

develops language and other semi-otic codes of society. (Leitner 1997:187)

The Discourse of Pharmaceutical Ads

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This paper describes the form and structure of the discourse of media pharmaceutical advertisements. The study is based on the analysis of 58 ads from the popular press. I argue that these ads are a new marketing genre that is shaped by the regulations of the Food and Drug Administration and is modulated by the audience and context for each ad. I provide a description of the genre and show how gender and the nature of the malady to be treated trigger different discourse patterns. Further, I show the influence of governmental regulations and how they mediate doctor/patient communication.

1. Introduction

Mass media have a pervasive influence on what we know and how we perceive our world. Each day magazines, newspapers, and television enter our space and shape our view of the world through words and visual representations. We smile, we understand, we learn, we are tantalized and we buy because of the symbols we view in the words and pictures we find in the media. As Gerhard Leitner has pointed out,

Events would not happen the way they do and with the same impact without the mass media. They inform and interpret, they entertain and educate with what is "out there." They are the mirrors of "reality"... [or] part of the events themselves.... Whatever one thinks of this, media communication relies on and further

In the early 1980's, a new and pervasive kind of media advertising appeared which marketed prescription drugs directly to consumers. In 1988, 25 million dollars were spent on direct to the consumer pharmaceutical marketing (DTC ads). By 1998, the cost of such advertising jumped to 1.3 billion dollars, reflecting the belief that these ads are very successful. (M. Perri, III, S. Shinde, and R. Banavali 1999). The advertisements appear in popular magazines, on television, and sometimes in the daily newspaper. They have created controversy in the health care field because they are thought to interfere with the doctor/patient relationship. The ads are designed to create a demand for pharmaceuticals. At the same time, these media advertisements have a direct impact on what the public knows about health matters. Because of its special interest and oversight responsibilities, the Food and Drug Administration in cooperation with the American Medical Association and the pharmaceutical industry has set guidelines for these kinds of ads.

This paper describes the form and structure of the discourse of print media pharmaceutical advertisements. The study is based on the analysis of fifty eight ads from popular magazines for thirty-four different products. I argue that these ads are a new marketing genre that is shaped by audience and the regulations of the FDA guidelines. The genre is also influenced by its unique function of encouraging patients to talk with their doctor. I provide a description of the genre and show how the nature of the malady and the gender of the intended audience create different discourse patterns. Further, I show how the patient's interaction with a physician is mediated by the ad.

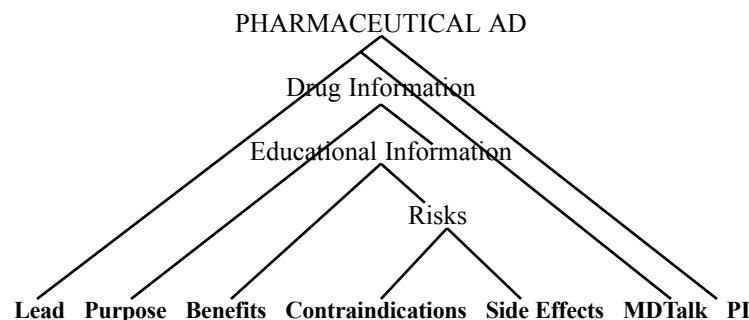
2. Discourse Structure

Pharmaceutical ads are, in some ways, similar to other print or visual advertisements. There is a *lead*, which catches the attention of the reader. The *purpose* of the product and the *benefits* it will bring are all easily identified. There are, on the other hand, several components to DTC ads that do not appear in ads for other kinds of products. DTC ads uniformly have a *patient insert* which gives, in great detail, all of the facts about the drug. These are usually found at the end of the ad and are in very small print. The content of the patient insert section is

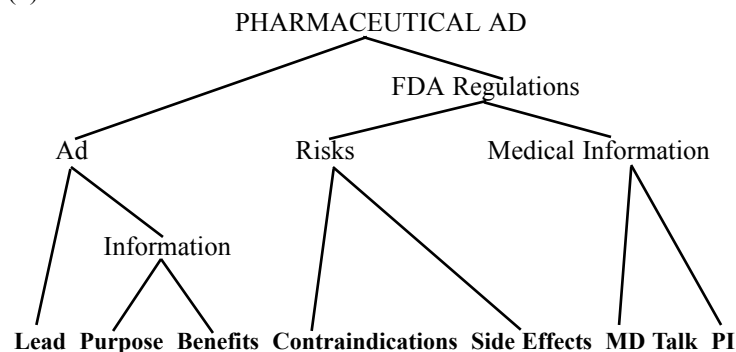
regulated by the FDA. Also deriving from the guidelines of the FDA are the enumeration of *risks* (contraindications and side effects) and instructions to speak with one's own physician about the drug.

One way to represent the discourse structure of a text is to construct a discourse tree (Polanyi 1988) where each of the elements of the text are related hierarchically, showing the relationship of each of the parts to one another. The following trees are competing representatives for the 58 pharmaceutical advertisements in the sample. Polanyi's model allows for different tree structures as a way for accounting for different parsing of the same text. The final line (in bold) for each tree represents the linear discourse structure for pharmaceutical ads in the sample.

(1) *Tree One*



(2) *Tree Two*



Each of these trees is an adequate representation of the ads in the sample. The difference between the trees and the motivations for each will be discussed later. First let us examine examples that illustrate the terminal discourse string in the model.

Leads appear in several forms. There are announcements, first-person assertions, imperatives and questions.

(3) *Lead*

- a. Announcement: "Now there's Allegra, the prescription seasonal allergy medicine that lets you get out there."
- b. First Person Assertion: "I like my independence! I'd hate to rely on family and friends for everything."
- c. Imperative: "Ask your doctor about Rezulin, a significantly different treatment for diabetes 2."
- d. Question: "Has social anxiety put your life on hold?"

Purpose defines the reason one would use a product and is distinct from *benefits*, where the focus is the good that the product will do for its user.

(4) *Purpose*

- a. "Can effectively treat overactive bladder for up to 24 hours with one daily dose."
- b. "Evista is a prescription medication for women after menopause who want to protect themselves from getting osteoporosis (thin weak bones)."

(5) *Benefit*

- a. "Synvisc therapy is like lubrication for your knee and also acts as a kind of 'shock absorber' that cushions the joint."
- b. "Viagra works when you need it."
- c. "This allergy season, live with ahhhbandon. Ahhh! Allegra!"

Contraindications indicate those who should not take the advertised product, while *side effects* lists the kinds of experiences patients who take the drug have had.

(6) *Contraindication*

"People with allergic reactions, such as asthma, to aspirin or

other arthritis medicines should not take VIOXX. Tell your doctor if you have liver or kidney problems, or are pregnant. Also, VIOXX should not be used by women in late pregnancy.”

(7) *Side effects*

“ARICEPT is well tolerated, but some people do experience side effects like nausea, diarrhea, insomnia, vomiting, muscle cramps, fatigue and loss of appetite. In clinical studies these effects were generally mild, temporary and went away with continued ARICEPT use: 2% of people taking ARICEPT experienced fainting.”

All DTC advertisements have a critical instruction which tells prospective patients that they must talk with their doctor. Clearly, this is the only way that one can have legal access to the product in the United States. Most of these instructions are simple imperatives as in (8)a and (8)b below, but some are stated as indirect speech acts as in (8)c. Some products, as illustrated in (8)d, actually offer the patient a script to use with the physician, this one to encourage a discussion of the side effects.

(8) *Imperative Doctor Talk*

- a. “Talk to your doctor today! Find out if PRILOSEC is right for you.”
- b. “Be sure to tell your doctor if you have kidney problems or are pregnant.”
- c. “This information cannot replace your doctor’s advice. Only your doctor can assess the benefits and risks to decide if CELEBREX is right for you.”
- d. “When you talk with your doctor about ZOCOR, be sure to mention any medications you are taking, to avoid possible serious drug interactions. Be sure to tell your doctor if you experience any pain or weakness while taking ZOCOR, since this could be a sign of serious side effects.”

The last element in the terminal string is the *Patient Information* (sometimes called the Summary of Information). This is a regulated text which also accompanies the prescription when it is sold. Called Patient Package Insert, these texts list the clinical pharmacology, indi-

cations and contraindications of use, warnings and precautions, adverse reactions, with statistics, overdose instructions and the dosage and administration instructions. The texts are in very small print, are often on a subsequent page, and not intended to be read. The inclusion of Patient Information is mandated in the FDA guidelines.

The discourse structure of DTC pharmaceutical ads have each of the above elements in their terminal string, generally in the order shown. The two discourse trees found in (1) and (2) above, represent different structures. The first tree represents the natural pairing of risks and benefits and the unlinked nature of the lead, MD talk and patient information. The second tree shows the relation between general ads and DTC ads, with the FDA mandated guidelines representing an addition to the expected advertisement discourse pattern. This discourse structure represents DTC ads in relation to general advertisements, showing the FDA required information as a necessary, but less related piece of the whole. It thus makes clear the distinctness of this special genre of advertisements as a result of the guidelines laid down by the Food and Drug Administration. The second tree is a better representation of the way that advertising agencies produce pharmaceutical ads. It may be that the first tree, one that links (and thereby compares) risks and benefits is a better representation of how a consumer reads such an ad.

3. The Influence of Gender

Gender influences the ads in a number of ways that reflect the audience for which the product is targeted. Some of the products are used predominately by one sex. Tamoxifen, Estrogen products, and drugs which prevent osteoporosis are targeted for women, while Viagra and prostate medications are directed to men. The gender directed ads use identical discourse grammars, but show differences in both the pictures that are in the ad and the text of the ad. For example, there is a difference in the kinds of leads some of that female and male ads use. All of the Tamoxifen leads (9) use the imperative:

(9) *Tamoxifen Leads*

- a. “If you care about breast cancer, care more about being a 1.7 than a 36B.”
- b. “Now predict your chances of getting breast cancer. Take the Risk Assessment Test.”

- c. “Know that NOLVADEX could reduce your chances of getting breast cancer if you are at high risk.”
- d. “Know your breast cancer risk assessment number.”

While the leads for Viagra (10) were mostly in the first person. The first three examples in 10 have very similar lead structure. Example (9)d appeared very recently in *The New York Times*, and seems to be a sequel to the earlier format found in (9)a, (9)b and (9)c.

(10) *Viagra leads*

- a. “I’m proud of him because he asked about VIAGRA. I Love him because he did it for us.”
- b. “A lot of guys have occasional erection problems. I chose not to accept mine and asked about VIAGRA.”
- c. “One awkward moment with my doctor ended two awkward years with my wife. With VIAGRA, she and I have a lot of catching up to do.”
- d. “Seven more reasons to feel good about VIAGRA (plus one that everyone already knows.)”

If leads are strictly gendered, we would expect other male or female pharmaceuticals ads to exhibit the same patterns. That is not the case. The following ads are for estrogen replacement and osteoporosis medications and use question and first person leads:

(11) *Female directed leads*

- a. Question: “What Menopause?” “How cool are you with menopause?”
- b. First Person: “Since I found out about my osteoporosis, I’ve been afraid to walk to my mail box when it rains.” “I like my independence! I’d hate to rely on family and friends for everything.”

While the kind of lead is not obligatorily linked to the sex of the intended audience, the authors of the ads clearly write leads for male and female audiences differently. On the other hand, the target of an ad is not always the person with the ailment. In (10)a (above) and (12) (below) we see women consumers targeted for men’s pharmaceuticals:

(12) *FLOMAX ad*

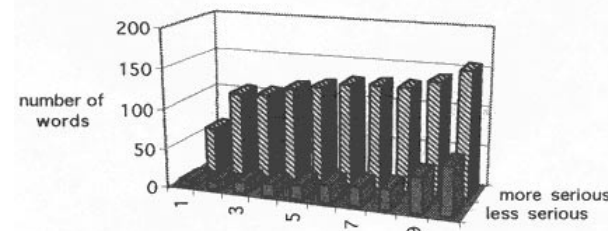
Accompanying a picture of a man and woman in a convertible towing a portable toilet. “How do you cope with his frequent urination?”

There are also ways in which ads accommodate the expected audience of the publication: Claritin is sold in *Sports Illustrated* with a picture of a male bicycle rider, while a woman painting in a wildflower meadow is used in *Better Homes and Gardens*, a magazine with a female readership. While some of the ads are gender specific, others rely on sex ambiguity to make ads gender neutral. A man and woman tourist pictured amid the pigeons on a plaza in Italy has a caption, “My arthritis of the knee kept us from traveling. Now, thanks to Synvisc, we’re enjoying life again.” The speaker is strategically ambiguous allowing the reader to assign the sore knee to either the male or female.

4. “Seriousness” of Ailment

Many of the pharmaceuticals in the sample were designed to treat some very serious ailments like cancer, heart disease, and diabetes. On the other hand, some of the ads were for ailments that can be treated with over-the-counter remedies, like heartburn and allergies. While some cancers are not serious and some allergies are extremely debilitating, there is a perceived difference between ailments that are life threatening if untreated and those that are not. Ten ads for allergy and heartburn remedies were compared with 10 ads for cancer, diabetes and cardiac conditions. For each set, I counted the number of words used to describe the risks were calculated, that is the length of the contraindications and the side effects. The average length of the “more serious” texts was 119.6, while the average length of the “less serious” risk texts was 25.4. The following chart shows a comparison of the two data sets:

(13) Length of risk statements for less and more serious ailments



We would expect that serious illnesses require more potent drugs that have more side effects. The differences between statements of risk for different classes of ailments demonstrate how the seriousness of the illness affects the texts. The comparison demonstrates how one feature of the context of an ad can affect the text.

5. Conclusions

Pharmaceutical ads represent a new genre of advertisement. The guidelines that are derived from the cooperative efforts of the Food and Drug Administration, the American Medical Association and the pharmaceutical industry have provided a template for the genre that allows these products to be marketed directly to the consumer. Because prescription drugs require the intervention of a physician, the ads also enter into the doctor/patient relationship by encouraging the patient to talk with his or her doctor about the medication. The genre is marked by a stringent discourse structure, one in which the patient is encouraged to examine the purpose, risks and benefits of the product. While pharmaceutical ads have many of the same components as ads for other products, the FDA guidelines make the enumeration of risks, the instructions to talk to one's doctor, and the patient insert obligatory elements of this new genre of advertisement.

Two discourse trees have been constructed, the first as a model for the way the consumer reads and understands the ad, the second as a model which the ad writer probably uses. While the format of pharmaceutical ads is formally structured in a very predictable way, gender and the severity of the illness being treated influence the nature of the discourse. The gender of the consumer and the audience of the publication have clear effects on the text and visual representations. Ads are also able to capitalize on the ambiguity of gender to appeal to both men and women, usually through pictures that accompany the ad. Another way that texts vary derives from the nature of the illness being treated. The comparison of more and less serious illnesses reveals that texts become longer when the disease being treated is considered "more serious". We would expect that serious illnesses require more potent drugs that have more risks, and that is reflected in the length of the text.

Direct to the consumer pharmaceutical advertising first appeared in popular magazines. Today it is found on television and in the daily

newspaper and even on billboards. As this new form of advertising matures, it is important to understand its structure and function. The genre has the capacity to educate the consumer about disease and health and will continue to intervene in the doctor/patient relationship. An understanding of DTC ads will provide the health care professional with a deeper understanding of the impact these ads have on the public and the way that health care is to be delivered in the twenty-first century.

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