodone [Desyrel]) were introduced; and 3) 1990 to 1994, which represented the Prozac (fluoxetine) phenomenon.

By the spring of 1990, Prozac was on the cover of Newsweek, Time and the New Yorker and was being proclaimed as the new wonder drug and a new weapon in the fight against depression. In fact,
the appearance of a Prozac capsule floating over a dry landscape on the cover of *Newsweek* was the first time any prescription pharmaceutical product (and any drug other than heroin, cocaine or marijuana) had been shown on that magazine's cover. Between 1992 and 1994, Prozac exploded into the mass media and the public's consciousness (1992-1994) with a number of popular books (e.g., *Listening to Prozac* [Kramer, 1993], *Talking Back to Prozac* [Breggin, 1994] and *Prozac Nation* [Wurtzel, 1994]), a theatrical play (Prozac Sisters), an electronic video game (*Virtual Prozac*) and talk show visits by enthused therapists (Montagne, 2001).

Media accounts suggested that Prozac did a lot more than just influence serotonin in a person's body, extending perceptions of the indications of use beyond those recognized and accepted by most health care professionals (Montagne, 2001). For antidepressant users, this drug obviously relieved conditions such as depression and premenstrual syndrome, and certain symptoms such as anxiety. Users, however, also reported that Prozac produced other types of effects such as: elevated or changed mood, nervousness, anorexia, insomnia, enhanced performance, calmness, reversed shyness, reduced or enhanced sex drive, changed personality even in nondepressed people ("cosmetic psychopharmacology"), enhanced spirituality, mania, drowsiness, tremor, dizziness, weight gain or weight loss, feeling "out of it," excessive laughing or weeping, and a loss of concentration (Elfenbein, 1995; Karp, 1997; Montagne, 2001). Early media reports referred to Prozac as the pill that will "cheer you up without side effects" and described "how science will let you change your personality with a pill" (Beyond Prozac, 1994).

In these media reports, Prozac was referred to primarily as the Happy Pill, the Feel-Good Pill and the Personality Pill. It also was presented in some accounts as an "upper." Patients used a variety of images and metaphors to understand and describe their reasons for using Prozac and for the effects they experienced (Montagne, 2001). These metaphors ranged from "magic bullets" to "like insulin for my mind/mood." In March 1994, Eli Lilly and Company launched an advertising campaign to condemn and counter the ever-growing role of mass media in exaggerating the drug's effectiveness (Listening to Eli Lilly, 1994).

A popular book of anecdotal accounts from Prozac users, almost a decade after its introduction, suggested other therapeutic uses for Prozac including: attention-deficit/hyperactivity disorder, obesity, chronic fatigue syndrome, ulcers and other gastrointestinal disorders, and chronic pain (Elfenbein, 1995; Montagne, 2001). The rationale for these uses, as stated by a promotional blurb on the book's back cover, is, "In these pages, the real expert--those who are taking antidepressants nowofffer frank testimonies that explore what it is like for them to take Prozac."

**Mass Media and Antidepressant Use**

Mass media heighten public interest about certain types of medication use, through its ability to provide opportunities for the expression of expert and lay viewpoints (Cohen, 1983; Morgan, 1983). Knowledge about depression and its treatment is created through a process in which fragmentary, restricted knowledge is continually transformed into certain and consistent fact. It seems mass media are becoming the primary source of drug information for many consumers. In the real world of medication use, humans often are not rational in making decisions to use drugs. Patients often are not aware, nor made aware by health care professionals, of all possible treatment options in arriving at a therapeutic plan. However, not all patients will enter the clinical encounter with specific demands for medications. Those that do are probably in the process of developing a relationship with a psychiatrist or have tried a variety of treatments without success. Patients in good relationships with their psychiatrists and on beneficial treatments will be reluctant to change based solely on information from mass media (although they may ask some questions).

Expectations do affect patient care and outcomes. Psychiatrists probably are the best trained of all physicians to be willing to listen carefully to what their patients are saying (time constraints in managed care settings and other barriers aside). If patients do not raise questions or issues that are coming from mass media (will my antidepressant make me commit suicide?), then there is little concern. It is to those patients who bring notions and expectations, based on what they learn from mass media, to the encounter that the psychiatrist will need to listen and attend. Imagery and symbolism of antidepressant drug advertisements can generate ideas in the minds of health care professionals and patients that problems are easily or magically resolved by a pill. The notion develops that there is a pill for every problem.

Clearly, the media have raised awareness and focused attention on various psychiatric conditions and the stigma that surrounds them. Reaction to mental illness among the general public is probably based on the nature of the specific media report or DTCA (positive, supportive, caring versus negative, neglectful, bewildering, unsupportive).
Future research must focus on the growing impact of mass media accounts on both patients' and health care professionals' perceptions of antidepressant drugs. While the generation of media representations of antidepressant drugs is clearly connected to users' perceptions, their actual dependence on these notions with regard to decisions to use these drugs still remains unclear. The impact ultimately of these perceptions on actual experiences with antidepressant drugs may be the foundation to understanding the future of treatment approaches to depression.

References: References

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