

## Lay media marketing can burden healthcare professionals

Marketing campaigns in the lay media that encourage patients to seek care may increase the workload of general practitioners and lead to prescriptions for conditions that do not necessarily require medical attention. In a retrospective cohort study of the Dutch general practice research database, 't Jong and colleagues (p 931) report that the consultation rate for new onychomycosis increased by 54% and the prescription rate of terbinafine increased by 58% in the months after the



launch of a lay media marketing campaign by the manufacturer of the drug. If several lay marketing campaigns ran at the same time, they say, the impact could affect patients who need care for more serious problems.

### POEM\*

#### Symptomatic pulmonary embolisms predict recurrent venous thromboembolism

**Question** Are patients who have had a symptomatic pulmonary embolus more likely to develop a recurrence than patients who have had a deep vein thrombosis?

**Synopsis** The investigators of this cohort study followed 464 consecutively enrolled adults with a first deep vein thrombosis (n = 162) or pulmonary embolism (n = 302) who had been treated for at least three months with anticoagulation. They excluded patients with coagulopathies, pregnancy, or cancer. The patients were followed up for up to four years or until they experienced a recurrence. A total of 123 patients were dropped from the study because of death, lack of follow up (6%), a diagnosis of cancer, or because they required antithrombotic therapy for reasons (not stated) other than venous thromboembolism. Recurrence occurred in 12.4% of patients. The likelihood of recurrence was about twice as high for the patients with symptomatic pulmonary embolism as for those with deep vein thrombosis (17.3% v 9.5%; relative risk = 2.2; 95% confidence interval 1.3 to 3.7), with the rate diverging shortly after anticoagulation was discontinued. The risk of pulmonary embolism was four times higher in patients with a previous pulmonary embolism (relative risk = 4.0; 1.3 to 12.3).

**Bottom line** Patients with a symptomatic pulmonary embolus are more likely to have a recurrent venous thromboembolism than patients with a deep vein thrombosis without symptoms of pulmonary embolism. They are also more likely to experience a second pulmonary embolism.

**Level of evidence** 1b (see [www.infoPOEMs.com/levels.html](http://www.infoPOEMs.com/levels.html)) Individual inception cohort study with > 80% follow up.

Eichinger S, Weltermann A, Minar E, et al. Symptomatic pulmonary embolism and the risk of recurrent venous thromboembolism. *Arch Intern Med* 2004;164:92-6.

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\* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

## Editor's choice

### Advertising: boon or bother?

"One ad is worth more to a paper than 40 editorials," wrote Will Rogers in 1924. Looking through issues of the *BMJ* from a 100 years ago, Stephen Lock, my predecessor, observed that only the advertisements were interesting. The rest was dated pap. Henry Ward Beecher, writing in 1887, agreed: "The advertisements in a newspaper are more full of knowledge in respect to what is going on in a state or community than the editorial columns are."

It was, I think, Gore Vidal in *Myra Breckinridge* in 1968 who predicted that television advertisements would soon be better than the programmes they interrupted. He's been right for at least five years, but the advertisements in medical journals are not nearly as compelling—presumably because competition is much less intense than for beer or cars and because the audience is undemanding.

But does advertising work? The billions that are spent suggest it must, but you never meet a doctor who says: "I prescribe X because of that pretty ad in the *BMJ*." But then did you ever meet anybody who admits to buying a Saab because of the fun advertisements? The evidence base for advertising seems depressingly weak, and the trade is full of strange saws—like you should always be in the front of the book (advertising speak for a journal) even though the back might be better read.

Now a group from the Netherlands provides evidence on the impact of an "information campaign" that advised people with onychomycosis to visit their doctors (p 931). The campaign was conducted by Novartis, the manufacturers of terbinafine (a treatment for onychomycosis), and included television advertising. The Dutch Society of General Practitioners objected to the campaign, arguing that it was emphasising an unimportant health problem, but a Dutch court ruled that the campaign didn't break laws prohibiting advertising of prescription drugs because neither Novartis nor terbinafine was mentioned.

The campaign increased consultations for onychomycosis and, even more so, prescriptions for terbinafine. Dutch guidelines recommend terbinafine rather than the alternative of itraconazole—and one reason is because of a trial comparing the two that was published in the *BMJ* (1995;311:919). We were criticised at the time for promoting a treatment for a trivial condition, and one of our editorial registrars later discovered that a high proportion of the editorial staff had onychomycosis—making us, he implied, a soft touch (1999;319:1196a).

But perhaps the problem of advertising lies less with those doing the advertising and more with those following it. "The deeper problems of advertising come less from the unscrupulousness of our 'deceivers,'" wrote Daniel J Boorstein in 1962, "than from our pleasure in being deceived, less from the desire to seduce than from the desire to be seduced." Or is this just the *BMJ* copping out?

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