DIRECT-TO-CONSUMER PHARMACEUTICAL DRUG ADVERTISING:
A CASE STUDY OF CARDIAC DRUGS

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Abstract

With the advent of the direct-to-consumer advertising strategy, promoting pharmaceutical drugs directly to consumers, rather than to physicians, became mainstream. The use of this strategy has produced widespread effects on a variety of actors and institutions including patients, physicians, and health care providers. This thesis conducts a case study of the persuasive elements, cues, and strategies of direct-to-consumer advertisements for pharmaceuticals treating for cardiac conditions. The analysis examines the print advertising campaigns of five market-leading pharmaceuticals in their category in mainstream media channels. To make these messages persuasive and elicit compliance and awareness from consumers, advertisers have relied on a variety of strategies including scare tactics, humor, emotional appeals, and rationality appeals. From the analysis, it was concluded that the advertisements do not provide enough information to consumers, portray only positive outcomes of the targeted medical condition, seek to empower the consumer, and contribute to the medicalization trend experienced in American society today.
I. Introduction

This research is concerned with prescription drug advertising and the introduction of the direct-to-consumer (DTC) advertising strategy into the marketing mix of pharmaceutical drugs. The changes wrought by this new approach on consumers, health care providers, and physicians have been widespread and have sparked scholarly debate, concern, and interest. This paper will examine this phenomenon and the particular conditions that caused and enabled the shift in health advertising strategies from targeting physicians to addressing patients directly. Most significantly, this research will analyze the elements used in mass media messages produced to sell prescription drugs in today’s pharmaceutical market.

Over the last thirty years, as a result of social, economic, and regulatory changes, drug advertising has undergone a fundamental transformation. Today, the consumer—the patient—is addressed directly while the physician—the agent—is bypassed by advertising agencies. Instead of working hard to promote their products to physicians who have the power to prescribe medications to patients who require them, drug companies are circumventing doctors’ authority and addressing potential patients directly. In turn, “patients”, who are potentially totally healthy individuals, can actively seek sometimes-unnecessary medications they have seen in an advertisement from their physicians. The result of this change is a profound impact on the drug market, the enforcement of drug control, prescription behavior on the part of physicians and a drastic change in patient-physician relationships. This is a significant social trend that warrants further examination and must be better understood in order to determine its potentially dangerous and problematic long-term effects.

Much literature exists on the topic of drug advertising and the changes it has undergone in the last several decades. Some studies have already been conducted in an effort to describe these
trends. Both quantitative and qualitative analyses of direct-to-consumer messages and the pharmaceutical drug market have been performed by scholars and interested parties and have established that new advertisements and brand introductions have increased dramatically in the last thirty years. Previous studies have also gathered information on the target audiences, common appeals, and marketing techniques prevalent and discernible in health advertisements. This issue has a wide scope of influence and has accordingly been examined by academics from the points of view of physicians, patients, and advertisers in turn to decipher the effects of direct-to-consumer advertising on different individuals and institutions.

This paper aims to review the events and changes that led to the shift in reliance of advertisers from physicians to consumers in marketing pharmaceuticals. Prefaced by the historical overview of regulatory, social, and economic conditions leading up to the change in pharmaceutical advertising tactics, this paper will examine these new techniques through a study of print ad campaigns. This study aims to identify overarching themes and analyze unique elements in the print ad campaigns of several prominent drug brands used to treat cardiovascular conditions. From this analysis, this thesis hopes to address the following questions: How do advertisers make drugs an attractive commodity to patients? What kinds of tactics are used to achieve compliance (i.e. sales)? How do advertising agencies create successful marketing campaigns promoting drugs to consumers who may not need them?

This study is significant because the direct-to-consumer marketing strategy has wide-cast implications on a variety of people and institutions: physicians, patients, government, and health care providers. The availability, accessibility, and new legitimacy of prescription drugs may have started as an effort to educate the public and eliminate potential physicians’ ethical dilemmas, but has resulted in a changed social order and a climate conducive to potentially risky and unsafe
prescription drug use by patients who may not necessitate pharmacological treatment. It is important to examine how this trend has unfolded to attempt to identify some future possible effects of these changes. This examination, in turn, may provide an important basis for continued studies of the direct-to-consumer strategy and may prove useful in an effort to create policy to regulate advertising and to ensure safe pharmaceutical drug use and the availability of adequate information to the lay public. In addition, while most recent studies have focused on television advertisements for pharmaceuticals, as television has become the medium of choice for the majority of Americans today and advertising in this medium has accordingly increased dramatically in the last decades, this thesis proposes to contribute to the existing body of literature by concentrating on less-studied, though still significant, print advertisements.
II. Literature Review

Direct-to-consumer advertising is defined as “any promotional effort by a pharmaceutical company to present prescription drug information to the general public through the lay media, including newspapers, periodicals, television and radio.” (Cline, 2004, p. 134). In the last 25 years, the volume of prescription drug advertising efforts aimed directly at consumers, rather than physicians, has increased exponentially. Between 1996 and 2003, there was a 400% recorded increase in pharmaceutical companies’ spending on direct-to-consumer advertising (Gellad, 2007, p. 475). Spending on this type of advertising has risen from $47 million in 1990 to over $3.2 billion in 2003 (Kaphingst, 2004, p. 517). This steep intensification in concentrated spending has raised concerns among the public, the medical community, the government, and health care providers. Worry about direct-to-consumer advertising’s impact on pharmaceutical prices and expenditures, consumer information, physicians’ prescribing behavior, and the patient-physician relationship has led to increased interest, scholarship, and monitoring of this strategy and the trends it has set in motion (Calfee, 2002).

A. Environmental conditions: how it all started

What factors led to the increase in spending on direct-to-consumer advertising of prescription drugs? This section will identify the turning point in drug marketing tactics when direct-to-consumer advertisements began to proliferate in popular media venues and trace the conditions that enabled this change to occur.

1. Social conditions
The pharmaceutical industry first proposed changing its marketing approach to include directly addressing consumers in 1981. Appealing to the Food and Drug Administration, the federal agency responsible for protecting and promoting public health through the regulation and supervision of goods such as pharmaceutical drugs, pharmaceutical companies justified their proposed changes by citing the public benefit from this type of advertising (Wilkes, 2000, p. 114). The pharmaceutical industry argued that direct-to-consumer advertising could do more than the current model of simply providing the public with access to important drug information: by addressing the public directly, the drug industry and government agencies could protect the consumer more fully. The industry claimed that the educational benefits of advertising directly to the consumer were immense (Wilkes, 2000, p. 115).

Direct-to-consumer advertising, pharmaceutical companies and proponents of the strategy argued, could increase treatment of under-diagnosed conditions, inform consumers about new available treatments, and help consumers make better-informed decisions pertaining to their health and well-being (Kaphingst, 2004, p. 144). These advertisements would also give consumers the information necessary to discuss symptoms and treatment options with their physicians (Becker, 2005, p. 441). By giving patients sufficient information and empowering them to discuss medical conditions they may not have previously thought of with a physician, this strategy was argued to offer significant benefits. Lastly, proponents argued that this form of advertising, by the nature of its persistence and availability in mainstream communication channels, could increase patients’ compliance with treatments because of the constant reminders aimed at them on a regular basis.

Some support for the direct-to-consumer advertising strategy was based on previous studies that found that it was possible to influence individuals to exercise personal responsibility
for their health using mass media channels. These communication channels could be used to
disseminate information and educate the public about possible dangers and risks (McGuire,
1984, p. 303). These messages were found to motivate individuals to reduce health hazards by
adopting a more healthful lifestyle. On the basis of this premise, proponents of direct-to-
consumer advertising argued that pharmaceutical companies could achieve similar results by
motivating individuals to seek treatment for conditions by mentioning the advertised drugs to
their physicians.

Another presumed advantage of direct-to-consumer advertising was that it could
significantly reduce (or virtually eliminate) pharmaceutical companies’ previous system of
marketing drugs to doctors. The practice of offering expensive gifts, including entertainment,
recreation, travel, and expensive meals, or illegal kickbacks, such as cash payments or other
benefits, to influence physicians had brought the ethics of physician prescription practices under
close scrutiny (Consumer Reports, 1996, p. 62). If the promotion offer was effective, physicians
would prescribe the promoted brand of drug to patients and in that way directly increase the
brand’s sales and market share (Becker, 2005, p. 442). This issue was one of substantial
discomfort and worry for the American public and government agencies, and the prospect of
introducing the consumer into the drug decision equation and mediating the physician’s control
of the drug market was very appealing to some of those concerned. Providing consumers with
information directly, pharmaceutical companies argued, would give the consumer power to seek
out appropriate medications and not rely entirely on their physicians to make prescription
decisions. In turn, this change would reduce the pharmaceutical companies’ need to “court”
physicians to disseminate and promote their products (Consumer Reports, 1996, p. 62).
On the other end of the spectrum, these proposed changes in advertising strategy also raised significant concerns. Opponents of the direct-to-consumer advertising proposition argued that this strategy is inappropriate because such messages could confuse individuals who lack specialized medical knowledge (Kaphingst, 2004, p. 515). These same individuals are not in a position to independently diagnose conditions or evaluate the safety, effectiveness or appropriateness of different possible treatments (Becker, 2005, p. 446). The impact on the patient-physician relationship was also perceived to be at risk by this change. Health care professionals worried that direct-to-consumer advertising could undermine this important relationship if patients began to use their new knowledge to pressure physicians to prescribe drugs which they had seen in an advertisement. This, in turn, could lead to inappropriate prescribing behavior on the part of physicians as well as prescription drug misuse and abuse by patients (Findlay, 2001, p. 109). Lastly, some also worried that advertising branded drugs would unnecessarily increase demand and consumption of new, expensive medications over older, cheaper, and safer alternatives (Hollon, 1999, p. 382). As a result of this, health care costs would increase and the financial burden on insurance companies and health care providers would heighten (Kaphingst, 2004, p. 144).

2. Regulatory conditions

The appeals from pharmaceutical companies conveniently coincided with the political and regulatory climate of the time, which was swinging toward giving consumers more choice and legitimacy to take part in the medical decision-making process (Wilkes, 2000, p. 120). According to a longitudinal study conducted by Consumer Reports (1996, p. 62), the overall trend has been one of deregulation, with increasing power and privileges being handed to pharmaceutical companies. Nevertheless, in response to this push for a new type of advertising
targets, the U.S. Food and Drug Administration (FDA) laid out a series of regulations for prescription drug advertisements aimed directly at consumers. This regulation was designed to be particularly stringent. Because FDA staff do not always review ads before they are published, it was necessary to establish a provision that would enforce compliance with regulation standards (Calfee, 2002).

The FDA divides direct-to-consumer advertising into three categories, but regulates only “product-claim advertisements”, which contain specific efficacy and safety information of a particular drug (Gellad, 2007, p. 476). Most basically, these guidelines mandate that prescription drug advertisements be clear and accurate and not false or misleading. The ads are required to present a “fair balance” of the drug’s risks and benefits (Kaphingst, 2004, p. 143). In addition, this risk information must be prominent and readable in the main body copy (Roth, 1996, p. 66). Direct-to-consumer advertisements in print form must specifically include a “brief summary” describing the drug’s uses, side effects, warnings, precautions, contraindications, and effectiveness (Kaphingst, 2004, p. 300).

Regulations for broadcast direct-to-consumer advertisements vary slightly from print advertisements. Primarily, television and radio advertisements must include a “major statement” of the significant risks and most commonly-occurring adverse side effects of the drug in either the audio or visual parts of the presentation (Gellad, 2007, p. 478). In addition, the FDA requires either a “brief summary” that gives detailed information about said adverse effects or “adequate provision” for these side-effects in a different channel (Kaphingst, 2004, p. 515). The FDA further gave power to pharmaceutical companies by clarifying that the “adequate provision” requirement could also be fulfilled by referring consumers to physicians for additional information. Alternatively, consumers could be directed to a brand’s website, toll-free telephone
number, or a concurrent print advertisement for more information (Talley, 1997, p. 2181).

Broadcast advertisers were also required to use “consumer-friendly language” in describing major risks in the advertisements (Kaphingst, 2004, p. 515).

FDA approval of advertisements before they are published or disseminated is not required. While ads must only be submitted as they go to air, however, most companies voluntarily submit drafts of advertisements to the agency to reduce the possibility of later official recall by the FDA (Kaphingst, 2004, p. 516). If the FDA does identify an ad that violates regulations, the drug company receives a citation. Nevertheless, only a small percentage of advertisements have been subjected to this measure, and the FDA has yet to enact more severe consequences like obtaining court injunctions to seize products promoted through false or misleading means (Kaphings, 2004, p. 520).

From this review of regulation, it is clear that efforts were made to control and standardize advertisements of prescription drugs to ensure consumer safety and exposure to adequate necessary information prior to beginning a course of pharmaceutical treatment. Nevertheless, it remains unclear whether the advertisements contain and communicate information in a manner that is best suited for consumers.

3. Economic conditions

Although there has not been much evidence gathered in literature on this issue, it is essential to mention the economic incentives and market conditions that gave rise to the direct-to-consumer advertising strategy. Many skeptics argue that although the pharmaceutical industry cites providing educational information to consumers to be the major reason behind switching to direct-to-consumer advertising tactics, the “bottom-line desire for profit is undoubtedly another.” (Hollon, 1999, p. 382). As technology and scientific discovery grow and innovate, it becomes
increasingly difficult to produce a revolutionary, one-of-a-kind drug that will dominate the market. Competing in an expanding market full of brand-name alternatives and struggling to make a profit, the direct-to-consumer approach opens new possibilities before marketers and an untapped source of potential consumers to address and persuade.

In addition to competition from other brand-name drugs, pharmaceutical drug companies’ products are rivaled by generics that flood the pharmaceutical market as soon as a brand’s patent expires. While patents last for 20 years before they expire, they are rarely granted immediately for pharmaceutical products (Federal Drug Administration, 2010). Instead, the FDA grants exclusivity rights—which like patents grant companies the exclusive rights to a product—for only seven years for an “orphan drug” (Federal Drug Administration, 2010). This exclusivity provision was designed precisely to promote some balance between brand-name drugs and their generic competition. Nevertheless, once this exclusivity expires it is up to the pharmaceutical company to convince consumers that their brand-name product is superior to its cheaper generic counterpart. Faced with the threat of dropping sales, pharmaceutical companies face pressure to maintain or increase the market success of their products. Turning to marketing to achieve these ends, "The winners in the prescription drug category are not…the ones with the best patents or products, but those that are the best marketers." (Freeman, 1998, p. S7).

In addition to economic conditions in a competitive marketplace and the need to expand market share and reap profits, the economic environment also stood to change from this shift in advertising targets. Since consumers must obtain a physician’s prescription before purchasing a drug, the necessity of visiting a physician was projected to increase in accordance with the increased exposure of consumers to drug advertisements. This, in turn, could lead to “increased costs in terms of time, inconvenience, and out-of-pocket expenditures for a visit.” (Calfee, 2002).
Nevertheless, proponents countered that out-of-pocket drug expenditures could actually decrease, since health insurance typically covers the cost of prescription drugs (Calfee, 2002).

Prescription drug advertising is unique in that the advertised product cannot be purchased without cooperation from a third party—a doctor, pharmacist, health insurance provider, or a combination of these actors. As a result, to stimulate sales pharmaceutical drug companies must be particularly persuasive and encourage the consumer to seek out more information, talk to a doctor or pharmacist about the drug, and pass on information about the drug to friends and family—activities that disseminate information about and interest in the product and secure a vehicle to complying with the advertisement and purchasing the drug (Becker, 2005, p. 442).

B. Impacts

As seen in the preceding section, in the 1980s and 1990s the stage was set for direct-to-consumer drug advertisements to explode into the marketplace. As partially anticipated, and feared, by critics of this approach, this change caused a variety of repercussions experienced by the different parties involved in health care and the pharmaceutical drug industry.

1. Patients

The single greatest concern regarding direct-to-consumer advertising has centered on the potential impact of this form of advertising on patients. First and foremost, by giving consumers so much influence in making decisions regarding prescription drug choices, the most pressing concern is of patient safety (T’Hoen, 1998, p. 595). Potential dangers arise from the possibility that consumers will not be wholly rational when making decisions or diligent enough to seek out and understand information about a drug from a direct-to-consumer advertisement before
bringing it up with their doctors. The failure to identify or understand some serious health risks associated with a particular drug, for example, could pose a very serious risk to patient health (T’Hoen, 1998, p. 586). Studies have also found that individuals hold multiple misperceptions regarding FDA regulation of direct-to-consumer drug advertising and how valid and informative these advertisements in fact are. Studies have shown that many people believe drug advertising is “meticulously regulated” (Consumer Reports, 1996, p. 62). Gellad and Lyles (2007) found that 50% of a sampled population believed direct-to-consumer advertisements are submitted to the FDA for approval before they are released. In addition, 43% believed only “completely safe” drugs could be advertised and 21% reported to believe that only “extremely effective” drugs could circulate advertisements for their products (Gellad, 2007, p. 475). Clearly, there is a gap between FDA regulations and consumer comprehension of the policies. This becomes particularly problematic when patients trust the advertisements they see, which could lead to pursuing a prescription for a drug that is not necessarily safe.

An FDA survey found that 81% of respondents in a sample recalled having seen or heard a prescription drug advertisement in the preceding 3 months (Aikin, 2002). Other studies examined the effects of this high level of exposure to prescription drug advertising on consumer attitudes. One study found that media exposure leads to a heightened awareness of prescription drug advertising. This awareness, in turn, was found to be related to favorable attitudes towards prescription drug advertisements (Everett, 2001, p. 44). Interestingly, this study found print media advertisements were mostly strongly correlated with awareness and positive attitudes.

Some studies reported other favorable effects of direct-to-consumer advertising. One such study reports that consumers are more likely to initiate discussion with their physician
concerning a particular drug they saw an advertisement for (Kaiser Family Foundation, 2001). This increased communication with a physician, another study argued, could lead to better diagnoses and better-suited treatment plans. The study also reported that individuals are by and large rational and thoughtful consumers, who are prompted by advertisements to seek out more information about advertised medicines and who place importance on features such as side effects, doctor’s recommendations, product strength, and previous personal experience when selecting a drug brand (Kaphingst, 2004, p. 520). On the other hand, some more problematic findings stemming from this study include the tendency also placed by consumers on more artificial product attributes, including pill color, brand name and advertising of the product in making drug decisions (Kaphingst, 2004, p. 522). These findings suggest that it cannot be assumed that the general population is educated, informed or rational enough to make mindful and sound decisions when it comes to determining medical treatments. The study even identified specific demographics particularly “vulnerable” to these unsound decisions—the youngest and oldest survey participants. The study warns that these age groups, who value brand name over personal experience, could be particularly susceptible to influence and persuasion by direct-to-consumer advertisements (Kaphingst, 2004, p. 522).

Other studies have reported that a relationship exists between direct-to-consumer advertising exposure and inquiry about the specific drug from a physician or pharmacist (Perri & Dickson, 1988). One study found that attitudes about direct-to-consumer drug advertisements were related to the intention to seek more information about the drug (Williams & Hensel, 1995). Most significant of this series of studies, one conducted by Peyrot et al. (1998) found that direct-to-consumer advertising influenced consumer knowledge and promoted requests of specific drug brands.
Another study conducted by Roth found that some consumers inaccurately interpret advertised messages. The resulting false beliefs indicate that direct-to-consumer advertisements can misinform consumers either directly through inaccuracies spread by an advertisement or indirectly by reinforcing some false previously-held consumer knowledge. These findings are worrisome because they show that consumers do not necessarily make sound decisions when they don’t have full knowledge of a drug and its associated risks (Roth, 1996, p. 64).

Another significant cause for concern from direct-to-consumer advertisements is their potential to lead consumers to believe they may have a certain medical problem and, perhaps even worse, that there is an appropriate pharmacological solution to their ailment that must be pursued right away (Woloshin, 1991, p. 1143). The effect of direct-to-consumer advertisements may suggest, then, that this form of advertising promotes the medicalization of common symptoms. Conditions such as sneezing, hair loss, or being overweight—which patients may be able to manage without a physician—now become targets of drug brands and advertisements. The danger associated with this shift is of blurring the boundaries of medicine and the validation of the process of medicalization through the prescription requirement of these advertised pharmaceuticals. Through this process, a consumer quickly turns into a patient who needs to be treated for some condition (Woloshin, 1991, p. 1143).

2. Doctors

In addition to impacts experienced by patients, direct-to-consumer advertising has also had an especially pronounced effect on physicians. Doctors have been coping with changes brought on by this new form of marketing and have been forced to face off with consumers who arrive at their appointments armed with often-questionable, incomplete information from
advertisements. The main impacts of this trend can be divided under two headings—patient-physician interactions and physician prescribing behaviors.

**a. Patient-physician interactions**

The relationships between patients and their physicians have been significantly affected by the direct-to-consumer advertising trend. With products now marketed directly to the patient and an increasing amount of available information about, and exposure to, drug advertising, one third of consumers who remember seeing an advertisement for a brand-name drug report to have asked their physicians for a specific prescription (Aikin, 2002). Similarly, 92% of physicians in a 2002 FDA survey reported discussing an advertised drug with their patients. These respondents also indicated that the conversation was initiated by the patient (Aikin, 2003). Among those patients who discussed a direct-to-consumer advertisement, 25% received a new diagnosis following their appointment with their doctor (Weissman, 2003). These findings suggest that the direct-to-consumer advertising strategy has proved costly in terms of a physician’s time with a patient, which now must be spent reeducating the patient and adjusting his/her expectations from an advertised drug. This type of advertising has also detracted from the discussion of patient symptoms, available treatments, and the context of a patient’s illness in favor of pharmaceutical solutions and brand drug information (Wilkes, 2000, p. 113).

In addition to talking with their physicians about prescription drugs seen in an advertisement, patients may go as far as insisting on an inappropriate treatment because they are particularly persuaded by promotional materials they may not fully comprehend or that “come from an industry that has not been historically honest about the medical value and safety of its products.” (Bell, 1999, p. 446). Doctors are becoming increasingly concerned and distrustful of
these advertisements, perhaps because of their own experience with pharmaceutical companies using biased or unbalanced data to promote their products (Wilkes, 2000, p. 117).

This change not only endangers the professional dynamic between doctors and patients, but requests for drugs seen in an advertisement could go as far as to divert the physician’s attention away from the patient’s other, and perhaps more pressing, medical needs. However, patients appear to be particularly insistent on discussing advertised drugs and obtaining prescriptions to treat their various ills. Bell’s study (1999) found that if refused a prescription for an advertised drug, patients would, first of all, be disappointed with the decision. Moreover, the vast majority of respondents believed they would exhibit at least one negative reaction to their physician’s denial of prescription (Bell, 1999, p. 450). Respondents reported almost as frequently that they would accept their physician’s decision, but a significant percentage of others claimed they would attempt to persuade their physician to reconsider his/her refusal. A few respondents even went as far as to say that they would seek to obtain the prescription from another doctor or else would terminate their relationship with the physician should he/she refuse to provide them with a prescription (Bell, 1999, p. 450).

Not surprisingly, physicians are hard-pressed to contend with these changes. In a study conducted by Gellad et al. (2007), 18% of physicians reported to believe that direct-to-consumer advertising led to problems in interacting with patients, including increased time to correct patient misperceptions, requests for unnecessary drugs, and requests for pharmacological treatments for conditions that could be managed without medication. As a result of patient pressure, doctors report to feel frustration and a sense of loss of control in their profession. Doctors also report to dislike appearing ignorant, poorly informed, or generally unhelpful in refusing to provide a prescription for a requested drug (Wilkes, 2000, p.117).
b. Prescribing behaviors

In addition to the shift in relationship dynamics between physicians and patients, significant changes in physician prescribing practices have been noted as well. Some of those most concerned by the effects of direct-to-consumer advertisements assert that by affecting physician’s prescribing practices, this form of marketing cancels out its alleged public health value (Hollon, 1999, p. 382). While it has been argued that physicians serve as gatekeepers for this system of disseminating prescription drugs by ensuring that no drug abuse occurs, data documenting current physician prescribing behaviors has led to the questioning of this assertion (Hollon, 1999, p. 384). In a Consumer Reports (2003) survey, doctors wrote significantly more prescriptions for those who requested them than for those who did not. Clearly, physicians are influenced by patient demands, and are susceptible to pressures exercised by these individuals. As many as half of physicians in an FDA survey reported to have felt at least some pressure to prescribe a particular drug as a result of direct-to-consumer advertising (Gellad, 2007, p. 477).

A study conducted by Schwartz et al. (1997) found that some physicians prescribed drugs “at a rate far greater than that warranted by scientific evidence of their effectiveness.” When asked about the reasons behind their prescription decisions, doctors most commonly cited patient demand. Moreover, a study conducted by Petroshius et al. (1995) found that physicians are prone to prescribe less effective or efficient medications in order to appear more responsive to the requests of their patients. More recent studies have corroborated previous findings that patients are more likely to obtain a prescription when they arrive at a physician’s office expecting one from their doctor (Hollon, 1999, p. 383).
While it cannot be expected that doctors should be immune to marketing efforts, presumably their education and medical knowledge makes them more discerning and skeptical of such persuasion techniques (Hollon, 1999, p. 383). Nevertheless, the frustration and impatience doctors have been feeling as a result of this marketing shift, combined with growing pressure from patients, has led to an increased volume of prescriptions of brand-name drugs, even against some physicians’ better judgment (Consumer Reports, 2003, p. 35). As many as 50% of doctors in a Consumer Reports (2003, p. 34) survey reported that it was unlikely or at best only possible they would have prescribed a requested drug if they were basing their decisions solely on their own judgment, barring patient input and pressures.

3. Healthcare organizations, insurance companies

Since direct-to-consumer advertising is still a relatively new strategy, it is difficult to generalize or forecast its precise effects on health care and prescription-filling costs. There is no doubt that direct-to-consumer advertising has caused some changes in the pharmaceutical drug market; the U.S. Government Accountability Office reported that dramatic spending increases have been recorded for advertising pharmaceuticals as a result of increased drug use among the general public (Gellad, 2007, p. 478). This finding indicates that direct-to-consumer advertising is succeeding in stimulating pharmaceutical demand (Hollon, 1999, p. 383). Some drugs that have been carefully marketed have managed to significantly improve their market share, primarily thanks to extensive use of direct-to-consumer marketing techniques (Calfee, 2002). These techniques certainly pay off: in a 2002 GAO report it was estimated that every 10% increase in direct-to-consumer advertising for a drug brand resulted in a 1% increase in sales of that particular product (Gellad, 2007, p. 478).
Serious concerns have also been raised about the increased financial burden brought about by the (arguably excessive) prescription of newer brand pharmaceuticals over generic, cheaper drugs fulfilling the same function as their pricey counterparts (Consumer Reports, 1996, p. 62). Gellad et al. (2007, p. 479) report that prescription drug costs are “one of the fastest-growing segments of health care.” There is significant potential to save billions of dollars simply by substituting back generic drugs for the brand-name equivalents that have replaced them (Gellad, 2007, p. 479).

In addition to the direct costs incurred from filling brand-name drug prescriptions in increasing demand, direct-to-consumer advertising also raises health care costs more indirectly. Increased consumer interest in advertised drugs leads to more office visits and more costly (and possibly unnecessary) tests (Wilkes, 2007, p. 114). While some very expensive, specialized drugs could be cost-effective in the sense that they may be able to prevent long, invasive, and costly procedures such as surgery, most advertised drugs treat only mild, low-risk conditions. As it is, these types of drugs typically do not show a favorable cost-effectiveness ratio (Wilkes, 2007, p. 122).

C. Advertising

As can be seen, the trends started by the shift in pharmaceutical advertising to address the patient directly have the potential, and have already begun, to cause significant, and alarming, changes in American society. Consumers are now at risk of receiving unclear or incomplete information about potent medications; relationships between patients and doctors have become strained and focused more on discussing drugs seen in advertisements rather than patients’ more pressing health conditions; physicians have begun to feel frustrated, resentful, and a loss of
efficacy in their own profession while changing their prescribing behavior to accommodate patient requests even despite their own professional judgment; and health care costs are projected to increase dramatically as generic medicines are being replaced by expensive brand-name pharmaceuticals. With these implications in mind, discussion can now proceed on to an examination of the advertising messages that have facilitated the consequences discussed previously. Many studies have been conducted evaluating the content elements of direct-to-consumer pharmaceutical advertisements. Using different approaches, many have ascertained and warned that the educational value of this form of advertising is, as feared, debatable, and that the risk potential, stemming from inadequate information and misleading statements, is high. Overall, scholars seem to agree that direct-to-consumer advertisements are powerful, persuasive messages that are designed to sell a product and are not necessarily safe for the lay public. In addition, these ads appear not to fulfill their educational purpose.

A study by Kaphingst (2001) undertook a content analysis of 23 direct-to-consumer, product-specific television prescription drug advertisements. The study determined that a majority of ads used both medical and lay terms to describe medical conditions. This finding is particularly worrisome considering the different levels of literacy in the average American population. Individuals with more limited literacy skills may have less background information about the drug or condition they see in an advertisement, and may not understand medical terms and jargon used in ads to communicate information. While the FDA urges pharmaceutical companies to use common language and easy-to-understand descriptions in their advertisements, it is evident that companies do not adhere to this requirement, at the potential expense of the consumer who is given incomplete or confusing information (Kaphigst, 2004, p. 518).
Another study by Kaphigst et al. (2004) examined the reading difficulty of the supplemental text materials (magazine ads, web sites, and brochures obtained through toll-free numbers) provided by pharmaceutical companies. The study found that all materials, save one, exceeded the maximum eighth-grade reading level recommended for use in literature aimed at the general public, and concluded that college-level reading ability is necessary to read and adequately comprehend the materials (Kaphingst, 2004, p. 144). Features including the presentation of extensive information not essential for consumers, lack of summaries of main concepts, use of complex syntax and medical jargon, lack of visual aides to summarize main points, and use of small text and a crowded layout were all identified to make actually obtaining additional information about a drug from these supplemental materials exceedingly difficult (Kaphingst, 2004, p. 145). Although the FDA’s adequate provision requirement is designed to ensure that consumers have access to product information, this data are presented in an unappealing and incomplete manner in drug advertisements and in an unclear, crowded format in text materials.

A Consumer Reports (2003) content analysis of pharmaceutical advertisements found that while the majority of ads were judged to be factually correct and backed by scientific evidence, many left out important information that was only available in fine print. A study conducted by Woloshin et al. (1999) analyzed the content of 67 advertisements and found that most ads describe the benefits of a medication in vague, qualitative terms that remain largely unsupported throughout the advertisement. Consumer Reports (2003) found that only half of advertisements analyzed conveyed important information about a drug’s risks and side effects in the main promotional text of the advertisement. Moreover, less than half were honest about a drug’s efficacy. Doctors were consulted during this study and noted omissions, exaggerations,
and other problems in many of the advertisements. One of the major problems with the ads was the brief summary, which was characterized by “medical jargon and tiny print” (Consumer Reports, 2003, p. 36). Even though the information provided may have been accurate, reviewers doubted that consumers would take the time to “wade through it.” (Consumer Reports, 2003, p. 36).

Consumer Reports (1996) conducted a second content analysis of drug advertisements and coded for the ads’ educational benefits and quality by looking at variables such as use of medical jargon, placement of key information, print size, and comprehensiveness of the advertisement. The study identified a variety of misleading messages (one or more) prevalent in direct-to-consumer advertisements. These included omitting, minimizing, or obscuring a drug’s risks; inadequate, incorrect, or inconsistent labeling information; false, misleading, or unsubstantiated efficacy claims; false, unsupported, or misleading comparative or superiority claims; promotion of approved drugs for unapproved purposes or patient populations; promotion of unapproved, still-experimental medications; false or misleading information given to physicians by drug representatives or paid speakers (Consumer Reports, 1996, p. 63).

A study by Kaphingst et al. (2004) found that television advertisements spent more time describing the benefits of a drug than its risks. This finding suggests a violation of the FDA’s “fair balance” requirement. A content analysis conducted by Roth (1996) also found that as many as one third of advertisements failed to present a fair balance of benefit and risk information. In addition, most of the advertisements omitted information on inappropriate uses of the drug and clear directions for proper usage (Roth, 1996, p. 72). Lastly, more complete product information (through a website, toll-free number, etc.) was only available in text, calling into
question drug companies’ compliance with FDA regulations requiring that “adequate provision” is made for providing product information.

Kaphingst et al. (2004) also found that some advertisements lacked important contextual information to clarify the risks of an advertised drug. The study cites examples of statements such as “tell your doctor what other medications you are taking”—meant to indicate that the advertised drug is potent and should be taken in combination with other medications only upon approval to avoid adverse side effects—might not make those implications clear to the consumer (Kaphingst, 2004, p. 523). Only a minority of the examined advertisements adequately informed consumers that the drug might not work for every patient and most only described medical conditions and their treatments superficially. Just one of the 23 advertisements studied directed consumers to seek out more information about the drug (Kaphingst, 2004, p. 523). Instead, the majority of ads encouraged consumers to speak with their doctors.

In addition to withholding important information and directing consumers to speak with their physicians, direct-to-consumer advertisements were shown to contribute to the medicalization of modern society by encouraging consumers to seek pharmacological treatment for common ills. A study conducted by Woloshin (2001) found that 39% of the advertisements studied in a content analysis encouraged people to consider a medical cause for common symptoms. A Consumer Reports (2003) survey also found that ads do not mention non-drug therapies for the same condition treated by the advertised drug.

In an analysis of drug advertisement texts, Kaphingst et al. (2004) also found that many ads presented risk information in one continuous segment rather than interspersing information throughout the body of the text. This is problematic when previous studies, such as one conducted by the FDA (1980) showing that ads where risk information was presented in one
segment by a different announcer than the narrator of the advertisement were less persuasive than those that integrated warning information throughout the ad, are taken into account. A study by Wilkes et al. (2001) corroborates this argument, concluding from its own content analysis that direct-to-consumer advertisements tend to play up the positive features of a drug while downplaying its negative or unknown aspects, accomplished by mentioning less favorable effects last, using subheadings to emphasize benefits, and “burying” side effects within the body of the text.

Kaphingst et al. (2004) also found that advertisements used only positive or neutral visual images while presenting important drug risk information. Further, Woloshin (1999) determined that 67% of advertisements coded made emotional appeals to consumers. The most common appeal was the desire to “get back to normal”. Other appeals focused on a feared outcome (Woloshin, 1999, p. 1143). From their content analysis of drug advertisements, Wilkes et al. (2000) found that the most common appeals to consumers included claims of effectiveness, symptom control, innovativeness, and convenience. The study also drew a parallel between advertisers’ tendency to use “new and improved” claims to sell generic products and the 40% of ads that used innovativeness as a compelling selling factor for pharmaceuticals. While marketing techniques must be adjusted to promote a product that involves as many risks and possible adverse side effects as pharmaceutical drugs, they are not eliminated altogether. Accordingly, Wilkes et al. (2000, p. 122) warn that “when it comes to drugs, what is new is not necessarily better and could even be more risky.”

Consumer Reports (1996, p. 62) identified themes of persuasion used in drug advertisements, grouped into categories, including: “optimism reigns”, in which ads imply drugs are 100% effective for everyone; “the good mother”, harping on mothers’ obligation to their
children and implying that mothers who do not use drugs are guilty of neglect; “you don’t say”, ads in which only the fine print contains relevant information about drug potency and efficacy; and “all you need is drugs”, in which the ad neglects to mention that lifestyle or behavioral changes can often solve the problem. This reliance on emotional cues and themes and the dissonance between visual and auditory stimuli could both detract from rational decision-making on the part of the consumer as well as undermine the perception of risk for the advertised drug, and casts into doubt the advertisements’ “fair balance” provision (Kaphingst, 2004, p. 144).

Cline et al. (2004) conducted a content analysis of direct-to-consumer advertisements using a slightly different approach. This study tested the assumption that the direct-to-consumer form of advertising uses social cognitive processes to influence consumer behavior. Based on this premise, the study found that direct-to-consumer advertisements use models with whom consumers identify and “whose personal features, activities, depictions, and products are associated with rewards that function as motivations.” (Cline, 2004, p. 152). Models in these advertisements possessed positive personal characteristics such as “healthy”, “active” and “friendly”, which consumers are likely to identify with and emulate. In addition, the study found that 90% of ads depicted some form of identity rewards, with almost 40% of ads actually depicting models as physical beneficiaries of these rewards (Cline, 2004, p. 152). The study identified both explicit and implicit visual cues that were used to convey strategies for the consumer to achieve those rewards. Given such relatable models, Cline et al. warn, consumers are likely to base their health choices on the favorable outcomes they see in an advertisement instead of on objective reasoning.

Cline et al. (2004, p. 136) also found that direct-to-consumer advertising tends to reinforce stereotypes. The study demonstrated that advertisements featuring only women tended
to focus on stereotypical “women’s issues”, namely women’s reproductive capacity and psychiatric disorders. In addition, advertisements featuring African Americans were dominated by HIV/AIDS. The study also found that despite the plethora of serious medical conditions affecting older adults, only 13% of the ad sample depicted elderly subjects (Cline, 2004, p. 138). The study concluded that direct-to-consumer advertising tends to rely on, and enforce, stereotypes relating to gender, race, and age.

Multiple studies have examined the content of direct-to-consumer advertisements using varied approaches. While it is clear that drug information should be independent, reliable, and thorough, drug advertising is “none of these things.” (T’Hoen, 1998, p. 596). Most academics now agree that the educational benefit of the ads is moderate at best and the quality of information presented is poor (Hollon, 1999, p. 382). Researchers largely concede, as summarized succinctly by a Consumer Reports (2003, p. 36) survey, that “advertisements are not public service messages—they’re meant to move goods.”
Research Questions

To add to the existing body of literature examining the direct-to-consumer advertising strategy, this thesis aims to address the following research questions: How do advertisers make pharmaceutical drugs an attractive commodity to patients? What kinds of persuasive tactics and cues are used to achieve compliance (i.e. sales)? How do advertising agencies create successful marketing campaigns promoting drugs to consumers who may not need them? Studying and breaking down the persuasive elements in this type of advertising will not only enhance the understanding of communications studies scholars of what elements make drug advertisements persuasive, but can serve as an important basis for future studies and policy suggestions to eliminate the threats posed by pharmaceutical companies appealing directly to poorly-informed, but eager consumers. This study will examine the questions posed above using a subset of ads treating for cardiovascular conditions collected from popular magazines. This thesis serves as an illustrative case study of direct-to-consumer advertising techniques.
III. Methods

Textual analysis was conducted to identify the features and persuasive strategies utilized in direct-to-consumer drug advertising campaigns. Campaigns were selected based on the health condition treated by the advertised drug, that drug’s popularity in the pharmaceutical market, and the medium in which the ads were delivered.

A. Campaign selection

The top-treated medical conditions of American patients are, unsurprisingly, also among the most expensive to treat (UPI, 2008). Estimates of the costs of the top 10 medical conditions in the United States stand at over $500 billion. The most prominent, and expensive, condition among these is heart disease.

### EXHIBIT 3
Decomposition Of Change In Nominal Health Care Spending, Fifteen Most Costly Medical Conditions, 1987-2000

<table>
<thead>
<tr>
<th>Condition</th>
<th>Total change in spending (millions of dollars)</th>
<th>Percent change in spending attributable to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Increased cost per treated case</td>
</tr>
<tr>
<td>Heart disease</td>
<td>26,228.5</td>
<td>68.6</td>
</tr>
<tr>
<td>Pulmonary conditions</td>
<td>24,702.0</td>
<td>37.5</td>
</tr>
<tr>
<td>Mental disorders</td>
<td>24,503.3</td>
<td>21.1</td>
</tr>
<tr>
<td>Cancer</td>
<td>17,734.3</td>
<td>41.9</td>
</tr>
<tr>
<td>Hypertension</td>
<td>15,385.8</td>
<td>59.8</td>
</tr>
<tr>
<td>Trauma</td>
<td>14,506.6</td>
<td>109.1</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>11,078.9</td>
<td>20.6</td>
</tr>
<tr>
<td>Arthritis</td>
<td>10,252.8</td>
<td>44.3</td>
</tr>
<tr>
<td>Diabetes</td>
<td>9,626.8</td>
<td>23.6</td>
</tr>
<tr>
<td>Back problems</td>
<td>9,486.4</td>
<td>21.7</td>
</tr>
<tr>
<td>Skin disorders</td>
<td>7,286.5</td>
<td>54.8</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>7,203.8</td>
<td>93.8</td>
</tr>
<tr>
<td>Infectious disease</td>
<td>6,191.6</td>
<td>95.2</td>
</tr>
<tr>
<td>Endocrine</td>
<td>5,029.1</td>
<td>28.0</td>
</tr>
<tr>
<td>Kidney</td>
<td>3,231.4</td>
<td>8.8</td>
</tr>
</tbody>
</table>

**SOURCE:** 1987 National Medical Expenditure Survey (NME) and 2000 Medical Expenditure Panel Survey, Household Component (MEPS-HC).

**NOTE:** All changes were statistically significant at the .05 level, except for change in spending, kidney disease (at the .10 level); rise in treated prevalence, heart disease (not significant); and increased cost per treated case, endocrine and kidney disease (not significant). Medical conditions ranked by change in spending between 1987 and 2000.

Thorpe et al.
### Table: Therapeutic Classes and Their Market Value

<table>
<thead>
<tr>
<th>Therapeutic Class</th>
<th>Value ($bn)</th>
<th>% of Total</th>
<th>Growth vs. 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>100.8</td>
<td>17%</td>
<td>7%</td>
</tr>
<tr>
<td>Central nervous system</td>
<td>99.9</td>
<td>16%</td>
<td>8%</td>
</tr>
<tr>
<td>Alimentary tract and metabolic</td>
<td>73.6</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Anti-infectives (bacterial, viral, fungal)</td>
<td>61.4</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>Respiratory</td>
<td>40.1</td>
<td>7%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Cardiac disease is also the leading cause of deaths worldwide (Thorpe, Florence & Joscki, 2004). Cardiovascular disease refers to conditions affecting the heart’s ability to function properly. Since a disruption of blood supply to any part of the body can cause severe tissue damage, cardiovascular conditions are particularly deadly. As such, an entire industry dedicated to treating these conditions has sprung up. In spite of research, technological, surgical and pharmacological innovations, and an increased social consciousness of cardiac disease, however, people continue to lead unhealthy lifestyles that put them at risk of developing heart disease.

Since heart disease develops over a long course of time, it is often difficult to prevent entirely and explains the steady reliance on pharmaceuticals once a diagnosis is made and treatment begins. Heart conditions were selected for analysis in this study following the rationale that the more prevalent among the population and expensive to treat, the more likely that drug companies would compete to penetrate into that market and establish a market share.

Specific drugs treating for heart disease were selected on the basis of their market success. Leading the drugs in this category is Pfizer, Inc.’s cholesterol-reducing Lipitor, the world’s best-selling drug, which reportedly ran $244.4 million in advertising costs in 2009 (Associated Press, 2010). Selection of drug brands for study was based on the assumption that
the more successful and market-dominating a drug is, the more likely it is to be advertised and widely available to the public through mainstream communication channels. Both Lipitor and Zocor, another cholesterol-controlling drug, were listed in the top 10 list of prescription drugs that contributed most to the increase in pharmaceutical spending (National Institute for Health Care Management, 2000). Lipitor and Zocor are joined by Pravachol in leading the cardiac treatment drugs, accounting for approximately 85% of the $6 billion market (Spain, 1999).

With these considerations in mind, advertising campaigns were selected on the basis of the print publication in which they were found. Since heart conditions affect both sexes indiscriminately, advertisements were selected from magazines that do not appeal exclusively to one sex. Magazines were selected on the basis of their popularity, calculated by circulation numbers. The justification for selecting popular publications was the increased probability of encountering advertisements for market-leading brand-name drugs in commonly-consumed, general-audience venues.

**Most Popular Magazines in 2010 (by circulation):**

<table>
<thead>
<tr>
<th></th>
<th>Magazine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Better Homes &amp; Gardens</td>
</tr>
<tr>
<td>2</td>
<td>Reader's Digest</td>
</tr>
<tr>
<td>3</td>
<td>Game Informer</td>
</tr>
<tr>
<td>4</td>
<td>National Geographic</td>
</tr>
<tr>
<td>5</td>
<td>Good Housekeeping</td>
</tr>
<tr>
<td>6</td>
<td>Woman's Day</td>
</tr>
<tr>
<td>7</td>
<td>Family Circle</td>
</tr>
<tr>
<td>8</td>
<td>Ladies' Home Journal</td>
</tr>
<tr>
<td>9</td>
<td>People Magazine</td>
</tr>
<tr>
<td>10</td>
<td>Time Magazine</td>
</tr>
<tr>
<td>11</td>
<td>Taste of Home</td>
</tr>
<tr>
<td>12</td>
<td>Sports Illustrated</td>
</tr>
<tr>
<td>13</td>
<td>Cosmopolitan</td>
</tr>
<tr>
<td>14</td>
<td>Prevention</td>
</tr>
<tr>
<td>15</td>
<td>Southern Living</td>
</tr>
<tr>
<td>16</td>
<td>Maxim</td>
</tr>
<tr>
<td>17</td>
<td>O, The Oprah Magazine</td>
</tr>
</tbody>
</table>
B. Artifact description

Following the screening process described above, campaigns for Lipitor, Zocor, Pravachol, Vytorin, and Plavix were selected from the University of Michigan’s microfilm archives of Reader’s Digest, People Magazine, Time Magazine, and Newsweek from the years 1995-2010, when direct-to-consumer print ads became most prominent in the chosen communication channel. Approximately 50 ads—about 10 distinct advertisements for each of the drugs selected for study—were identified and make up a comprehensive body of evidence for analysis. A brief description of the campaigns follows, and the advertisements themselves can be found in the appendix section. Collectively, despite varying layouts, the advertisements are all text-heavy and feature accessible, relatable models.

1. Lipitor

Lipitor has been the world’s leading cholesterol-reducing drug, as well as the highest-selling prescription drug, since 1998 (Associated Press, 2010). Lipitor contains an enzyme blocker, known as a statin, to help lower cholesterol and triglyceride fats in the blood and ultimately prevent strokes and heart attacks (Mayo Clinic, 2010). Between the years 1995 and 2010 Lipitor was marketed through two main print ad campaigns: in the first, the layout of the ad
is dominated by text and an enlarged image of a trusted, credible source—a physician, inventor of the artificial heart, or a heart attack survivor. The copy of the ad gives straightforward, factual information about the product and urges the consumer to consult their physician about the drug (see Appendix A1). The second part of the campaign, running concurrently with the first, is less obviously a drug campaign, featuring relatable models—people of all ages, races, and appearances—with numbers representing personal statistics, their cholesterol numbers, and the impact of Lipitor on these scores (see Appendix A2).

2. Zocor

Zocor is another leading brand of cholesterol-lowering statins. Like Lipitor, it helps lower cholesterol and fats in the blood by reducing the liver’s cholesterol production activity (Mayo Clinic, 2010). Zocor also had two major advertising campaigns from 1995-2000. The first campaign features classic family memories—a wedding, a grandparent playing with a grandchild, an aging couple in an embrace—accompanied by copy urging patients to manage their cholesterol numbers to arrive at these life milestones (see Appendix B1). The second campaign, running concurrently, shows individuals in different challenging situations, like cold weather or a difficult hike, and the precautions they take to stay healthy. The copy of the ad then urges the consumer to consider Zocor as a precaution against heart conditions (see Appendix B2).

3. Pravachol

Rounding out the top-3 selling cholesterol-lowering medications is Pravachol, a statin which reduces the amount of cholesterol produced by the liver to decrease the risk of heart
disease and stroke (Mayo Clinic, 2010). Pravachol’s print advertising campaign focuses on “average” figures partaking in different activities. Each individual states that he/she eats right and exercises, but that those safety measures are not enough to prevent a heart attack. The rest of the ad is text-heavy and informative, like most other advertisements in this category (see Appendix C).

4. Vytorin

This drug is manufactured by Merck, the same company that produces Zocor. Vytorin combines the main ingredients of Zocor with another drug, Zetia, to reduce the absorption of cholesterol in the intestines (Mayo Clinic, 2010). Vytorin’s advertising campaign takes a lighter approach to treating high cholesterol, rejecting the serious tone of other drug ads in favor of a more humorous take on the main contributors to high cholesterol—diet and family history. Each ad in the series features a slightly parodied elderly figure representing an individual’s family history as well as a typical high-cholesterol food, like a hamburger, French fries, or a club sandwich. Large text below the images compares Vytorin to other market leaders and emphasizes the dual efficacy of Vytorin against the sources of high cholesterol (see Appendix D).

5. Plavix

Plavix helps prevent future strokes, heart attacks, and artery blockages in patients with a history of cardiovascular problems by preventing blood clots from forming in blood vessels (Mayo Clinic, 2010). Plavix has not had a consistent advertising campaign in the years 1995-2010, and the advertisements show some variation in appeal tactics. Collectively, however, the
ads employ more sinister images and slogans than their competitors. With images such as a hospital “Emergency” sign displayed backwards, suggesting that the consumer is already inside the emergency room; a strong and formidable construction worker who, the ad suggests, is still susceptible to heart disease; or simply the word “Clot” in large, bold face letters, the ads are slightly intimidating and very direct. Most importantly, the word “clot” is featured prominently in every advertisement, sometimes even serving as the main visual element in the ad (see Appendix E).

C. Textual Analysis

Textual analysis was conducted in the effort to examine the persuasive techniques used by pharmaceutical drug companies to advertise products to a newly-empowered, medically uneducated consumer base. The analysis itself was fashioned from several textual analysis protocols, used together to complement each other and compensate for structural differences.

While this analysis is primarily a textual one in nature, overarching guiding questions were based on McGuire’s content analysis coding scheme, which considers:

1. Source factors, or the medium, genre to which the text belongs, and the context within which it is found, as well as the discourse community the text is a part of and the communicator’s characteristics (such as its credibility or trustworthiness);

2. Message factors, or the type of appeal and delivery style of the communication;

3. Channel factors, such as verbal versus nonverbal venues;

4. Receiver factors, or target audience characteristics—including age, education, and personality variables; and
(5) Destination factors, or the outcomes promoted by the communication, such as immediate versus long-term change (McGuire, 1984, p. 300).

This method was used to compensate for some of the weaknesses of textual analysis, which, used alone, does not take into consideration factors external to the message itself. These factors, as outlined by McGuire’s model, are important for a more thorough and holistic understanding of the direct-to-consumer strategy and the kinds of messages that are the result of this movement’s influence. This study made significant efforts to control for source, channel, receiver, and destination factors, to be described in the data analysis section. The main emphasis of the analysis, however, rests with the message factors, which will be discussed in detail for every selected campaign individually.

Interpretive textual analysis was used to achieve the objective of taking apart message factors and enhancing the holistic approach of content analysis to analyzing communications. This form of analysis allows a probe of implicit social meanings from a text. The following procedure, based on a combination of Daniel Chandler’s book *Semiotics: The Basics* and Roderick Hart’s *Modern Rhetorical Criticism*, was followed to conduct the textual analysis of the message factors, as outlined by McGuire’s model.

This synthesized procedure analyzes the elements and style of the communication, taking into consideration:

1. The signifiers (cues, images, symbols) in the advertisements and their meanings;
2. The ad’s modality, or position—addresses the advertisement’s major claims and the validity and strength of the evidence used to support the claims as well as the clarification
devices and warrants used to strengthen the message—in addition to an assessment of the persuasiveness of the advertisement;

(3) The class of paradigm, or pattern, the text belongs to—the values and contrasts that emerge as a result of the particular choice of medium, genre, and theme for the advertisement;

(4) The syntax, or structure, of the text and a discussion of how sequential and spatial arrangement affects the text’s meaning;

(5) The literary elements (metaphors, analogies, etc.) present in the text and how they are used to achieve the text’s intended reading;

(6) The semiotic (meaning) codes in both the ad’s text and images and the relationship between these two components and the consumer—this analysis probes the cultural values and the preferred reading of the advertisement.

Ad campaigns were analyzed individually and the analysis is detailed in the results section. A holistic, inter-campaign evaluation of recurring themes and elements is presented in the discussion section.
IV. Results

Analysis was conducted in order to identify and take apart the persuasive elements and strategies used in direct-to-consumer advertising efforts to market pharmaceutical drugs treating for cardiovascular conditions directly to consumers, bypassing physicians. While the messages themselves differed significantly in their approaches to persuasion, other elements of the communication process—specifically, the source, channel, receiver, and destination factors, as described by McGuire’s model—were held relatively constant. Though these factors were controlled, however, they nevertheless merit holistic examination and application to the individual campaigns examined in this section.

1. Source factors

The medium of the text was held consistent through the selection of popular magazines, as described in the methods section. All advertisements were selected from a collection of magazines chosen by both title and year published. As a result, the ad campaigns examined here all ran concurrently and in comparable (or identical) media channels. *Time Magazine, Reader’s Digest, People Magazine,* and *Newsweek* are mainstream, popular magazines appealing to all genders and races alike, an important consideration as heart disease affects individuals indiscriminately. As a result, heart health drugs were not expected to be marketed in specialty magazines appealing only to a very specific demographic. Instead, it was assumed that this selection of magazines would yield the greatest number of advertisements for this class of drugs.

These magazines are also part of a similar discourse community, appealing to a particular, albeit wide, demographic. The magazines are comparable in the way that they combine news and current event stories with human interest pieces, celebrity tracking, and
shopping features, which demands a certain intellectual ability on the part of the publications’ consumer populations. As a result, the demographic that reads *Time Magazine, Reader’s Digest, People Magazine,* and *Newsweek* is generally educated, socially engaged, and young to middle aged (Pew Research Center, 2004). Although print advertisements are far-reaching, thanks to the considerable circulation numbers these popular magazines enjoy, they are constricted by space, size, length, and feature limitations imposed by print media. In a world where advancing technology makes it possible to reach consumers directly in their homes using highly interactive, personalized media, pharmaceutical companies have capitalized on television and online advertisements to lure consumers. Nevertheless, print advertisements remain an important source for study and are perhaps even more informative for the purpose of this analysis than their electronic counterparts because of said restrictions, which make them easier to analyze.

Lastly, the selected magazines have the benefit of being long-standing and professional, and therefore are assumed to be credible sources of information for their readers. Advertisers must compete for these lucrative, and often very expensive, advertising spots specifically for that reason—readers who trust the publication they are reading will be more likely to trust the advertisements they see running in its pages (Pew Research Center, 2004). While advertisers use different tactics to emphasize their products’ credibility and trustworthiness, the publication in which the ad is running makes an important contribution to readers’ perception of the advertisements’ credibility.

**2. Message factors**

The one major element that was not controlled for in the screening process—and the main object of this study—is the message, or advertising campaign, itself. The type of appeal and
delivery style of the messages vary considerably, and shed light on the main research question of this study: how advertisers attempt to persuade potential consumers to seek a prescription for a brand-name pharmaceutical drug? Message factors were analyzed for every selected campaign individually, below. A more comparative analysis follows in the discussion section.

A. Lipitor

1. Campaign 1 (Appendix A1)

The first branch of Lipitor’s major advertising campaign in the years 1995-2010 is neat, loaded with text, and straightforward. The spatial organization and elements included in the ad make it seem more informative than commercial, and lends a sense of credibility and expertise to the message conveyed by the communication. With the exception of a top bar dominated by a large, Lipitor-promoting quote and a figure—from Dr. Robert Jarvik, an inventor of artificial heart models to individuals who have survived heart attacks or strokes—the ads feature a lot of text arranged in a clear, minimalist design and featuring different text fonts. The advertisements are easy to read and have the appearance of a professional, scientific text.

The choice of models for this series of advertisements lends credibility and humanity to the otherwise stark, somewhat intimidating text. As the endorsers featured in the ads assert that “[Lipitor] lowered my [cholesterol]” and “I never thought [a heart attack] could happen to me”, Lipitor’s effort to lower cholesterol and save lives is painted in an altruistic, concerned light. Although the models are clearly vulnerable, as they themselves have suffered from heart conditions or threats like high cholesterol, their weakness makes them all the more relatable and their success stories of “beating” cholesterol, avoiding a second heart attack or stroke, and determination to seek out a medication that will help them accomplish this goal make them
inspirational to consumers concerned with their heart health. The ads’ use of models whose careers are relevant to the cardiac conditions treated by the drug—like the inventor of the artificial heart—or whose experiences have inducted them into this particular community strengthens the credibility of the ads in several ways. First, the endorsers’ personal experiences of Lipitor use and knowledge of the drug makes them seem competent and trustworthy. Through their worried facial expressions, these spokespeople also seem to convey a deep concern for the heart health of the reader, who may be at risk of heart attack or stroke. The models’ and the accompanying text’s urging to find out more about Lipitor gives the ads a sense of goodwill and concern, implying that the pharmaceutical company has the best interests of the audience in mind. Lastly, the use of “real”, relatable models that resemble the average reader and whose testimonies are familiar to the targeted audience makes the message delivered by the ad particularly powerful. Overall, the use of relatable models in the campaign enhances the personalization and poignancy of the advertisements. In addition, the use of models with success stories, showing only favorable outcomes of using the drug, portrays the risk of heart attack or stroke as a serious, but manageable condition thanks to the availability of Lipitor.

The ads also assure potential consumers that Lipitor has been extensively researched, claiming that over 400 clinical studies have been completed in its evaluation. While this impressive statistic clearly is meant to imply that the drug is safe for use, the advertisements hedge around specifically calling the drug safe and do not provide additional information about its efficacy or potency. The avoidance of mentioning risks and side effects of the medication in the main body of the ad and its placement on the reverse side of the page—where fewer readers are likely to notice, or bother, to read it—is a classic feature of the direct-to-consumer strategy. Despite broad claims of effectiveness and assertions of safety, these are not backed by evidence
in the ads and although casting an illusion of reassurance, can be deeply misleading to the casual reader.

In addition to the cues and images, which add credibility to the ads’ message and make it more relatable to consumers through the use of carefully selected models, the ads take a very clear position on what can—and should—be done to treat high cholesterol. The text and images of the ad strongly act as a call to action for those with high cholesterol “when diet and exercise are not enough”. Although the ads offer little evidence to support the claims made in the body of the text, the emphasis on rationality, information, and reason is evident throughout the ad, from the somber visuals to the minimalist, professional layout of images and text. The ad is persuasive because it manages to draw in the casual reader using emotional cues prompted by the models who claim they “trust their hearts to Lipitor”, and then continues to bombard the consumer with text and information that emphasizes the rational facet of the drug selection process. Hooked by the seemingly-trustworthy models and further drawn in by the abundance of information made available, the ads appear to aim to appeal to individuals who want more than a vague assurance of the drug’s efficacy. By providing information about the drug, advertisers make the ad particularly persuasive and Lipitor especially appealing. The use of motivational warrants, “ideas suggesting that some desirable end must be achieved or that some desirable condition is being endangered,” (Ehninger and Brockriede, 1963) in this fashion is particularly effective in luring and persuading an emotionally-based, but rationally-inclined individual.

The advertising campaign fits into a value paradigm that emerges as a result of the choices of elements—texts, visuals, layouts—in the ads. The values of individualism and personal choice—so deeply ingrained in the American doctrine and work ethic—are very evident in the advertisements. Although lay individuals must consult their physicians to obtain a
prescription for a drug like Lipitor, the suggestion that the consumers themselves can seize control of their own destinies and actively work to improve their own health even when “diet and exercise are not enough” and they require supplemental pharmaceutical aid is very empowering. In addition, the respect for and trust in scientific research and rationalism are indulged in the advertisements by presenting information, although somewhat simplistically, to the consumer and giving the impression of respect for his/her intelligence and involvement in the decision-making process in selecting a drug. The combination of consumer empowerment in both the emotional and rational dimensions is particularly powerful in stimulating interest in the advertised product.

Lastly, the campaign also draws on “universal topics” (Wilson and Arnold, 1974) that add meaning to the advertisements and reflect the cultural values they promote. Perhaps most important in this campaign, the potency of Lipitor, combined with its capacity to change a patient’s health and the feasibility that this favorable change will occur, work to strengthen the ads’ message. The modern societal need for a pharmacological solution to all ills and the assurance of the product’s effectiveness and credibility—lent by the publication in which the ad appears, the major pharmaceutical company promoting the product, and the message elements discussed here—is satisfied and consumers are enticed to seek out a prescription for Lipitor from their doctors.

2. Campaign 2 (Appendix A2)

The second part of the 1995-2010 Lipitor campaign is quite different in its approach to addressing consumers from its somber, text-heavy counterpart. In this series of advertisements, very “normal”, representative models—a family, a pair of twins, a young woman—are pictured smiling appearing relaxed and happy. The only other visual cue in the ads is a series of numbers
indicating some of the models’ characteristics, from height and weight to number of weekly workouts and apples eaten a day, as well as their cholesterol numbers. The message of the ads is very simple: high cholesterol is impossible to detect superficially, and can affect anyone. Even though the young woman is tall and thin—as the stated measurements prove—and is clearly beautiful and confident, she still has high cholesterol. Although the pair of twins pictured looks identical, weigh the same and have the same diet and exercise routine, one has high cholesterol while the other does not. In the family photo in which all members seem smiling and happy, three members have high cholesterol while a fourth does not. Although these people are smiling, they represent the very real threat of high cholesterol and the risks of heart attack and stroke stemming from it. The only difference between the low- and high-cholesterol figures featured, according to the ad, is Lipitor—and, the ads seem to suggest, it can solve the consumers’ high cholesterol problem, too.

While the advertisers chose to use smiling, happy models, they in fact represent the ominous threat of high cholesterol and the increased risk of heart attack or stroke that accompanies it. This threat is even more alarming when considered in contrast with the seemingly obvious physical vitality and health of the subjects portrayed in the ads and further enforced by a caption in one of the ads that “high cholesterol doesn’t care who you are.” In response to these threats, the advertisements invite the consumer to let Lipitor help “rewrite history.” The ads take a very clear stance in addressing the risk of high cholesterol—for those who are unable to control their cholesterol with diet and exercise alone, the only solution is Lipitor. This position is supported by some encouraging statistics, which claim a 30-60% reduction in cholesterol numbers in patients who take Lipitor compared to those who do not, but as with the first campaign the claims are not well supported. This finding is somewhat
incongruous with Lipitor’s general tactic of appearing straightforward and forthcoming with the amount of information provided to readers. Especially in this subdivision of the campaign, there seems to be much more emphasis on emotional cues—such as the threat of high cholesterol to the happy family unit—than on factual information. The little text that is provided in the ad is dominated by authoritative, rather than substantive, warrants supporting the claims made in the ads. Instead of providing evidence to corroborate the claims made in the body of the text, the ad relies on the brand name’s credibility and perceived expertise to suggest that Lipitor is a suitable choice for any patient.

The ad invokes several paradigmatic values to support its message. Once again, in contrast to the previous campaign’s appeal to information and scientific rationality, in this campaign Lipitor’s advertisers elected to emphasize the importance of family bonds, health, and happiness—reinforced by the ads’ visual elements—and contrast these values with the vulnerability of mankind and the precariousness of health. This contrast is powerful because it taps into a very basic human fear of death, disease, and lack of control over circumstances. The advertisements’ offer of a tool to control these fears is particularly appealing to an audience whose emotions have been activated and that is being expected to make decisions and carry out actions, such as deciding that Lipitor is an appropriate drug and seeking out a prescription from a physician, not based entirely on information and rational reasoning but rather stemming from the fear of losing control, happiness, and health, as the ads ever so subtly suggest.

The layout of the ad and the structure of the text further reinforce the predominance of emotional over rational appeals in the campaign. The visual element in the ads takes up most of the space in the two-page spread. There is some dry, technical information provided on the bottom left page of the ad, printed in small, cramped text. On the right page, however, the reader
is provided with a short narrative that presents “the bad news”, or problem of high cholesterol, and goes on to suggest Lipitor as the solution to this problem and “the good news”. The exclusive portrayal of positive outcomes in the ad series—even though the featured models are clearly at risk for heart attack or stroke, they now have a solution for this threat—is enticing and once again ties into the ads’ overall appeal to emotion. Although surely the consumer realizes that it is unrealistic to expect total efficacy and success from taking the drug, the visual cues—the smiles, the families, the encouraging cholesterol numbers of those models who take Lipitor—threaten to outshine the fear of the drug’s failure to control the consumers’ high cholesterol.

Several semiotic codes can also be identified in the ads to achieve its intended message. The underlying emphasis on the existence of a solution for the problem of high cholesterol is especially prominent in the advertisements. The desirability of Lipitor as a tool to beating a common affliction (“2 in 3 adults who control their diets and exercise cannot lower their cholesterol enough”) is also evident in the advertisements. The promise of improvement after taking the drug and Lipitor’s potency and ability to reduce the threat of heart attack or stroke are also important in creating the impression that while the threat to health may be real, a solution is also readily available and accessible with a simple prescription from a physician.

**B. Zocor**

1. **Campaign 1 (Appendix B1)**

The Zocor campaign from 1995 to 2010 can also be categorized into two main efforts. The first features all sorts of sentimental, emotion-evoking, family-themed images. The ads portray images including those of a couple walking along a sandy beach, a grandfather with his grandson, a wedding scene, an aging white couple in a warm embrace, a mother and her son, and
a laughing elderly couple. Clearly, the advertisers made significant efforts to represent a wide variety of people within the target demographic. Although one of the two pages of the spread is loaded with text, several phrases throughout the body are bolded or highlighted. All are variations on the subject of the future and of the reasons to address the threat of high cholesterol: “It’s your future. Be there”, “I have a lot of good reasons for taking care of my cholesterol”, “where will you be when your grandson gets his first taste of the ocean?”, and “where will you be when your wedding dress walks down the aisle a second time?”. While the models are featured in obviously happy, loving scenarios, the accompanying text is ominous in its suggestion that this happiness is threatened by high cholesterol and heart disease, effectively changing the tone of the ads entirely. The contrast between the relatable scenarios portraying tender moments in an individual’s life and the bold, almost harsh declaration of the text that this happiness is at risk is particularly effective at eliciting an emotional response, especially from an older demographic—the main age group at risk for cardiac conditions—for whom these appeals might strongly reasonate. Suggesting that the individual has a major role in determining his/her future with slogans such as “how will you take care of your high cholesterol and heart disease?” the ads shift the responsibility to act from the physician onto the individual. By cueing an emotional response using such strong visual elements and in contrast with the almost-accusatory text, the advertisers draw in the now-panicked reader in search for a solution.

The ads’ modality is clear: the future is important, and is something to hope for and look forward to, but is constantly at risk. Luckily, according to the ads Zocor is not only effective, but can go as far as to save lives and ensure the consumer has reaches his/her future. This message is communicated through an informative, though not didactic narrative that turns the intimidating topic of disease and death into a more approachable and manageable experience for the lay
reader. Although there are not nearly enough substantive facts or statistics in the ads to reassure the reader that the drug itself is potent and effective, the narrative form of the text and its conversational flow are somewhat soothing and appealing to an intimidated reader. Nevertheless, the advertisements achieve credibility through the perceived competence of the pharmaceutical company and the drug itself “with more than 10 years of experience and 140 million prescriptions filled.” The strength of numbers presented here is compelling and increases the trustworthiness of the drug—if it was not safe and effective, 140 million scripts would not be issued for it. The advertisements make use of motivational warrants to support the major claims in the text, emphasizing the importance of securing one’s future and the possibility of doing so with the right medication.

The advertisement positions itself within the paradigmatic family common to communications in this particular market that rely primarily on emotional appeals—the importance of family, the emphasis on the future, and the threat presented by high cholesterol to these idyllic scenarios. By explicitly singling out the reader, with statements such as “it’s your future. Be there” and “how will you take care of your high cholesterol and heart disease?”, the ads also capitalize on the notion of control, self-determination, and possibility for change brought about by the individual. This call to action is effective in empowering and mobilizing the consumer, who is told that even things previously out of their control, like prescriptions for a pharmaceutical, are now accessible and within reach. The reader is given not only the power, but the authority and responsibility to take control of his/her health and future. And, according to the advertisements, Zocor is the solution to these very fears.

The syntax of the Zocor campaign is very significant. Because the reader is primed with such an aggressive onslaught of conflicting emotion—from the happiness in the images to the
threat of the bold slogans—the rest of the body of the text is important in guiding the reader
towards the desired outcome of obtaining a prescription for the drug. The text itself is not overly
technical or filled with medical jargon, but rather reads as a mild, even soothing explanation of
the condition of high cholesterol and how Zocor offers the opportunity and the tool to address
this concern. The text is informative and makes use of different font sizes and colors to
maximize its effect. The result of these manipulations is a persuasive and calming advertisement
that can placate and convince a now-worried reader whose emotions were triggered by the visual
cues that initially catch the eye when skimming through magazine ads.

Optimism is an especially important value drawn on in the Zocor campaign. The
suggestion that the individual has both the power and the opportunity to take charge of his/her
future is powerful only when it is combined with the optimism and assurance that the effort will
pay off and the reader will succeed in lowering his/her cholesterol and reduce risks of heart
attack. This optimism is conveyed through visual elements, such as the image of the couple
strolling on the beach, leaving behind two lawn chairs. The portrayal of the couple moving
forward together is encouraging, soothing, and something many aging couples likely aspire to
and hope for. The gentle suggestion by the text that Zocor is a potent and available solution to
the problem of high cholesterol, which could devastate this idyllic future, acts as a powerful
stimulant.

2. Campaign 2 (Appendix B2)

The second approach by Zocor is a bit different. The ad series features models in
challenging conditions, such as a woman prepared for a hike, a woman caught in the rain, and a
man ready to shovel tall piles of snow, and points out all of the protective gear and precautions
taken against threats like hunger, thirst, the cold, or the elements that are present in those
situations. The figures in the ads are dressed warmly in layers and heavy coats, the hiker carries a water canteen and a hiking stick, the woman is wearing a raincoat, boots, and an umbrella, and the snow shoveler is equipped with a wool scarf, waterproof gloves, down jacket, insulated pants, all-weather boots, and a large shovel. The models are clearly prepared for the kind of activity they are about to partake in, and the ad asks in bold letters, “what are you doing to protect your heart?”. With all of the effort expended to protecting one’s health and well-being, the ad seems to argue, why neglect the heart? Most importantly, what are you, the reader, doing about your heart health? The visual and prominent textual cues seem to imply that the responsibility for maintaining a healthy heart lies primarily with the individual, and, moreover, that even the efforts already undertaken by the individual are not sufficient to protect the heart from threats like high cholesterol. Listing the protections taken by the models in the scenarios in which they are placed serves as an important similarity cue, which strikes a cord with the ads’ target demographic, which presumably is concerned with its health and well-being and is motivated to maintain them. Further, the major claims in the advertisements are strengthened by a cited study, conducted in Oxford University, which found that Zocor “is the first and only medication proven to significantly reduce the risk of heart attacks and stroke.” From a visual and symbolic perspective, then, the ads are relatable, persuasive, and—unlike many campaigns in this category—seem to even be backed by some credible findings, which are cited in the body of the text and lend the drug additional credibility.

The manufacturers of Zocor take a clear position in the ads as they urges consumers to seek prescriptions for the drug: since health is clearly important and a priority, the ad appears to argue, the consumer is virtually obligated to explore the possibility of Zocor with a physician. Since Zocor can help where an individual’s own ability to self-protect ends, it is the
responsibility of the consumer to consider Zocor as a viable treatment option for high cholesterol. The argument is underscored using authoritative warrants, which attempt to show that the product is credible and emphasize that not only does the problem of high cholesterol exist and present a considerable threat to heart health, but that Zocor has a solution for it.

By aggressively singling out the individual as the major responsible player in the commitment to heart health, the advertisements further draw on paradigmatic values including the right to self-preserve, be proactive, and fight even against things that normal efforts—such as controlled diet and exercise—cannot prevent. The approach of giving the consumer a real-life, relatable example of situations in which individuals must prepare themselves against risks that cannot be avoided or controlled for serves as a powerful and effective analogy for supplementing a routine of self-care with medications like Zocor, which can help protect heart health.

The message of the communication is further reinforced by the layout and syntax of the advertisements. Dedicating half of the advertising space to the visual component of the communication is important, as the image is an important element in the persuasive capital of the ad and adds a more accessible, relatable dimension to the argument. In addition, the arrangement of the text on the second page of the feature is neat, not overcrowded or loaded with medical jargon, and features text of the same size. It is important to consider that in contrast with many pharmaceutical advertisements, which include important considerations for the promoted drugs in tiny, illegible print, this series of ads uses equal sized text throughout. While the targeting of the individual is obvious in both the visual element and in the bolded text, the rest of the ads’ content is treated as if of equal importance—from the description of the condition and the drug to its concerns and side effects. This feature may contribute to the ad’s overall credibility and perception of honesty, as though Zocor, unlike its competitors, is frank about its limitations and
is concerned enough with the well-being of its future consumers to provide all necessary information up front and is not seen as trying to “hide” or withhold this important information from the consumer.

This series of ads also makes use of several semiotic codes that clarify the preferred reading of the communication. First, the assertion that a solution to the threat of high cholesterol exists, and the importance of the individual’s educated involvement in making drug-selection decisions, is reinforced throughout the ads and encourages the consumer to take a more active part in his/her health. Second, the ads draw on the spatial relatedness of heart health to other medical conditions, such as diabetes, for which an individual may already be treated. The advertisers seem to imply that, just as shown in the visual element of the ads, taking precautions against all sorts of risks is necessary and can be extended directly to include heart health and the elimination of threats like high cholesterol that can contribute to these conditions. Another important element of the argument made by the advertisers relates to the desirability of Zocor as a drug of choice to treat high cholesterol. With “over 160 million prescriptions for Zocor filled to lower cholesterol,” the drug’s popularity and market success give the impression that while Zocor is a powerful medication used to treat a serious condition, it remains safe for the general population, who is indulging wildly in its consumption. These assertions perpetuate the assumption that there is a pharmaceutical solution for every health concern, perhaps even for those who do not suffer from particularly high cholesterol levels. But since “everyone is doing it”, the drug’s desirability capital increases dramatically and may influence a reader’s decision to pursue a prescription for the drug. The advertisements’ treatment of heart health as part of a bigger problem also relates to this concern. This genus-species cue works in conjunction with the shift in the attribution of responsibility from physicians to individuals to prompt the consumer to
seek prescriptions because he/she is placed under the impression that they have not only the right, but the responsibility to seek treatment for their medical concerns. The availability of a pharmacological solution and the perceived awareness and individual responsibility greatly add to the ads’ effectiveness and persuasiveness to a worried and unsure consumer.

C. Pravachol (Appendix C)

From 1995 to 2010, Pravachol released a series of ads featuring models representing different demographics, from a middle-aged male woodcutter to a young female swimmer to an elderly man. The varied demographics that are represented make the ads more personable and relatable to a wide variety of consumers. The models also all wear a similar, faint smiling expression that at first glance is comforting and appealing. On closer examination, however, it appears that the models are not as jolly as the generic figures depicted in other campaigns within the pharmaceuticals category. Instead, the models look tense, worried, even a bit solemn. The most prominent text in the advertisements is a quote from the model, which posits “I eat right and exercise to control my high cholesterol. Why should I worry about a first heart attack?”. This statement suggests that the models, like the potential patients and consumers they represent, are somewhat naïve about a condition they may have that could be threatening their health and are helpless to either prevent or treat the condition. The ad featuring the elderly man states “Irene, I know how afraid you have been about having a stroke. So take some advice from your kid brother.” The ad uses emotionally-stimulating cues to suggest that the population is at risk of heart attack and lacks the information and education to prevent this threat.

The worry expressed in the visual elements, manifested in the models’ concerned expressions, as well as in the prominent text of the ad, shed light on the pharmaceutical
company’s standpoint in the campaign. Unlike other campaigns that seek to empower the consumer and emphasize the importance of education and choice in the selection of a cholesterol-lowering drug, the advertisers for Pravachol seem to capitalize on the ignorance of the average consumer. The ads appear to suggest that Pravachol is the right choice for a consumer who, like the models depicted in the campaign, is worried about his/her health but is unaware or uneducated about the risks of heart disease. Since Pravachol, as the ad states, can “reduce the risk of a first heart attack up to one-third,” and “could help you live a longer, healthier life,” it is the “proven” solution to the threat of heart attack. The ads make Pravachol an appealing option for consumers by marketing it aggressively and achieve trustworthiness through the authority expressed in the text, which reassures consumers that Pravachol can treat even those problems the consumer was not aware of or informed about prior to seeing the advertisements. Advertisers made use of substantive and authoritative warrants in the ads’ informative, factual content. Having caught the attention of the reader, pointed out his/her ignorance of the threat of heart attack, and warning that even efforts to reduce cholesterol such as controlling diet and exercise are “still not enough”, the ads now provide the reader with text that is actually informative and educational about both the targeted condition and the drug itself.

The advertisements make use of rationality cues and information to persuade a consumer initially reeled in using emotional cues. This is achieved primarily by positioning Pravachol as a credible source that the reader can trust. While the populace traditionally entrusts its health to physicians and health care professionals, the Pravachol advertisements attempt to establish the drug company as a competing, if not superior, authority figure. Unlike advertisements by other pharmaceutical companies, the Pravachol ads urge the reader to ask his/her doctor about the drug only in the very last sentence of the text. The advertisements try to minimize the influence of the
physician in the drug selection process and undermine the power of the physician to make
health-related decisions for patients. Since the uninformed consumer cannot protect his/her
health alone, as even the best efforts are “still not enough”, Pravachol offers an appealing
solution backed by studies and statistics that appears credible and is accessible to the consumer.

This appeal is further reinforced by the layout and effective organization of the elements
in the advertisements. The clean, simple layout lends the ads a professional appearance. The text
itself follows a logical, informative progression of addressing the question posited by the models
in the ad, listing Pravachol’s strengths, and even explaining some of its side effects in the main
body of the text. The text is all presented in one continuous unit and is of the same size
throughout. The effort to appear fair and balanced in presenting information to the reader
reinforces the drug company’s stance of altruistic concern for the unsuspecting, helpless
consumer addressed in the ad. The informative part of the advertisements, in turn, indicates the
company’s willingness to help the consumer and fosters trust in the brand.

The ads’ text and images draw on several cultural values that shape the communication’s
preferred reading. The degree of risk of heart attack is emphasized, invoking the very real and
prevalent concern of modern American society with health. The ads also use Americans’
emphasis on hard work and individual self-determination to emphasize that even despite the best
efforts, health cannot always be maintained without pharmacological intervention. The potency
of Pravachol and the feasibility of its success are especially appealing to consumers who may be
wary of their physicians but are concerned about their health. Lastly, the ease of the solution to a
threat that even efforts such as strict diet and exercise regimens, which require significant self
control and determination, cannot manage, is also enticing.
D. Vytorin *(Appendix D)*

The Vytorin advertising campaign between 1995 and 2010 had a very different approach to marketing the drug than its competitors. The ads follow an identical template, where a bold heading reads “Vytorin treats the 2 sources of cholesterol” and below it pictures of a typically high cholesterol food—like onion rings or cupcakes—and a silly photo of an eccentric family member are displayed side by side. This more humorous approach to the threat of high cholesterol, while indeed addressing the problem directly, does so in a lighthearted manner. By neglecting to show the actual patient (in model form), or victim, of the threat of heart disease, the advertisements appeal to an audience that may be afraid of poor health and, specifically, of the negative repercussions of high cholesterol. By spinning the ad in a more cheery and funny direction, the manufacturers of Vytorin contend that while heart disease is a scary prospect that must be treated, there is no reason to panic. The ads don’t need to show happy models who survived heart attacks or concerned models with high cholesterol waiting for a stroke to strike; the elimination of the “victim” model takes the human out of the equation. All that is left, advertisers seem to suggest, is the drug therapy solution offered directly in the ad.

Below the images, a bolded sentence states Vytorin was proven to be more effective in lowering cholesterol than two of its biggest competitors in the category, Crestor and Lipitor, in clinical studies. The emphasis on the dissimilarity between Vytorin and its competitors, and Vytorin’s superiority over them, is an important element in the drug’s advertising strategy. None of the campaigns analyzed thus far employed the strategy of comparing the product directly to its market competitors. Instead of focusing on the condition and the patient, the ad focuses primarily on the product. The direct presentation of the drug may be more overt, even pushy, but in the context of the slightly comical advertisement it does not seem inappropriate.
The series of advertisements makes its superiority claims by making use of a recurring cue of the number two. By emphasizing that the drug treats the *two* sources of high cholesterol—diet and genetic factors—Vytorin claims to be better than its competitors. The advertisements also feature two images that correspond to the two sources of high cholesterol, a comparison to two of Vytorin’s market competitors, and display the remaining body of the text in two columns. Moreover, in the body of the text the advertisers explain that Vytorin actually contains two separate cholesterol medicines in a single tablet. In modern American society, a “one-stop solution” is particularly appealing. With the busy lifestyles and numerous health concerns bombarded at individuals and overwhelming them every day, multitasking—and a pill that claims to treat two conditions simultaneously—is instantly enticing. Since two are perceived to be better than one, consumers are sure to be impressed by what Vytorin has to offer in relation to other cholesterol-lowering drugs.

The credibility of the ads is reinforced by the “clinical studies” mentioned in the body of the text as well as the perceived potency of a drug containing two medicines in one pill. The ads’ message is very clear: Vytorin was proven to be more effective than its competitors alone, so it is powerful. Even though there is no reassuring image of a smiling model representing the successful use of the drug to overcome a threatening condition, the ads seem to belittle the seriousness of the condition by putting a humorous spin on the images in the advertisement. The ads appear to offer a simple, but extra-powerful, solution to a simple problem the consumer can even afford to laugh at.

With this approach, the Vytorin advertisements position the brand in a paradigm class that is less common in the pharmaceutical drug advertising industry. Although health is clearly not something to joke about, the ads offer a different take on the health and drug discourse. Since
Vyotrin is offering a solution to the problem, it appears that advertisers felt that displaying it in less-serious terms would not be perceived as offensive or disrespectful. On the contrary, there may well be consumers who, tired of the traditional scare tactics used in advertisements of this sort, may find this approach refreshing and persuasive. While the threat of heart disease is real, there may be many who feel that presenting and discussing the topic without dramatizing it is no less effective than threatening consumers with an impending heart attack should they fail to obtain a prescription for a cholesterol-lowering medication. Instead, bringing humor into the mix and simplifying a frightening scenario makes it more accessible to a lay audience.

The body of the text of the ad is also interesting. Unlike its more “serious” competitors, the Vytorin ads actually provide very little factual information. The text is restricted to the bottom third of the page of the ad, and wastes no time explaining the condition the drug treats for or its risks, jumping immediately to urging the reader to ask his/her doctor about Vytorin in the very first sentence. The rest of the text is devoted exclusively to singing the praises of the drug, once again comparing it to its leading competitors, and concludes with a very brief statement of the drug’s possible side effects. The size and arrangement of the text also echo this prioritization: from a giant statement that Vytorin treats two, not just one, sources of cholesterol, to a medium-sized proclamation of supremacy over two leaders in the market, to a small-font mention of possible risks and side effects of the drug. Vytorin’s position seems to take a position not of the concerned philanthropist, but of the bold company marketing its product.

The ads are persuasive because they draw on some very prevalent, current societal values. The competitive nature of American society makes superiority claims particularly effective to an audience impressed with superiority. Especially concerning an important issue like health, having the “best” product is important and a factor that is sure to lure consumers. The
very clear, emphasized difference between Vytorin and other comparable drugs in the market also adds to Vytorin’s special and exclusive image. Consumers may also be drawn to Vyotrin’s emphasis of its combination of two cholesterol-lowering agents in one pill. While in the medical field quantity may not surpass quality in considerations of importance, to the lay consumer this claim may be particularly enticing. Without more information about the drug—which the advertisement neglects to provide—consumers are left to rely on their previous knowledge and value doctrines, including the prevalent conviction that two are better than one.

E. Plavix (Appendix E)

Plavix’s advertising campaign between the years 1995 and 2010 has not been entirely consistent. Unlike its main market competitors, whose ads can be easily identified because they are part of a cohesive campaign, Plavix’s ads share certain similarities but are otherwise rather disparate. The main shared signifiers in the campaign, however, do stand out and isolate Plavix from other drug brands. Every single identified ad in the campaign includes both a physical image and a textual mention of the word “clot”. Unlike its competitors, who appear to generally focus on the risks of high cholesterol and define that condition as the drugs’ target, Plavix emphasizes the formation of clots in blood vessels. This distinction is important because it differentiates Plavix from its competitors and also introduces a condition fewer people—due to less advertising—are aware of, informed or concerned about. The emphasis on the word clot and its depiction in visual form creates a top-of-mind awareness for the consumer and primes the reader with the association of the word clot with a specific drug: Plavix. This recall could prove particularly important for a confused, uninformed consumer debating discussing a drug with a physician.
The Plavix ads, while all centering on the threat of a clot, do so in different ways. One ad features a hospital emergency sign displayed backwards, indicating that the reader is inside the hospital, having already experienced a blood clot-related condition and claiming “Plavix could help keep you from coming back.” Another ad introduces Bob, a large, formidable-looking construction worker and states “he’s no match for something one millionth his size: a clot.” Another ad simply displays with the word “clot” in bold font filled with images of a clogged artery. A final advertisement shows a large image of a blood vessel superimposed with the headline “with miles and miles of arteries in your heart and brain, all it may take is the formation of one clot.” The contrast of the blown-up, large images and size of the text with the size of the threat addressed in the ad—a tiny, but deadly, clot—is very powerful. The visual representation of a clear versus a blocked artery is also effective in making the threat appear real and menacing. The overall tone of the ads is grave and intimidating, appearing as an almost overt attempt to scare the reader.

The drug company’s position in the ads is very clear—if the consumer is at risk, an active intervention is required to potentially save his/her life. Since clots are the number one problem and risk for those who have been previously hospitalized for cardiac conditions, Plavix offers to help protect against their formation. Plavix differentiates itself from other drugs in its category because unlike other heart medicines, it focuses specifically on clots and works to strengthen other cholesterol and blood pressure medications. This information is given in a narrative, rather than a didactic, style, describing the target condition, the advantages of Plavix, and the risk information associate with the drug. Although the advertisements make a rather blunt, aggressive statement at the outset, threatening the reader with a deadly clot and displaying grim images of hospital signs and sturdy men who do not stand a chance even against something as tiny as a
clot, after this initial hook the ads revert to an attempt to assuage the fear cued by the visuals in the ad and provide the reader with information on how to avoid the threats mentioned previously. The emphasis on the difference of Plavix from its competitors and its slightly different function than most cholesterol-lowering or blood pressure-controlling medications is effective in emphasizing its importance. The ad tries to be persuasive without being pushy, explaining that since Plavix is different from other medications it is not competing with them directly but will, instead, help protect heart health more fully.

The ad achieves credibility by capitalizing on its dissimilarity from other drugs in the market. The ads use authoritative warrants to try to convince the reader that Plavix is a necessary addition to a heart health protection regimen because it is different from other brands. Although the ads do not bombard the reader with too much text and information, it is enough to impart Plavix’s strengths and identify the target consumer for which it will be most effective. Without naming any of its competitors, Plavix is still able to make superiority and credibility claims about the efficacy and potency of the drug. Even though the validity of the major claims in the advertisements is not strongly corroborated, the ad seems authoritative and persuasive.

The Plavix campaign fits into the paradigmatic class of consumer intimidation. The emphasis on the fact that risk isn’t always associated with size, and that something as small as a microscopic blood clot could prove lethal in minutes, is a frightening prospect for readers. In addition, the ads’ suggestion that there is no surefire way to avoid clots further scares consumers and may make them more inclined to pursue a discussion about Plavix with their physicians just to decrease—though not entirely eliminate—the risk of something so ominous. Plavix’s offer to help avoid blood clots, then, is somewhat reassuring after the visual, textual, and emotional onslaught of panic and intimidation initially cued by the advertisements.
The order of priorities in the ad can be clearly seen in its syntax and the text’s arrangement throughout the layout. The visual element occupies the most space on the page, obviously meant to capture the reader’s attention and cue the fear that will motivate further examination of the advertisement. The description of the drug follows, emphasizing the difference of Plavix from other heart health medications. Lastly, a very brief mention of the drug’s side effects and important information is included at the bottom of the page in small, cramped text that does not invite perusal. The ads’ use of texts—such as the emergency sign or the “clot” written in clogged arteries—is an effective way of promoting the drug in one element. The association between the brand name and the word “clot” appears to be a priority for the brand and is effectively achieved by playing up this element, in different ways, throughout the campaign.

The Plavix ads draw on several cultural values to entice the consumer to pursue a prescription of the drug from a physician. The insistence that “Plavix can help keep you from coming back [from the hospital emergency room],” is a powerful stimulant of a feeling of trust in the drug and of the existence of a solution to the health threat. The use of text as part of the visual element of the advertisements makes use of today’s visual culture and tendency to focus more on visual elements than texts. By combining the two elements, the ads can promote Plavix’s message faster and, arguably, more effectively than an ad that only promotes the drug in the body of its text. Lastly, society’s general fear of death is capitalized upon in the ads’ persistent assertions of the vulnerability and mortality of man. The ads are effective not because they are necessarily appealing in their message, which is on the whole a grim one, but by their offer for a tool that could help avoid the undesirable outcomes of a blood clot.
3. Channel factors

Channel factors, much like source factors, were kept constant in this analysis by purposely selecting advertising campaigns that were delivered in a similar fashion in comparable communication outlets and media. The choice of print media as the delivery venue for the campaigns studied holds several advantages for the type of analysis conducted here. Perhaps most importantly, print media’s low level of interactivity with its reader, contrasted with its high level of selectivity in targeting a particular demographic, demands advertisements that are both explicit and personalized. In print, limited space and readers’ attention compel advertisers to create advertisements that are clear in their purpose and presentation of the advertised product. In television, for instance, advertisers enjoy the luxury of being allotted a specific amount of time in which they are guaranteed the consumers’ undivided attention (should they continue to watch television on the same channel). This gives advertisers the freedom to create advertisements whose purpose may not be obvious until the end of the commercial, when an announcer can tie the elements of the commercial to the object it is promoting and a large, bold product name and logo can be flashed across the television screen, imploring consumers to seek out the advertised product. On the other hand, print media must be more straightforward or else risks losing not only audience members’ interest and attention but, fundamentally, full comprehension of the ad’s objective. As a result, print advertisements tend to be more compact (due to size and spread limitations), explicit, and to the point than their television counterparts. These features also make print ads a manageable and controllable medium that is conducive to this study.

4. Receiver factors
The magazines from which advertisements were selected—*Time Magazine*, *Reader’s Digest*, *People Magazine*, and *Newsweek*—were chosen precisely to control for receiver variability. While it is clear that these magazines attract a wide demographic group, as evidenced by their large circulation sizes and national popularity, this attribute is, in fact, beneficial to this analysis. As discussed above, heart conditions afflict members of the population irrespective of gender, race, or nationality. The only generalization that can be made sweepingly in this category is based on the age of the average heart disease-susceptible individual, which tends to be relatively high (50+) in comparison to the average population. Accordingly, publications that appeal to a wide demographic were essential in order to capture the full scope of cardiovascular condition treatment drugs, which are targeted at a broad subset of the national population.

Nevertheless, there are particular characteristics that can be attributed to readers of *Time Magazine*, *Reader’s Digest*, *People Magazine*, and *Newsweek* which correspond with pharmaceutical drug companies’ target audiences that are worth mentioning here. Studies have shown that although newspaper and newsmagazine readership is declining in favor of internet and television news consumption, the average age and affluence of readers is steadily increasing—to the delight of pharmaceutical drug advertisers. News magazines, like those selected for this study, attract news readers who generally tend to be older and have a significantly higher income than the U.S. adult population overall (Pew Research Center, 2004). Along the same vein, based on both the content of the magazines themselves and the socio-economic attributes of the audiences attracted to these media channels, it can be assumed that the average news magazine-consuming population is relatively educated. These factors are important to pharmaceutical drug advertisers, as the kind of ads and appeals designed to sell the particular product must be well-tailored to its target demographic. In addition, this broadly-defined
demographic makes up precisely the target market pharmaceutical companies are seeking out: older, and thus more likely to be afflicted with some sort of (heart) health condition; wealthier, or with enough of a disposable income to consider brand-name, rather than generic, drugs for their health concerns; and more educated, and therefore possibly more inclined to read through the ad, understand its general claims, and be more motivated to seek out a prescription from their physician based on their self-diagnosis.

5. Destination factors

Finally, by selecting drugs from within the same pharmacological family that are targeted at the same broad demographic, the study attempted to control for the destination factors, or outcomes promoted by the communication. As with all direct-to-consumer advertisements, the objective of the advertisements is overt and clearly stated in every single ad: “Ask your doctor”. While this directive may, as studies have shown, imply more that the consumer should trouble their physicians for a prescription rather than obtain additional information about a particular drug from them, this objective is a hallmark of the direct-to-consumer trend. Since the premise of this form of advertising is that the consumer is being educated directly by the pharmaceutical companies, thus eliminating any risks of bias or pay-off of their doctors from the drug manufacturers, the destination objective is identical for all of the cases studied in this analysis.
V. Discussion

The individual examination of the advertising campaigns for the cardiac drugs Lipitor, Zocor, Pravachol, Vytorin, and Plavix (see results section) revealed a broad range of tactics employed by advertisers to entice consumers to seek a prescription for the drugs from a physician. Through a variety of techniques—including scare tactics, emotional appeals, and rationality appeals—advertisers have created campaigns that are persuasive and elicit compliance from consumers to purchase brand-name drugs. Now, a comparative and holistic evaluation is also warranted in order to draw some broad conclusions about these techniques and the concerns that arise with their use.

Especially notable in the comparison between the approaches of the various pharmaceutical companies to marketing their products is the type of appeal made to the consumer. Lipitor and Pravachol’s attempt to give the consumer as much factual—yet comprehensible—information contrasts sharply with Zocor’s personalized narrative style and emotional appeals, Vyotrin’s humorous approach, and Plavix’s scare tactics. Since these drugs are all targeted at the same demographic, it is illuminating to study their varying, but presumably comparably persuasive, methods of appeal. As it is known that all five drugs have enjoyed considerable market success, it seems that in addition to being apparently superior and effective drugs, the marketing campaigns designed for these pharmaceuticals have also been particularly persuasive to consumers, which has been reflected in their high sales numbers and market dominance. It is evident, then, that there is no single effective way of appealing to a rather wide, differentiated demographic that is defined more by its age range of 50+ than by any other demographic factor such as gender, race, or nationality. Attempting to keep all other factors as
equal as possible, it appears that emotional, fear, and rationality cues are all effective in catching consumers’ attention and raising awareness of the drugs.

Perhaps that most evident, recurring theme emerging from the advertising campaign analyses is the sweeping move by pharmaceutical companies to empower the consumer and motivate him/her to seek a prescription for a particular drug. This shift of responsibility for the health of the individual from the traditionally-accountable physician directly to the patient him/herself is, as discussed previously, a characteristic feature of the direct-to-consumer strategy and constitutes a radical change in the established social roles of members of society. This change brings into question the power of physicians today, who as a result of this move are relegated to a role of prescription filling rather than of advising or initiating treatments. Although the physician is the ultimate gatekeeper for pharmaceutical distribution as controller of the prescription pad, as studies have shown doctors are feeling—and acting on—increased pressure from patients that has resulted in an influx of prescriptions for brand name drugs, even when such a prescription is not deemed entirely appropriate by the physician him/herself. In addition, while it is undoubtedly important that patients exercise some control over what medications they are being prescribed and are provided with sufficient information to make educated decisions about their health care routines, previous studies have also shown that the average American consumer does not possess adequate education or reading skills to make such informed decisions. This study’s findings, then, strongly support previous literature that has raised concerns about the appropriateness of addressing the consumer directly without the participation of an informed mediator intervening in the process. Feeling legitimate in their concern for their health and authorized to make decisions about pharmaceutical treatments, patients could prove
difficult to persuade or reason with when confronting a physician and demanding a prescription for a particular drug.

Another major problem raised by the literature and supported in this study is the lack of information made available to consumers in the advertisements themselves, rather than in the FDA-required additional information sections detailing the drugs’ common side effects, risks, and active ingredient information. First and foremost, the physical presence of this information is minimized by placing the information behind, rather than opposite, the actual advertisement in the magazines. That way, for more information a consumer would have to actively seek out the information by turning the page and reading its back side instead of having it readily displayed opposite the relevant ad. Not a single advertisement collected in the microfilm archives displayed the risk information next to the creative component of the advertisement. Further, the small, cramped text on the back page is made unappealing enough to discourage close reading even by a concerned or interested consumer.

While this study did not analyze or evaluate the factual validity of the information and claims in the ads, it was exceedingly evident that even within the creative element of the advertisement, where the majority of the space was taken up by visuals or persuasive text rather than with factual information about the drugs, advertisers used various tactics to “hide” any actual information about the drug within the body of the text. As other studies have shown previously, the campaign analyses revealed that the ads tend to skim over important drug information and attempt to minimize the consumer’s exposure to facts that may deter the consumer from pursuing a prescription. As a result, the major claims made in the body of the text about things like the drug’s efficacy or potency went largely unsupported. The few statistics that were used in the ads seemed nonspecific and were not credited to any particular source or were
otherwise qualified. Any assurance of the drug’s safety or effectiveness was presented in the form of a statement claiming that the drug has been tested in clinical studies at a certain laboratory, though these claims were not expounded using any findings or backed by any relevant evidence. In all, the claims made in the advertisements were not well supported and did little to actually inform the consumer about the drugs’ qualities.

Another major recurring theme in the advertising campaigns analyzed was the insistence on showing only the positive outcome of the threat of heart disease when confronted with the particular pharmaceutical the ad is trying to promote. Not only may the drug not work for every patient, but the list of side effects and possible risks just from taking the drug could result in very unpleasant circumstances. Nevertheless, the advertisements for Lipitor, Zocor, and Pravachol—regardless of the types of cues each used to create a persuasive message—showed only smiling, happy-seeming models who, it can be inferred, took the advertised drug and are now free of the threat of heart attack, stroke, or blood clots. Vytorin and Plavix, on the other hand, avoided this problem entirely by choosing not to use models in their advertisements at all. While the emphasis on using highly relatable and happy models in the advertisements to entice consumers seems logical and obvious, it carries significant risk on the part of the consumer. Combined with previously-discussed elements such as the tendency to minimize the availability of information about the drug and the increased pressure on the patient to act as his/her own health advocate, the minimization of the appearance of risk and the assurance of safety and efficacy can be misleading and dangerous. The amount of rational, unbiased thinking a consumer who has been drawn in by a fear or emotional appeal like the threat of death or missing major life milestones can be expected to possess is minimal. Such a consumer, blinded by the smiling models that assure that the drug will solve all the patients’ problems, is severely compromised in a decision-
making scenario. Without proper information to provide a “reality check” to counteract the scenarios depicted in the advertisements, it would be difficult for any individual to critically question the association the advertisements create between a frightening situation like heart disease and the promise of a tool to reduce its risks, as demonstrated by an enthusiastic and smiling model.

The promise of a “miracle drug” to solve life’s various problems draws on yet another important theme worthy of discussion that is one of the major repercussions of the direct-to-consumer advertising strategy. Previous literature has argued that one of the greatest risks posed by this promotional tactic is the medicalization of modern American society. According to this argument, Americans are being socialized to believe that every ill can be cured with the aid of a pharmaceutical. Instead of self-improvement in the form of lifestyle, diet, or exercise changes, pharmaceutical companies capitalize on the claim that consumers need not change their current way of life but can still solve their health problems with the simple addition of a particular drug to their daily regimen. While this is undoubtedly a tempting proposition, it is also painfully unrealistic. Even though patients really cannot fully control their cholesterol levels and risk of heart attack or blood clots, as many of the determining factors of these conditions are genetic, there are lifestyle changes that can be implemented to reduce cholesterol and lower the risk for some of these conditions. The suggestion by pharmaceutical companies that the risk of these conditions can be dissipated with a prescription for a particular advertised drug not only presents the options available to the consumer inaccurately, but also directly contributes to an increased consumption of expensive, brand-name drugs that have been raising health care costs. Beyond the discussion of the monetary and economic repercussions of the direct-to-consumer trend, which is not the focus of this analysis, the assertion that all health problems can be treated
pharmacologically is dangerous. Consumers who are not encouraged to make healthier life choices may be more likely to develop multiple health conditions that are caused by environmental (rather than genetic) factors in the future, which will require additional drug treatments. The lack of emphasis in these advertising campaigns on the risks associated with pharmacological treatments further play down the patient’s role in determining and controlling their own health. In stark contrast with the movement by the pharmaceutical industry to empower the individual as a consumer that can make his/her own choices and is prepared to spend money on pharmaceuticals to preserve his/her health, the role of the individual as the healthy, fit maintainer of general health and maker of sound choices that promote well-being is sorely diminished.

Textual analysis can be a useful tool for evaluating some of the prevalent values of the society for which the analyzed text is constructed. This form of analysis reveals the types of values present in culture and advertisers’ manipulation of these values to create a desired effect. The analysis conducted here uncovered several important values which, used correctly by advertisers, have elicited a consumer response in the form of sales and significant market success. The expert use of visuals, the ubiquitous presence of an assuring figure or statistic, and the emphasis on quick, easy, and powerful solutions stem directly from modern culture’s demands. Today’s visual culture practically demands advertisements that are visually appealing and enticing rather than informative. Advertisers would be much less inclined to create ads that are crowded with text (and include important information), because consumers have shown a lack of time, interest, and draw to such communications. The general trust in numbers and statistics has also prompted advertisers to display at least one such statement prominently in all ads analyzed. It seems that even when the claims in the advertisements are largely unqualified
and unsubstantiated, they are still effective in establishing credibility for the brand and trust in the drug. This inclination to trust statistics without proper evidence or confirmation could be dangerous, especially in the drug arena where most consumers are simply not well enough informed or properly educated to make reasoned decisions.

Today’s fast-paced, non-stop world calls for fast and easy products. This need is also reflected in the advertising strategy for these goods, which is designed more to catch the consumer’s attention and draw it away from competing stimuli rather than to inform. In the case of pharmaceuticals, this tendency is particularly worrisome. In a field where it is essential to be well informed, and the average consumer is not, and where the role of the physician is showing worrying signs of diminishing in influence, the complex nature of the product cannot be communicated in an advertisement that is designed to be eye catching above all else. Advertisers, it can be argued, are simply responding to social trends. But, it is important to note, they are also perpetuating them. This is a unique power that must be carefully weighed in deliberations for future policies to regulate this form of advertising.

Recently, new developments in the pharmaceutical arena threaten to change the current status-quo of brand-name drug domination of the pharmaceutical market. This market remains a lucrative, “booming opportunity” that companies vie to dominate (Sanders, 2001, p. 4); moreover, it shows signs of expanding even further as developments such as the National Institutes of Health revising and lowering the cholesterol number that indicates a person is at risk for cardiac conditions associated with high cholesterol take place. This move alone drastically increases the number of Americans are now considered eligible for cholesterol-lowering medications from 12.5 million to 36 million (Sanders, 2001, p. 4). As major-name, market-
dominating pharmaceuticals such as Lipitor and Plavix lose patent protection, generic-brand drugs will quickly flood the market with cheaper versions of the drugs and will jeopardize the monopoly currently enjoyed by the market leaders (Iskowitz, 2011, p. 38). This pressure for continued success is pushing pharmaceutical companies to invest resources in developing new approaches to treating conditions, discovering new active ingredients, and maximizing the effectiveness and potency of their drugs. Surely, these changes will be reflected in the companies’ future advertising campaigns as they struggle to compete with their cheaper, generic counterparts. While it remains unclear if this fear of overtake by generics will be realized, the effect of these changes on product and advertising strategy will be interesting to observe and would serve as an important object for further study.
References


Appendix A1: Lipitor
Appendix A2: Lipitor
Appendix B1: Zocor
Appendix B2: Zocor
Appendix C: Pravachol
Appendix D: Vytorin
Appendix E: Plavix
People

Briefing

Celebrity Group

Added: The Munchkins from The Wizard of Oz to the Hollywood Walk of Fame, nearly 70 years after the movie’s release.

Filed for divorce: Linda Marie L泗, from husband Mike Hogan.

Dropped: Rapper MC Lyte from R.K. York’s tour, after just two performances, reportedly because of contractual disputes.

Record set: By Jet Li, who earned $13 million for his role in The Matrix, the highest salary ever for a Chinese-language film.

Sued: Shoetime by Red Hot Chili Peppers. The network’s show Californication bears the same name as the band’s 1999 album.

Talking with Rob Thomas

The Grammy Award-winning singer-songwriter, a star with Matchbox Twenty and set to tour with the band in January.

Return trip

Jenny Seagrove was fired on a visit to Israel, even meeting President SHimon Peres. The Jewish community’s host stay was less than guests in 1972, he was a 13-year-old kibbutz volunteer.

Pageant sabotage?

Mindy Marie Rivera won the Miss Puerto Rico pageant even though her clothes and makeup had allegedly been fixed with pepper spray. Rivera was so upset, in fact, that she stopped tearing up off camera, leading some to question whether pepper spray was used after all.

007 entry

The success of the James Bond movie has given the Indian Secret Intelligence an edge in the surveillance business, according to The Daily Telegraph.

Debuting lyrics

Neil Diamond now says Sweet Caroline was about Caroline Kennedy. Other inspirations remain unclear.

THE SINGER

ALANIS MORRISSETTE

Our bodies know, but you’re so young, so young

CARRIE SAXTON

You’re a lily, you’re a rose, you’re a rose

Scheana Shay

I’m so glad you’re here

SIMON & GARFUNKEL

I don’t need to know what you’re doing, I just need to know that you’re okay

Scheana Shay

I don’t need to know what you’re doing, I just need to know that you’re okay

Carly Simon

It’s so easy

Carly Simon

Oh, it’s so easy

THE SONG

In the winter, she

Rihanna

You’ve lost that love that you had

Carly Simon

You’re not, you’re not

THE MYSTERY

Somebody

Carly Simon

Goes on with his new lover

Carly Simon

And on with his new lover

THE RUMOR

Someone

Carly Simon

Is it about him

Carly Simon

It’s about him

And I take Lipitor because it does even more than lower my cholesterol.

Unlike some cholesterol-lowering medicines, Lipitor is approved by the FDA to reduce the risk of heart attack, stroke and certain kinds of heart surgery if you have several common risk factors for heart disease.

- Lipitor is one of the most researched medicines with over 400 ongoing or completed clinical studies.

And I take Lipitor because it does even more than lower my cholesterol.

No need to worry about the cost.

Lipitor is available at

Ask your doctor.

Call 1-888-LIPTOR (1-888-547-4867)

Or find us on the web at www.liptor.com

Lipitor lowers bad cholesterol 39-60%.

It lowered mine.

When diet and exercise are not enough.

*Average effect depending on dose.

Dr. Robert Jarvik - Inventor of the Jarvik Artificial Heart

Importantly, Lipitor is a prescription drug. It is used in patients with multiple risk factors for heart disease such as family history, high blood pressure, age, low HDL (‘good’ cholesterol) or smoking to reduce the risk of heart attack, stroke and certain kinds of heart surgery. When diet and exercise alone are not enough, Lipitor is used along with a low-fat diet and exercise to lower cholesterol.

Lipitor is not for everyone. It is not for those with liver problems. And it is not for women who are nursing, pregnant or may become pregnant. If you take Lipitor, tell your doctor if you feel any new muscle pain or weakness. This could be a sign of rare but serious muscle side effects. Tell your doctor about all medications you take. This may help avoid serious drug interactions. Your doctor should do blood tests to check your liver function before and during treatment and may adjust your dose. The most common side effects are gas, constipation, stomach pain and heartburn. They tend to be mild and often go away.

Please see additional important information on next page.

When diet and exercise alone are not enough, adding Lipitor can help. Lipitor is one of many cholesterol-lowering treatment options that you and your doctor can consider.

Lipitor: AEVERANTIS CALCIUM
IMPORTANT FACTS

LOWERING YOUR HIGH CHOLESTEROL

High cholesterol is more than just a number. It's a risk factor that should not be ignored. If your doctor says you have high cholesterol, you may be at an increased risk for heart attack. But the good news is, you can take steps to lower your cholesterol.

With the help of your doctor and a cholesterol-lowering medicine called LIPIJTER, along with diet and exercise, you could be on your way to lowering your cholesterol.

Ready to start making right and exercising more? Talk to your doctor and visit the American Heart Association at www.americanheart.org.

WHO IS LIPIJTER FOR?

Who can take LIPIJTER:
- People who cannot lower their cholesterol enough with diet alone
- Adults and children over 10

Who should NOT take LIPIJTER:
- Women who are pregnant, may be pregnant, or may become pregnant. LIPIJTER may harm your unborn baby. If you become pregnant while taking LIPIJTER and need medical care, talk to your doctor right away.
- Women who are breast-feeding. LIPIJTER can pass into your breast milk and may harm your baby.
- People with liver problems
- People allergic to anything in LIPIJTER

BEFORE YOU START LIPIJTER

Tell your doctor:
- About all medications you take, including prescription, over-the-counter medications, vitamins, and herbal supplements
- If you have muscle aches or weakness
- If you drink more than 2 alcoholic drinks a day
- If you have diabetes or kidney problems
- If you have a thyroid problem

ABOUT LIPIJTER

LIPIJTER is a prescription medicine. Alone with diet and exercise, it lowers "bad" cholesterol in your blood. It can also raise "good" cholesterol (HDL-C).

LIPIJTER lowers the risk of heart attack or stroke in patients who have risk factors for heart disease such as:
- Age, smoking, high blood pressure, low HDL-C, heart disease in the family, or diabetes with risk factors such as eye problems, kidney problems, smoking, or high blood pressure.

POSSIBLE SIDE EFFECTS OF LIPIJTER

Serious side effects in a small number of people:
- Muscle problems that can lead to kidney problems, including kidney failure. Your chance for muscle problems is higher if you take certain other medicines with LIPIJTER.
- Liver problems. Your doctor may do blood tests to check your liver before you start taking LIPIJTER and while you are taking it.

Symptoms of muscle or liver problems include:
- Unexplained muscle weakness or pain. Especially if you have a fever or feel very tired
- Nausea, vomiting, or stomach pain
- Blisters or dark-colored urine
- Feeling more tired than usual
- Your skin and the whites of your eyes turn yellow
- You feel dizzy, feel very weak, or feel short of breath.

If you have any of these symptoms, call your doctor right away.

The most common side effects of LIPIJTER are:
- Rash
- Constipation
- Diarrhea, gas
- Upset stomach and stomach pain
- Stomachache
- Muscle and joint pain
- Headache
- Nausea
- Runny nose

Side effects are usually mild and go away by themselves. Fewer than 3 people out of 100 stopped taking LIPIJTER because of side effects.

HOW TO TAKE LIPIJTER

Do:
- Take LIPIJTER as prescribed by your doctor.
- Try to eat healthy foods while you take LIPIJTER.
- Take LIPIJTER at any time of day, with or without food.
- If you miss a dose, take it as soon as you remember. But if it has been more than 12 hours since your missed dose, wait. Take the next dose at your regular time.
- Don't:
- Do not change or stop your dose before talking to your doctor.
- Do not use new medicines before talking to your doctor.
- Do not give your LIPIJTER to other people. It may harm them even if your problems are the same.
- Do not forget the tablets.

NEED MORE INFORMATION?
- Ask your doctor or health care provider.
- Call to your pharmacist.
- Go to www.lipitor.com or call 1-888-LIPIJTER.

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LIP 2-1 Dec 2005

OPINION

Tragedy of the Century

On 15 September 1983, the Yakuza killed a young American woman named Sherri L. Ryan. The woman had been a star on the Japanese music scene, but her death sent shockwaves through the world of entertainment. The Yakuza, or Japanese mafia, had long been associated with organized crime and was known for its brutality. The death of the young woman was a stark reminder of the dangers that the entertainment industry faced.

The Yakuza had been involved in the music industry for many years, and the death of Sherri L. Ryan was just one example of the violence that was common in the industry. Many musicians and producers had been attacked or threatened by the Yakuza, and the fear of violence was a constant presence.

Despite the dangers, the music industry continued to flourish in Japan. However, the tragedy of Sherri L. Ryan served as a stark reminder of the dangers that the industry faced. It also highlighted the importance of protecting the safety of musicians and producers, and the need for the entertainment industry to take steps to prevent violence in the future.
there are things organizations can do that can send a real message but cost very little," says Cosgrove. "It doesn't cost anything to have a walking program. It doesn't cost anything to tell people to take the stairs instead of the elevator. And it costs nothing to say that you can't smoke here."

We'll almost nothing. In 2007, Cosgrove took the controversial step of deciding not to hire any more smokers. At a high-tech hospital located in one of Cleveland's more waiting neighborhoods, the clinic was emergency room. The patient arrived with chest pains and was put into a holding area with his family while doctors could sort. They ended up waiting for several hours, so well-intentioned staff members offered to bring everyone some food. An orderly were out and came back with Kentucky Fried Chicken. 'Can you believe it?' asks Roizen. "It was the last thing anyone in a waiting room ever wanted to see."

The cafeteria's new, varied menu is particularly with its beef on the fry bars—it was one responsible. Roizen is now working with chefs to inject more flavor and excitement into patients' meals while keeping the food low in fat, salt, and sugar. So far, he has redesigned 56 of the 94 total offerings, substituting thick-cut for thin-cut fat; citrus flavors for salt, and peppery, spicy flavors for sugar.

But as innovative as these efforts are, what happens when patients walk out the door and leave the bubble of the clinic? Keeping them motivated and committed to staying healthy, eating right and getting physical activity in another tough battle. Cosgrove is addressing this—time with the help of technology. Nearly all of the 13,000 patients who have passed through the clinic's doors since it opened have had a digital health record, and this electronic record trail has led to more people being more aware of their health care.

"I will go to anyone's care plan and see whether treatments are above the national average. Nearly 30% of the population is obese, and exercise and good nutrition are luxuries. If it can work in Cleveland, it can work anywhere.

Lifestyle Turnaround

LIFESTYLE COMMONSHEESE doesn't come to Cleveland to talk to people. she goes. She believes in action, not rhetoric. She started a program called LVRO, which stands for Lifestyle, Violent, and Risk for obesity. She teaches people in their homes about nutrition, exercise, and lifestyle changes. She is committed to changing lives and inspiring others to do the same.

"I have been feeling fine. But..." Jo Bozen has been struggling with his cholesterol and other risk factors for a year. He has been taking Lipitor, a medication that helps lower his cholesterol levels. He has been taking it for a year and has noticed a significant drop in his cholesterol levels.

"I had been feeling fine. But turns out my cholesterol and other risk factors' increased my chance of a heart attack. Now I trust my heart to Lipitor."

Talk to your doctor about your risk and about Lipitor.

- Adding Lipitor may help, when diet and exercise are not enough. Unlike some other cholesterol-lowering medications, Lipitor is FDA-approved to reduce the risk of heart attack.
- Stroke in patients with several common risk factors, including family history, high blood pressure, low HDL ("good" cholesterol), and smoking.
- Lipitor has been extensively studied with over 18 years of research. And Lipitor is backed by 400 ongoing or completed clinical studies.

Patient's risk factors include age, gender, smoking, and high blood pressure.

IMPORTANT INFORMATION: Lipitor is a prescription drug. It is used in multiple risk factors for heart disease such as family history, high blood pressure, age, low HDL ("good" cholesterol), and smoking to reduce the risk of heart attack, stroke and other kinds of heart disease. When diet and exercise alone are not enough, Lipitor is used along with a low-fat diet and exercise to lower cholesterol.

Lipitor is not for everyone. It is not for those with certain problems, and it is not for women who are nursing, pregnant, or may become pregnant. If you take Lipitor, tell your doctor if you have any muscle pain or weakness. This could be a sign of a rare but serious muscle side effects. Tell your doctor about all medications you take. This may help avoid serious drug interactions. Your doctor should do blood tests to check your liver function before and during treatment and may adjust your dose. The most common side effects are gas, constipation, stomach pain and headache. They tend to be mild and often go away.

Lipitor is one of many cholesterol-lowering treatment options that you and your doctor can consider. Please see additional important information on next page.
"Heart disease is the #1 health problem in America. Stroke is #3. Lipitor helps reduce the risk of both."

DR. ROBERT JARVIK – INVENTOR OF THE JARVIK ARTIFICIAL HEART

Unlike some cholesterol-lowering medications, Lipitor has been approved to reduce the risk of heart attack and stroke if you have several common risk factors for heart disease. Risk factors include family history, high blood pressure, age, low HDL ("good" cholesterol), or smoking. Along with diet and exercise, Lipitor lowers bad cholesterol 19-60%.*

IMPORTANT INFORMATION: LIPITOR is a prescription drug. It is used in patients with multiple risk factors for heart disease such as family history, high blood pressure, age, low HDL ("good" cholesterol) or smoking to reduce the risk of heart attack and stroke. When diet and exercise alone are not enough, LIPITOR is used along with a low-fat diet and exercise to lower cholesterol.

LIPITOR is not for everyone. It is not for those with liver problems. And it is not for women who are nursing, pregnant, or may become pregnant. If you take LIPITOR, tell your doctor if you feel any new muscle pain or weakness. This could be a sign of rare but serious muscle side effects.

Tell your doctor about all of the medicines you take. This may help avoid serious drug interactions. Your doctor should do blood tests to check your liver function before and during treatment and may adjust your dose. The most common side effects are gas, constipation, stomach pain and heartburn. They tend to be mild and often go away.

Please see additional important information on next page.

When diet and exercise are not enough, adding LIPITOR can help. LIPITOR is one of many cholesterol-lowering treatment options that you and your doctor can consider.

Could you be doing more...with Lipitor?
Ask your doctor. Call 1-888-LIPITOR (1-888-547-4867). Or find us on the web at www.lipitor.com

Free Trial Offer
Go to www.lipitor.com for more information.

Uninsured? Need help paying for medicine? Pfizer has programs that can help, no matter your age or income. You may even qualify for free Pfizer medicines. Call 1-866-706-2400. Or visit www.pfizerhelpfulanswers.com.
I love the city [of Boston]. I love the people. I always had Sox fans. When you go through the tunnel, what happens to you? But the rivalry wears you out. [Red Sox manager] Terry Francona and I would talk after each series and say, "Boy, am I glad that's over—for five or six weeks." The best advice I ever got in baseball, I had a job to do, to get a ball club on the field, and the last thing I wanted to do was to throw a monkey wrench. Whether I wasn't strong enough or too naive, I just wanted to stay out of somebody else's business.

On steroids: 'I guess I didn't want to believe more than not believing.'

On working for the Boss: There was a lot of heart and a lot of soul there. Yeah, it'd get ugly, [but you understood] that if you're going to take this job, you're going to do it. You can't pick and choose which pieces of it you want to keep.

On leaving the Yankees: "Unfortunately, the bottom line is what it's all about—that's how things are done in New York. I may have become overly sensitive about it, but that's pretty much where you lived as a Yankee—you always lived on the edge."

On dealing with Alex Rodriguez: "When Alex came, he was used to being No. 1. I talked to him about just being one of the guys. He had trouble making that adjustment. He wanted to be—"I don't want to say the most important guy—but the one who was counted on. It was his own way of learning. When he makes an out, he makes it seem like it was no big deal. But you know his charming smile. [He's] got to get beyond that and not be so concerned with falling."
Lipitor reduces risk of heart attack by 36%

If you have risk factors such as family history, high blood pressure, age, low HDL (good cholesterol) or smoking.

*That means in a large clinical study, 3% of patients taking a sugar pill or placebo had a heart attack compared to 2% of patients taking Lipitor.

IMPORTANT INFORMATION: LIPITOR is a prescription drug. It is used in patients with multiple risk factors for heart disease such as family history, high blood pressure, age, low HDL (good cholesterol) or smoking to reduce the risk of heart attack, stroke, and certain kinds of heart surgery. When diet and exercise alone are not enough, LIPITOR is used along with a low-fat diet and exercise to lower cholesterol.

LIPITOR is not for everyone. It is not for those with liver problems. It is not for women who are nursing, pregnant, or may become pregnant. If you take LIPITOR, tell your doctor if you feel any new muscle pain or weakness. This could be a sign of rare but serious muscle side effects. Tell your doctor about all medications you take. They may help avoid serious drug interactions. Your doctor should do blood tests to check your liver function before and during treatment and may adjust your dose. The most common side effects are gas, constipation, stomach pain and heartburn. They tend to be mild and often go away.

Please see additional important information on next page.

When diet and exercise alone are not enough, adding LIPITOR can help. LIPITOR is one of many cholesterol lowering treatment options that you and your doctor can consider.

Ask your doctor. Call 1-888-LIPITOR (1-888-547-8687). Or find us on the web at www.lipitor.com
Two of a kind. Until one took Lipitor.

Weight
182
Weekly Workouts
3
Apples a Day
2
Total Cholesterol
256

Lipitor is a prescription drug used with diet to lower cholesterol.

Lipitor is not for everyone, including those with liver disease or possible liver problems, women who are nursing, pregnant, or may become pregnant. Lipitor has not been shown to prevent heart disease or heart attacks.

If you take Lipitor, tell your doctor about any unusual muscle pain or weakness. This could be a sign of serious side effects. It is important to tell your doctor about any medications you are currently taking to avoid possible serious drug interactions. Your doctor may do simple blood tests to monitor liver function before and during drug treatment. The most commonly reported side effects are gas, constipation, stomach pain and indigestion. They are usually mild and tend to go away.

Please see additional important information on next page.

Here's something that might make you think twice. Even if you do the right things, you can still have high cholesterol. In fact, for 2 out of 3 adults with high cholesterol, diet and exercise may not lower it enough. The good news is that Lipitor can lower your total cholesterol 29% to 45%. It can lower your bad cholesterol 39% to 60%.* The average effect depends on the dose. So talk to your doctor today to find out if Lipitor is right for you. To learn more, call us at 1-888-LIPITOR or find us on the web at www.lipitor.com.

Lipitor for cholesterol.
When it comes to high cholesterol, looks can be deceiving. Because anyone can have it, and diet and exercise may not lower it enough. The good news is adding LIPITOR can lower your total cholesterol 20% to 45% and your bad cholesterol 30% to 60% (average effect depending on dose). So stay beautiful on the inside.

One in five people has high cholesterol and millions need treatment. Talk to your doctor to find out if LIPITOR is right for you. To learn more, contact us at 1-888-LIPITOR or www.lipitor.com.
Family history of high cholesterol.

Rewriting history...

Important information:

LIPITOR (atorvastatin calcium) is a prescription drug used with diet to lower cholesterol. LIPITOR is not for everyone, including those with liver disease or possible liver problems, women who are nursing or pregnant, or may become pregnant. LIPITOR can also be shown to prevent heart disease or heart attacks.

If you take LIPITOR, tell your doctor about any unusual muscle pain or weakness. This could be a sign of serious side effects. It is important to tell your doctor about any medications you are currently taking to avoid possible serious drug interactions. Your doctor may do simple blood tests to monitor liver function before and during drug treatment. The most commonly reported side effects are gas, constipation, stomach pain, and indigestion. They are usually mild and tend to go away.

Please see additional important information on next page.

The bad news: high cholesterol may have as much to do with family genes as food. The good news: if diet and exercise aren't enough, adding LIPITOR can lower your total cholesterol 20% to 45% and your bad cholesterol 30% to 60% (average effect depending on dose). So shake up your tree a little. One in five people has high cholesterol and millions need treatment - talk to your doctor to find out if LIPITOR is right for you. To learn more, contact us at 1-888-LIPITOR or www.lipitor.com.
Family history of high cholesterol

Rewriting history

Important information:

LIPITOR® (atorvastatin calcium) is a prescription drug used with diet to lower cholesterol. LIPITOR is not for everyone, including those with liver disease or possible liver problems, women who are nursing, pregnant, or may become pregnant. LIPITOR has not been shown to prevent heart disease or heart attacks.

If you take LIPITOR, tell your doctor about any unusual muscle pain or weakness. This could be a sign of serious side effects. It is important to tell your doctor about any medications you are currently taking, including possible serious drug interactions. Your doctor may do sample blood tests to monitor liver function before and during drug treatment. The most commonly reported side effects are gas, constipation, stomach pain and indigestion. They are usually mild and tend to go away.

The bad news: high cholesterol may have as much to do with family genes as food. The good news: if diet and exercise aren’t enough, adding LIPITOR can lower your total cholesterol 20% to 50% and your bad cholesterol 30% to 60% (average effect depending on dose). So shake up your life a little. One in five people has high cholesterol and millions need treatment — talk to your doctor to find out if LIPITOR is right for you. To learn more, contact us at 1-888-LIPITOR or www.lipitor.com.
Important Information:

LIPITOR® (atorvastatin calcium) is a prescription drug. It is used with a low-fat diet to lower cholesterol.

LIPITOR® is not for everyone. It is not for those with liver problems. And it is not for women who are nursing, pregnant, or may get pregnant. It has not been shown to prevent heart disease or heart attacks.

If you take LIPITOR®, tell your doctor if you feel any new muscle pain or weakness. This could be a sign of serious muscle side effects. Tell your doctor about all the medicines you take. This may help avoid serious drug interactions. Your doctor should do blood tests to check your liver function before and during treatment and may adjust your dose. The most common side effects are gas, constipation, stomach pain, and heartburn. They tend to be mild and often go away.

Here's a tip: You can be active, thin, young or old. The truth is that high cholesterol may have as much to do with your family genes as food. So even if you eat right and exercise you still may need some help to lower your cholesterol. The good news is that adding LIPITOR® can help. It can help lower your total cholesterol 25% to 45%* and it can also help lower your bad cholesterol 29% to 60%* (*The average effect depends on the dose.) More than 18 million Americans have been prescribed LIPITOR®. Talk to your doctor today. Find out if it's right for you. Call us at 1-888-LIPITOR® or find us on the web at www.lipitor.com.

Please see additional important information on next page.
High cholesterol comes in all shapes and sizes.

Here's a tip. You can be active, thin, young or old. The truth is that high cholesterol may have as much to do with your family genes as food. So, even a strict diet may not be enough to lower it. The good news is that adding LIPITOR can help. It can lower your total cholesterol 25% to 45%. And it can also lower your bad cholesterol 30% to 60%.

Important Information:
LIPITOR (atorvastatin calcium) is a prescription drug used with diet to lower cholesterol. LIPITOR is not for everyone, including those with liver disease or possible liver problems, women who are nursing, pregnant, or may become pregnant. LIPITOR has not been shown to prevent heart disease or heart attacks.

If you take LIPITOR, tell your doctor about any unusual muscle pain or weakness. This could be a sign of serious side effects. It is important to tell your doctor about any medications you are currently taking to avoid possible serious drug interactions. Your doctor may do simple blood tests to monitor liver function before and during drug treatment. The most commonly reported side effects are gas, constipation, stomach pain and indigestion. They are usually mild and tend to go away.

Please see additional important information on next page.
Where will you be when your grandson gets his first taste of the ocean?

If you have high cholesterol and heart disease, talk to your doctor about ZOCOR.
The cholesterol medicine that HELPS SAVE LIVES.

Life is filled with moments you don't want to miss. By reducing the risk of a heart attack, ZOCOR can help ensure that you'll be there to enjoy them.

When diet and exercise are not enough, talk to your doctor about adding ZOCOR. In a landmark 5-year study among heart disease patients with high cholesterol, ZOCOR demonstrated impressive results: fewer heart attacks, fewer strokes or mini-strokes, and 42% fewer deaths from heart disease.

In addition, ZOCOR has been proven to dramatically reduce LDL ("bad") cholesterol while increasing HDL ("good") cholesterol.

Important considerations: ZOCOR is a prescription medication, so you should ask your doctor or healthcare professional if ZOCOR is right for you.

ZOCOR isn't for everyone, including women who are pregnant or nursing or who may become pregnant, people who are allergic to any of its ingredients, or anyone with liver disease. Unexplained muscle pain or weakness could be a sign of a rare but serious side effect, and should be reported to your doctor right away.

Your doctor may do simple blood tests before and during treatment with ZOCOR to check for liver problems. Be sure your doctor knows about other medications you may be taking in order to avoid any possible serious drug interactions.


Please read the next page for additional information about ZOCOR.

It's your future. Be there.
Taking care of my cholesterol has become an important part of my game plan.

—Head Coach Dan Reeves

ZOCOR is an effective medicine that, along with diet and exercise, can significantly lower total cholesterol.

Important considerations: ZOCOR is a prescription medication and isn’t right for everyone, including women who are nursing or pregnant or who may become pregnant. For anyone with liver problems, and people who are allergic to the ingredients of ZOCOR, please consult your doctor or pharmacist before starting treatment. For more information call 1-888-319-6588 or visit zocor.com.

When diet and exercise are not enough, talk with your doctor or pharmacist.

For more information, call 1-888-319-6588 or visit zocor.com.
Three's a crowd.

It's your future.

Be there.

Your future is at stake if you're at risk for high cholesterol. If you do nothing to control your risk, you're at high risk for heart disease.

High cholesterol is at the root of heart disease. You've been told high cholesterol is just a number. But it's deadly. And it's preventable.

If you have high cholesterol, you're at risk for heart disease. But you can take action to lower your risk. And you can do it with ZOCOR. ZOCOR is the only cholesterol-lowering medicine proven to help save lives.
Your future is too valuable a thing to risk with high cholesterol. If you do something now, you may improve your chances of being there to play your part.

High cholesterol can lead to heart disease (and death). If you've been trying to lower your cholesterol with diet and exercise and still haven't reached your goal, ask your doctor about adding ZOCOR.

More than 141 million people around the world have taken ZOCOR. It works by reducing potentially dangerous levels of LDL (bad) cholesterol in the bloodstream. Results can vary, but ZOCOR is the only medicine that's actually been proven to help save the lives of people with high cholesterol and heart disease.

A landmark five-year study among heart disease patients with high cholesterol demonstrated dramatic results for ZOCOR: fewer cardiac procedures, fewer heart attacks, and 42% fewer deaths from heart disease.

ZOCOR is a prescription medication and only your doctor or healthcare professional can determine whether you should take it. In clinical studies, liver abnormalities were experienced by 3% of patients. Some people should not take ZOCOR—people with active liver disease or possible liver problems, women who are pregnant, likely to become pregnant, or are breastfeeding, or people who are allergic to any of its ingredients.

When you talk to 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 unexplained muscle pain or weakness while taking ZOCOR, as this could be a sign of serious side effects. Finally, discuss any other side effects with your doctor.

To get your free copy of "Surviving High Cholesterol" call 1-800-264-0559. Visit our Website at http://www.zocor.com

Ask your doctor about ZOCOR—the only cholesterol medicine proven to help save lives among people with high cholesterol and heart disease.

- What is high cholesterol?  
- Should I consider adding ZOCOR to my diet and exercise plan?  
- Could ZOCOR reduce my chances of having a heart attack?  
- What are the side effects of ZOCOR?  
- What type of results can I expect from ZOCOR?

ZOCOR is indicated as an addition to diet for patients with high cholesterol when diet and exercise are inadequate.

ZOCOR. The cholesterol medicine that helps save lives. MERCK
Last winter, Mike Vaughn had a heart attack. In addition to diet and exercise, his doctor prescribed ZOCOR, the one cholesterol medicine proven to help save the lives of people with high cholesterol and heart disease. Good thing. Because he has some important plans with Alex.

Mike Vaughn did with his future.

Your future is too valuable a thing to risk with high cholesterol. High cholesterol can lead to heart disease and even death. When used with diet and exercise, ZOCOR is the one medicine that's actually been proven to help save the lives of people with high cholesterol and heart disease. More than 31 million people have taken ZOCOR, the most often prescribed cholesterol medicine in the U.S.*

A landmark five-year study among heart disease patients with high cholesterol demonstrated dramatic results for ZOCOR: fewer cardiac procedures, fewer heart attacks, and fewer deaths from heart disease.

ZOCOR is a prescription drug, so you should ask your doctor or health-care professional if ZOCOR is right for you. Some people should not take ZOCOR: people with active liver disease or possible liver problems; women who are pregnant, likely to become pregnant, or nursing; or people who are allergic to any of its ingredients.

Your doctor may perform blood tests to check your liver function before and during treatment with ZOCOR. Be sure to tell your doctor if you experience any unexplained muscle pain or weakness while taking ZOCOR, since this could be a sign of serious side effects, and be sure to mention any medication you are taking to avoid possible serious drug interactions.


Please read the next page for a summary of Prescribing Information and Dosage. Use with care.

ZOCOR is indicated as an addition to diet for patients with high cholesterol when diet and exercise are inadequate. (Read this patient information.)

It's your future.
BE THERE.

ZOCOR. The cholesterol medicine that helps save lives.

*Source: IMS America, December 1991-July 1997
Where will you be when your wedding dress walks down the aisle a second time?

If you have high cholesterol and heart disease, talk to your doctor about ZOCOR.
The cholesterol medicine that HELPS SAVE LIVES.

Life is filled with moments you don’t want to miss. By reducing the risk of a heart attack, ZOCOR can help ensure that you’ll be there to enjoy them.

When diet and exercise are not enough, talk to your doctor about adding ZOCOR. In a landmark five-year study among heart disease patients with high cholesterol, ZOCOR demonstrated impressive results: fewer heart attacks, fewer strokes or mini-strokes, and 42% fewer deaths from heart disease.

In addition, ZOCOR has been proven to dramatically reduce LDL (“bad”) cholesterol while increasing HDL (“good”) cholesterol.

Important considerations: ZOCOR is a prescription medication, so you should ask your doctor or healthcare professional if ZOCOR is right for you. ZOCOR isn’t for everyone, including women who are pregnant or nursing or who may become pregnant, people who are allergic to any of its ingredients, or anyone with liver disease. Unexplained muscle pain or weakness could be a sign of a rare but serious side effect, and should be reported to your doctor right away. Your doctor may do simple blood tests before and during treatment with ZOCOR to check for liver problems. Be sure your doctor knows about other medications you may be taking in order to avoid any possible serious drug interactions.


It’s your future. Be there.
How will you take care of your high cholesterol and heart disease?

We received this old hurt years ago. Our plan was to do the best and avoid any additional eating. Then I had a heart attack. I was shocked we even got well. It turns out my cholesterol was high. I thought something was eating better, but my cholesterol was still too high. So, my doctor asked me to try ZOCOR.

ZOCOR is an effective medicine that along with diet and exercise can significantly lower total cholesterol.

Important considerations:

ZOCOR is a prescription medicine and should be used only under the supervision of a qualified physician. Patients who start on ZOCOR may experience side effects and people who have problems with the ingredients of ZOCOR. Unexplained infections and rash may occur with ZOCOR. If you develop these symptoms, tell your doctor right away. Your doctor may do blood tests before and during treatment with ZOCOR to check for these problems. If you have any other conditions, discuss with your doctor whether or not you should continue to take ZOCOR.

Ask your doctor if ZOCOR is right for you. For more information call 1-800-787-0033 or visit www.zocor.com.

It's your future. Be there.
Drug interactions: Because of possible serious drug interactions, it is important to tell your doctor about all other drugs you are taking, including over-the-counter drugs. For example, taking ZOCOR (simvastatin) can interact with cyclosporine (an immunosuppressant) to increase your risk of adverse effects. Ask your doctor or pharmacist about other medications that may interact with ZOCOR (simvastatin).

Dosage: The usual dosage of ZOCOR (simvastatin) is one 10-mg tablet daily. Your doctor may increase the dosage to 20 mg daily in some cases, or prescribe a lower dosage for certain patients. Do not exceed the maximum dosage of 80 mg daily.

Other: Ask your doctor or pharmacist about the risks and benefits of taking ZOCOR (simvastatin).
How will you take care of your high cholesterol and heart disease?

I've always loved to dance. So I was thrilled when my oldest grandchild wanted to follow in my footsteps. But before our first lesson, I had a heart attack. I needed to lower my cholesterol.

Diet and exercise didn't do it—my cholesterol was still too high. So I asked my doctor about adding ZOCOR.

ZOCOR is an effective medicine that, along with diet and exercise, can significantly lower total cholesterol. A clinical study among people with high cholesterol and heart disease found 42% lower deaths from heart attack among those taking ZOCOR.

One tablet, taken once a day, can help people with high cholesterol and heart disease live a longer, healthier life.

Important considerations: ZOCOR is a prescription medicine and isn't right for everyone, including women who are nursing or pregnant or who may become pregnant, anyone with liver problems, and people who are allergic to any ingredients of ZOCOR. Unexplained nausea, skin rash, or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. Your doctor may do blood tests before and during treatment with ZOCOR to check for liver problems. To avoid certain side effects, discuss with your doctor medicine or food you should avoid while on ZOCOR (see details immediately following this ad).

Ask your doctor if ZOCOR is right for you. For more information call 1-888-6-MERCK or visit www.zocor.com.

It's your future. Be there.
I have a lot of good reasons for taking care of my cholesterol.

When you build a lifetime with someone, a heart attack affects your whole world. That’s when my heart rate shot and exercise hadn’t lowered my cholesterol enough. So I took a closer look, I asked my doctor about adding ZOCOR. He said ZOCOR, along with diet, would really lower my cholesterol—and it’s working. Now my cholesterol is right where it should be. And we have a lot to look forward to.

A clinical study among people with high cholesterol and heart disease found 47% fewer deaths from heart attack among those taking ZOCOR. One tablet, taken once a day, can help people with high cholesterol and heart disease live longer, healthier lives.

ZOCOR is a prescription medicine and isn’t right for everyone, including women who are nursing or pregnant or who may become pregnant, anyone with liver problems, and people who are allergic to any ingredients in ZOCOR. Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. Your doctor may do blood tests before and during treatment with ZOCOR to check for these problems. To avoid serious side effects, discuss with your doctor medicines or foods you should avoid while on ZOCOR (see details immediately following this ad).

Ask your doctor if ZOCOR is right for you. For more information and the free consumer information guide, call 1-800-MERCK-AD. Your results may vary.

Please read the additional information about ZOCOR immediately following this ad.

*Results obtained based on 111/2,222 (ZOCOR) vs 110/2,222 (placebo).
Your future is too valuable to risk with high cholesterol. If you do nothing now, you can experience your chances of having a heart attack any day. 

High cholesterol can lead to a heart attack and stroke. If you've been trying to lower your cholesterol with diet and exercise and still haven't reached your goal, ask your doctor about adding ZOCOR.

More than 13 million people around the world have taken ZOCOR. It works by reducing potentially dangerous levels of LDL (bad) cholesterol in the bloodstream. Results can vary, but ZOCOR is the only medicine that has actually been proven to help save the lives of people with high cholesterol and heart disease.

A landmark five year study among heart disease patients with high cholesterol demonstrated dramatic results for ZOCOR: fewer cardiac procedures, fewer heart attacks, and lower death from heart disease.

ZOCOR is a prescription medication and only a doctor or health care professional can determine whether it is right for you. Be sure to talk to your doctor before starting to take ZOCOR. Certain medications may cause serious side effects.

When you talk to your doctor about ZOCOR, be sure to mention all medicines you are taking, to avoid possible serious drug interactions. Be sure to tell your doctor about any experience you or anyone in your family has had with ZOCOR or any other medicines you are taking.


Ask your doctor about ZOCOR—the only cholesterol medicine proven to help save lives among people with high cholesterol and heart disease.

• Does high cholesterol put me at risk?
• Should I consider adding ZOCOR to my diet and exercise plan?
• Could ZOCOR reduce my chances of having a heart attack?
• What are the side effects of ZOCOR?
• What are the risks and benefits of ZOCOR?
If you have diabetes, you probably think if you're managing your blood sugar, you're managing all your health risks. Unfortunately, managing your blood sugar may not be enough to help protect your heart. The National Institutes of Health (NIH) states that middle-aged people with type 2 diabetes have the same high risk of having a heart attack as people without diabetes who already have had a heart attack.

The Heart Protection Study by Oxford University, funded in part by Merck, researched ZOCOR. ZOCOR is the first and only cholesterol medication proven to significantly reduce the risk of heart attack and stroke in people with diabetes. Regardless of cholesterol level.

Before the Heart Protection Study was complete, over 160 million prescriptions for ZOCOR had been filled to lower cholesterol.

YOU MANAGE YOUR BLOOD SUGAR. WHAT ARE YOU DOING TO HELP PROTECT YOUR HEART?

If you have diabetes, ask your doctor how ZOCOR, along with a healthy diet, can help protect you. Get information about the Heart Protection Study and ZOCOR at zocor.com or call 1-800-MERCK-75.

Important considerations: ZOCOR is a prescription medicine and isn't right for everyone, including women who are nursing or pregnant or who may become pregnant, anyone with liver problems, and people who are allergic to any ingredients of ZOCOR. Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. Your doctor may do blood tests before and during treatment with ZOCOR to check for liver problems. To avoid serious side effects, discuss with your doctor medicine or food you should avoid while on ZOCOR.

YOUR RESULTS MAY VARY.

ASK YOUR DOCTOR IF ZOCOR IS RIGHT FOR YOU. PLEASE READ THE MORE DETAILED INFORMATION ABOUT ZOCOR IMMEDIATELY FOLLOWING THIS AD.

ZOCOR. It's your future. Be there.
AFTER THE FLOOD

With disease looming, the world launches a massive relief effort. Will the aid reach the victims in time? By Bill Powell

The small village of Velankanni, on the southeastern coast of India, is thought to be a holy place. It draws Christian pilgrims to a Roman Catholic basilica there, as well as Muslims and Hindus seeking blessings and good fortune. In Velankanni, Christians, Muslims and Hindus together prayed for their dead last week—and all the while struggled desperately to save the living. In the wake of the tsunami, at least 75,000 people. Half the population of the area affected, have crowded into hastily built refugee camps that became instant incubators for disease. Critical supplies—medicine, potable water, disinfectants—are slowly lacking, in some camps set up in a Hindu temple. 2,500 people are sleeping and eating next to their own excrement. Four days after the tsunami hit, some 4,000 people in Velankanni were already being treated for vomiting and diarrhea, according to the head of a local health charity. Relief workers fear an unprecedented outbreak of cholera, typhoid and other diseases.

Tsunami

improved mortality of children, according to the Health Protection Agency. In the absence of clean water, the fatality rate could be high. The government has urged people not to drink tap water or enter saltwater areas for at least two weeks. Rescuers are also concerned about the health of survivors, who may have sustained injuries or been exposed to toxic chemicals from the tsunami. In some areas, the government has reportedly set up makeshift clinics to treat those affected.
Chasing the Evanescent Glow

Happiness is not cozy. It gleams most vividly against a background of black.

When it snows in the town of Malóini, often in the evening, it is golden light frames, as in the shadow of the shadows. These cloudbursts suggest a shapeless glow. As though they are not just a wash of light, but the ambiance of the ambiance. This property, to hold the light, to transport the image in a shapeless glow. As though they are not just a wash of light, but the ambiance of the ambiance.

Happiness is like a shapeless glow. It can be hard to find, but once you have it, it's like a shapeless glow in the dark. It can be hard to find, but once you have it, it's like a shapeless glow in the dark. It can be hard to find, but once you have it, it's like a shapeless glow in the dark. It can be hard to find, but once you have it, it's like a shapeless glow in the dark. It can be hard to find, but once you have it, it's like a shapeless glow in the dark.
"I eat right and exercise to control my high cholesterol. Why should I worry about a first heart attack?"

Diet and exercise may not be enough.

Pravachol reduces the risk of a first heart attack up to one-third.

Talk to your doctor about Pravachol. Lots of medications can lower cholesterol, but with Pravachol there’s more. It is the only cholesterol-lowering drug of its kind proven to help prevent first heart attacks.

Improving your diet and exercise is an important first step, but may not be enough. So ask your doctor about adding Pravachol to your diet and exercise regimen. In clinical studies, Pravachol has been taken by more people over a longer period of time than any other medication of its kind. Along with diet and exercise, Pravachol has been prescribed for millions of men and women.

Pravachol could help you live a longer, healthier life.

Pravachol, in combination with diet and exercise, is proven to reduce the risk of a first heart attack, reduce the risk of death from heart disease and the need for heart surgery (such as bypass or angioplasty) based on a landmark study including over 6,500 males with high cholesterol and no evidence of heart disease. Because Pravachol is a prescription drug, you should ask your doctor or healthcare professional if Pravachol is right for you. As with most medications, Pravachol isn’t for everyone, including women who are pregnant or nursing, or may become pregnant; people who are allergic to any of its ingredients or by anyone with liver disease. Your doctor may do simple blood tests to check your liver function before and during treatment with Pravachol.

Some mild side effects, such as slight rash or stomach upset, occur in about 2-14% of patients. Muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. Be sure your doctor knows about other medications you may be taking in order to avoid any possible serious drug interactions. Please see important information on the next page. Ask your doctor if Pravachol is right for you. For more information on first heart attack prevention, call 1-800-PREVENT.


Proven to help prevent a first heart attack.
FOR PEOPLE WHO’VE HAD A HEART ATTACK AND HAVE NORMAL CHOLESTEROL:

PRAVACHOL HAS JUST BEEN PROVEN TO REDUCE THE RISK OF STROKE OR MINI-STROKE BY 26% AND HEART ATTACK BY 24%.

A new clinical study in men and women with a history of heart attack and normal cholesterol proves Pravachol from Bristol-Myers Squibb Company, actually reduces the risk of heart attack and stroke or mini-stroke. Importantly, 84% of the patients in the study were already taking aspirin, a common medicine for reducing the risk of recurrent heart attacks.

You already know that diet and exercise can lead to a healthier life. But if you, or someone you know, has had a heart attack, and even has normal cholesterol, you could still be at risk of a stroke or another heart attack. So call your doctor about Pravachol, and find out if you could be doing even more for yourself than you already are.

“Trene, I know how afraid you have been about having a stroke. So take some advice from your kid brother.”

-Bill Courtney
“I eat right and exercise to control my high cholesterol.

Why should I worry about a first heart attack?”

Diet and exercise may not be enough.

Pravachol reduces the risk of a first heart attack up to one-third.

Talk to your doctor about Pravachol. Lots of medications can lower cholesterol, but with Pravachol there’s more. It is the only cholesterol-lowering drug of its kind proven to help prevent first heart attacks. Improving your diet and exercise is an important first step, but may not be enough. So ask your doctor about adding Pravachol to your diet and exercise regimen. In clinical studies, Pravachol has been taken by more people over a longer period of time than any other medication of its kind. Along with diet and exercise, Pravachol has been prescribed for millions of men and women. Pravachol. It could help you live a longer, healthier life.

Pravachol, in combination with diet and exercise, is proven to reduce the risk of a first heart attack. In a landmark study including over 6,500 males with high cholesterol and no evidence of heart disease, because Pravachol is a prescription drug, you should ask your doctor or healthcare professional if Pravachol is right for you. As with most medications, Pravachol isn’t for everyone, including women who are pregnant or nursing, or may become pregnant, people who are allergic to any of its ingredients or by anyone with liver disease. Your doctor may do simple blood tests to check your liver function before and during treatment with Pravachol. Some mild side effects, such as slight rash or stomach upset, occur in about 2-4% of patients. Muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. Be sure your doctor knows about other medications you may be taking in order to avoid any possible serious drug interactions. Please see important information on the next page. Ask your doctor if Pravachol is right for you. For more information on first heart attack prevention, call 1-800-PREVENT.

Visit our Web site at www.pravachol.com

Proven to help prevent a first heart attack.
You exercise and eat right, but if you still have high cholesterol, you may be at risk for a heart attack.

Pravachol (pravastatin sodium), in combination with diet and exercise, not only lowers cholesterol, it’s also proven to help prevent heart attacks. In fact, Pravachol reduces “bad” cholesterol by 34% (based on a 40 mg dose). And in clinical trials, Pravachol is the only drug of its kind proven to help prevent both first and second heart attacks.

Pravachol has been safely prescribed for millions and is well tolerated. So ask your doctor about adding Pravachol to your diet and exercise regimen. You’ll know in your heart you did the right thing.

Still not enough?

In combination with diet and exercise, Pravachol is indicated:

• To reduce the risk of heart attack, the risk of undergoing heart surgery (such as bypass or angioplasty), and reduce the risk of death from heart disease in patients with elevated cholesterol and no evidence of heart disease.
• To reduce the risk of another heart attack, the risk of heart surgery (such as bypass or angioplasty), and the risk of stroke or mini-stroke in patients with a history of heart attack and total cholesterol < 240 mg/dL.
• To slow the progression of atherosclerosis and reduce the risk of heart attack in patients with elevated cholesterol and evidence of heart disease, including previous heart attack.

Important Information: Pravachol, a prescription drug, isn’t for everyone. Pravachol should not be taken by women who are pregnant or nursing, people who are allergic to any of its ingredients, or by anyone with liver disease. Muscle pain or weakness could be a sign of a rare, but serious side effect and should be reported to your doctor right away. Before and during treatment, your doctor may perform blood tests to check your liver function. Be sure your doctor knows about any other medications you are taking so any possible serious drug interactions can be avoided. Some mild side effects, such as slight rash or stomach upset, occur in 2-4% of patients.

Please see Important Information on next page.

Pravachol pravastatin sodium tablets
Proven to help prevent heart attacks

Ask your healthcare provider if Pravachol is right for you. For more information, call toll-free 1-877-PRAVA-CALL or visit our website at www.pravachol.com.
Vytorin treats the 2 sources of cholesterol.

You probably know that cholesterol comes from food. But what you might not know is that your cholesterol has a lot to do with your family history. Vytorin treats both sources of cholesterol.

A healthy diet is important, but when it's not enough, adding Vytorin can help. Vytorin helps block the absorption of cholesterol that comes from food and reduces the cholesterol that you make naturally.

In clinical trials, Vytorin lowered bad cholesterol more than Lipitor alone. Vytorin is a tablet containing two medicines: Zetia® (ezetimibe) and Zocor® (simvastatin).

Important information: Vytorin is a prescription tablet and isn't right for everyone, including women who are nursing or pregnant or who may become pregnant, and anyone with liver problems. Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. Vytorin may interact with other medicines or certain foods, increasing your risk of getting this serious side effect. So, tell your doctor about any other medications you are taking.

To learn more, call 1-877-VYTORIN or visit vytorin.com. Please read the Patient Product Information on the adjacent page.

Continue to follow a healthy diet, and ask your doctor about adding Vytorin.

Vytorin (ezetimibe/simvastatin)
Treat the 2 sources of cholesterol.
DO YOU CARE?

Like many other people, you may not think of your cholesterol as a problem that happens to other people. If you're a woman, you may not even worry about it. If you're a man, you may worry about heart disease. If you're a woman, you may worry about heart disease. If you're a man, you may worry about heart disease. If you're a woman, you may worry about heart disease. If you're a man, you may worry about heart disease.

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Vytorin is a prescription medicine. Vytorin is a prescription medicine. Vytorin is a prescription medicine.

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In adults, Vytorin helps lower cholesterol more than either of the two medicines alone. Your doctor will prescribe Vytorin based on your need for cholesterol lowering. Please talk to your doctor about the different cholesterol lowering medicines available.

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Vytorin is to be taken once daily. Your doctor will prescribe Vytorin based on your need for cholesterol lowering. Please talk to your doctor about the different cholesterol lowering medicines available.

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Cholesterol comes from 2 sources: Food and Family

You probably know cholesterol comes from food. But what you might not know is that cholesterol has a lot to do with family history. VYTORIN treats both sources of cholesterol.

Only VYTORIN helps block the absorption of cholesterol that comes from food and reduces the cholesterol that your body makes naturally. A healthy diet is important, but when it’s not enough, adding VYTORIN can help.

In clinical trials, VYTORIN lowered bad cholesterol more than Lipitor alone. VYTORIN contains two cholesterol medications: Zetia (ezetimibe) and Zocor (simvastatin) in a single tablet.

Important information: VYTORIN is a prescription tablet and is not right for everyone, including women who are nursing or pregnant or who may become pregnant, and anyone with liver problems.

Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. VYTORIN may interact with other medicines or certain foods, increasing your risk of getting this serious side effect. So talk to your doctor about any other medications you are taking.

Please read the Patient Product Information on the adjacent page.

To learn more, simply call 1-877-VYTORIN or visit vytorin.com.
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Continued to follow a healthy diet, and ask your doctor about adding VYTORIN.

Important Information: VYTORIN is a prescription tablet and isn’t right for everyone, including women who are nursing or pregnant or who may become pregnant, and anyone with liver problems.

Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. VYTORIN may interact with other medicines or certain foods, increasing your risk of getting this serious side effect. So tell your doctor about any other medicines you are taking.

Please read the Patient Product Information on the adjacent page.

To learn more, simply call 1-877-VYTORIN or visit vytorin.com

VYTORIN (ezetimibe/simvastatin)
Treat the 2 sources of cholesterol.

Is Your Weight Hurting Your Heart?

Taking off—and keeping off—excess weight is both essential for a heart easier said than done. Unlike medications for conditions such as diabetes, weight loss is not a one-stop cure. But it’s a start.

Dr. Winkelmeyer: In fact, exercise and lower body weight seem to provide synergy. Regular activity and activity are often the best ways to lose weight. This is why Dr. Winkelmeyer says Dr. Winkelmeyer says:

Eat for life. Instead of following rigid diet rules, Dr. Winkelmeyer suggests trying these general principles: Eat two or three reasonably sized meals per day, incorporating protein and carbohydrates into each meal, and include plenty of fruits and vegetables, and minimize processed foods. The focus is on enjoying your diet, not feeling guilty or stressed about weight loss.

Consider surgery as an option in cases of extreme obesity and severe complications. Some studies show that weight loss surgery can lead to significant improvements in health, but results vary and are not guaranteed.

Go slow. Taking off weight can be challenging and may take longer than expected. Dr. Winkelmeyer says:

"It's important to set realistic goals and be patient. It's a journey, not a race. Remember, the key is to make lasting lifestyle changes that will benefit you throughout your life.

You can do it. With commitment and support, you can achieve your weight-loss goals. You don't have to go it alone. Seek help from a healthcare provider or a weight-loss program.

"It's important to recognize that weight loss is a journey, not a race. Dr. Winkelmeyer says:

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Politics

MEDIA WATCH

The Boss Treatment

It's a campaign ritual—holding town-hall meetings in New Jersey, meeting with influential leaders, and selling his ideas. But the technique is a way to show the candidates or did he refuse them to spend time crossing, or fellow their previous statements, pinning down more meaningful questions?

Barack Obama's turn on Nov. 12, the previous day, Fred Thompson's. The southern style of debate to substance questions were 24 to 17.

TWO TO TAKE

What They Said

Obama: I believe that we can't afford to waste the talents of anyone. Everyone can be useful if we reach out to them.

Clinton: This is the country where no one is a mistake or a danger to the rest of us. Everyone is a potential president of the United States.

WHAT ME SAID

Obama: I believe that we can't afford to waste the talents of anyone. Everyone can be useful if we reach out to them.

Clinton: This is the country where no one is a mistake or a danger to the rest of us. Everyone is a potential president of the United States.

Two to take.

Having done it for 12 with Democratic presidential candidates, political consultant Bob Shrum is preparing to do it for Prime Minister Gordon Brown of Britain. On Sept. 24, Shrum delivered a message that has been his signature: people are looking for leadership.


SECOND COLUMN

The National Right to Life Commission's Nov. 13 statement on abortion was a legal victory for pro-life activists and a political defeat for anti-abortion activists. The commission's response was to say that the American people have the right to make America a pro-life country.

And VYTORIN was proven in clinical studies to lower bad cholesterol more than Crestor alone, more than Lipitor alone.

Three's a Crowd.

Clinton's rivals jockey with a wary eye on each other.

The economy of my enemies. Obama and Edwards are to shake Clinton with a few wise words, but only one can capture the lead if they succeed.

IN THE RACING WORLD IT'S CALLED DRIVING—staying right behind the leader until she wears out and then vying past just at the finish, in the competition for the Democratic presidential nomination. Hillary Clinton has two races on her plate, and so far they have worked well in tandem. But at Clinton shows signs of fatigue, with Barack Obama and John Edwards eyeing a difficult choice to continue to focus on the front runner or go after each other.

Apparel sales of women's wear are up by 12%, according to the National Retail Federation. Women are wearing more dresses, and the trend is expected to continue.

And VYTORIN was proven in clinical studies to lower bad cholesterol more than Crestor alone, more than Lipitor alone.
Let's Talk About Diabetes

You Can Stop Diabetes. Heed the Pre-Diabetes Warning

JAMES L. ROSENWEIG, M.D.
Director, Clinical Outcomes Committee, Joslin Diabetes Center, Associate Professor of Medicine, Harvard Medical School

Approximately 75 million Americans either already have type 2 diabetes or are on their way to developing it—a condition called pre-diabetes. Type 2 diabetes is one of the most rapidly growing diseases in the world. It is a public health crisis, but there is something we can do about it.

One of the most important things to do is get tested. If you find out you have pre-diabetes, consider it a wake-up call. Not only are you at an increased risk for developing diabetes, you are also at risk for heart disease and stroke. By changing your lifestyle, adding more physical activity to your routine and maintaining an appropriate weight, you can stop or delay this from happening.

Screening for Diabetes

There are two ways to screen for pre-diabetes and diabetes, both of which require that you don't eat, or drink, for at least eight hours (usually overnight) before blood is drawn to test for levels of glucose. One test requires an additional step of swallowing a sugary liquid and having your glucose level checked again after two hours. Depending on which test you have, you may be told you have Impaired Fasting Glucose (IFG) or Impaired Glucose Tolerance (IGT), both of which indicate that you have pre-diabetes. That means the glucose level in your bloodstream is higher than normal but not yet high enough to be considered diabetes.

Proven Ways to Prevent Diabetest

Millions of people have pre-diabetes, or diabetes but don't yet know it. As a result, they are not benefiting from our advanced knowledge on how to prevent diabetes and its medical complications.

If you find out you have pre-diabetes, there are some key things you can do. A large-scale study of people with pre-diabetes called the Diabetes Prevention Program, in which Joslin Diabetes Center was involved, demonstrated that moderate weight loss and 30 minutes of moderate physical activity on three days of the week can reduce the risk of developing diabetes by more than half (50 percent or more).

The study also showed that a drug called metformin can also reduce the risk of developing diabetes by more than half (50 percent or more), in a single tablet. And VYTORIN was proven in clinical studies to lower LDL cholesterol more than Zocor alone, more than Lipitor alone, and more than Crestor alone.

Important Information: VYTORIN is a prescription tablet and isn't right for everyone, including women who are nursing or pregnant, or who may become pregnant, and anyone with liver problems.

Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. VYTORIN may interact with other medicines or certain foods. Increasing your risk of getting this serious side effect. So tell your doctor about any other medications you are taking.

Please read the more detailed information about VYTORIN on the adjacent page.

To learn more, call 1-877-VYTORIN or visit vytorin.com.
-callers from across the globe, from another
context to the field of public relations.

And at the end of the month, Johnson
will be back in the field, ready to take
up the challenge again.

FOOD AND FAMILY

The 2 sources of cholesterol.

VYTORIN treats them both.
It's utterly luxurious.
And completely affordable.  
But how can it possibly be both?
Pumping Iron for a Healthy Heart

by Larry L. Isogami, M.D.,
Professor of Medicine and Director of Clinical Research Laboratory
Pathology, Johns Hopkins University
School of Medicine

While exercise medications and therapeutic techniques such as gene therapy hold out promise for treating or preventing or curing heart disease in the future, there is no question that "pump therapy" is an approach that may help you get the most out of your heart.

Heart disease is the leading cause of death in the United States, and other cardiovascular diseases, such as strokes, are also major killers. But heart disease is not inevitable. It can be prevented and treated through lifestyle changes such as regular exercise, a healthy diet, and good hygiene.

Recent research has shown that exercise can help to improve heart function, reduce the risk of heart disease, and improve overall health. Exercise, such as walking, swimming, or cycling, can help to strengthen the heart muscle, reduce blood pressure, and improve blood flow to the heart.

If you're 40 or 50 years old and weigh the same as you did when you were 20, you probably now have a lot more fat than you had then.

You probably know that cholesterol comes from food. But what you might not know is that your cholesterol is not a lot to do with your family history. VYTORIN treats both sources of cholesterol.

VYTORIN treats the 2 sources of cholesterol.

Important information: VYTORIN is a prescription tablet and is not for everyone. It is not right for you if you are pregnant or may become pregnant, and anyone with liver problems. VYTORIN may cause side effects which could be serious and should be reported to your doctor right away. VYTORIN is not used in women who are or who may become pregnant or breastfeed. You should read the Patient's Product Information on the back page before using VYTORIN.

VYTORIN (ezetimibe/simvastatin).
Treat the 2 sources of cholesterol.

You should not use VYTORIN if you are allergic to any ingredient of VYTORIN or if you have liver disease or active liver disease withALT levels greater than 3 times normal. You should not use VYTORIN if you are pregnant, you may become pregnant, or you are breast feeding. You should not use VYTORIN if you have liver disease or active liver disease with ALT levels greater than 3 times normal. You should not use VYTORIN if you are allergic to any ingredient of VYTORIN or if you have liver disease or active liver disease with ALT levels greater than 3 times normal.
VYTORIN treats the 2 sources of cholesterol.

YOU PROBABLY KNOW THAT CHOLESTEROL COMES FROM FOOD. BUT WHAT YOU MIGHT NOT KNOW IS THAT IT ALSO COMES FROM THE LIVER. VYTORIN TREATS BOTH SOURCES OF CHOLESTEROL.

ALREADY, IT'S IMPORTANT TO MENTION IT ENOUGH, ADDING VYTORIN TO CHOLESTEROL-LOWING FOODS CAN BE A SIGN OF A RARE BUT SERIOUS SIDE EFFECT. SO, TELL YOUR DOCTOR ABOUT ANY UNEXPECTED SIDE EFFECTS YOU ARE HAVING.

To learn more, call 1-888-VYTORIN or visit www.vytorin.com. Please read the Patient Product Information on the inside page.

VYTORIN® (ezetimibe/simvastatin)

Treat the 2 sources of cholesterol.
Health for Life

No Time for Wrinkles

Women have more beauty-treatment choices than ever. Is that a good thing?

BY JENNIFER MARKET

A

Jennifer Markett has been pioneering new beauty treatments for decades, but even now, "it's a needed service," she says. "It's a needed service. It's not a luxury. It's a necessity." For her, a new treatment is a way to give women the freedom to look younger without surgery. The injections of Botox and collagen are now being used to treat wrinkles and fine lines around the mouth, eyes, and forehead. But the popularity of these treatments has also raised questions about their safety and effectiveness. Some people are concerned that the treatments could have long-term effects, while others worry that the cost is too high. Despite these concerns, the demand for these treatments continues to grow. The challenge for beauty professionals is to find a balance between safety and effectiveness, while also providing a service that meets the needs of their clients.

Are you one of the millions of Americans who have had heart-related chest pain or a heart attack?

One more thing could help make a difference.

PLAVIX added to aspirin and your current medications, helps raise your protection against future heart attack or stroke. It is highly regarded for heart-related chest pain or a certain type of heart attack, including those with chest discomfort and chest discomfort with exercise. Ask your doctor about PLAVIX.

PLAYX and other medications work in different ways. Adding PLAVIX can go beyond your current treatment. For more information, visit www.playx.xa.com or call 1-800-748-5678.

For more heart attack or stroke protection, talk to your doctor about PLAVIX. For information, visit www.playx.xa.com or call 1-800-748-5678.

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Add more protection against heart attack or stroke.

IMPORTANT INFORMATION: If you have a medical condition that causes bleeding, such as a current or prior history of bleeding, you should not use PLAVIX. The risk of bleeding may increase with PLAVIX, and you may be prescribed with certain other medicines, including aspirin. Ask your doctor with your other doctors to discuss the risks and benefits of taking PLAVIX.

For more information, visit www.playx.xa.com or call 1-800-748-5678.

Add more protection against heart attack or stroke.

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Add more protection against heart attack or stroke.
At 6'4", 220 pounds, Bob is a formidable man. But he's no match for something one millionth his size. 

A CLOT.

Clots are the number one cause of heart attack and stroke, but you can help reduce your risk.

This is important information if you've been hospitalized with heart-related chest pain or a certain type of heart attack. That's because these conditions, known as Acute Coronary Syndrome - or ACS - are usually caused when blood platelets stick together and form clots that block blood flow to your heart. And if you've already had a clot, you're at an increased risk for a future heart attack or stroke.

Plavix, in combination with aspirin, helps provide greater protection against a future heart attack or stroke than aspirin alone. Plavix, taken with aspirin, plays its own role in helping reduce your risk of heart attack and stroke. That's because, unlike your cholesterol and blood pressure medications, prescription Plavix works directly to help keep blood platelets from sticking together and forming clots.

Important Information: If you have a stomach ulcer or other condition that causes bleeding, you shouldn't use Plavix. When taking Plavix alone or with some medicines including aspirin, the risk of bleeding may increase. To minimize this risk, talk to your doctor before taking aspirin or other medicines with Plavix. Additional rare but serious side effects could occur.

Talk to your doctor today to learn more about Plavix. Or visit www.plavix.com or call 1-800-908-1797.

See important product information on the following page.
Delivering the news to millions of readers every day, Carl is a formidable man.
But he was no match for something smaller than a drop of ink.

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Talk to your doctor today to learn more about PLAVIX.

Or visit www.plavix.com or call 1-866-870-5413.

See important product information on the following page.

Once-a-day
Plavix
(clopidine bisulfate) 75-mg tablets

Because you're no match for a dangerous clot.
I Couldn’t Help But Love

In a new book, Rain Pryor recalls the humors of life with her father, comedian Richard Pryor.

Richard Pryor’s life was like his comedy—funny, sad and shocking, often all at once. In Jokes My Father Never Told Me, his daughter Rain, 37, recalls with candor—and true to her roots—much profanity, her tough childhood, her mother’s depression and her father’s violence and addictions to sex and drugs. “I wanted to carry on what he was about, which...”
CARTOON QUIPS

Sure to delight: "Can you help me with my ethics homework, or would that be missing the point?" — DR. HOEFT AND JOHN REINER IN PARADISE

One day another: "What if the hand that feeds us is surprisingly small?" — PETER MUELLER IN PARADISE

Teen looking under seat cushion: "I wish someone would invent a phone that's attached to the wall, so I wouldn't keep losing it." — SUNNY HOEFT AND JOHN REINER IN PARADISE

RD CHALLENGE ANSWERS

Was RD Challenge (page 224) as simple as following a map? Or were you in need of a compass? See how worldly-wise you are by checking these answers. And if you haven’t taken the quiz yet, don’t peek!

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PLAVIX® and your other medications work in different ways. Adding PLAVIX® can go beyond your current treatment. Prescription PLAVIX®, taken with aspirin, plays its own role in keeping platelets from sticking together and forming clots—which helps keep blood flowing.

Talk to your doctor about PLAVIX.
For more information, visit www.plavix.com or call 1-888-663-9708.

PLAVIX® added to aspirin and your current medications, helps raise your protection against future heart attack or stroke. If you’ve been hospitalized for heart-related chest pain or a certain type of heart attack, what doctors call ACS (Acute Coronary Syndrome), ask your doctor about adding PLAVIX.

The platelets in your blood can form clots. Those clots may block the flow of blood to the heart or brain. Think aspirin and your other medications alone are enough? Adding PLAVIX could help protect you against a future heart attack or stroke.

IMPORTANT INFORMATION: If you have a medical condition that causes bleeding, such as stomach ulcer, you shouldn’t use PLAVIX. The risk of bleeding may increase with PLAVIX, and when you take PLAVIX with certain other medicines, including aspirin. Review your medicines with your doctor to minimize this risk. Additional rare, but serious, side effects could occur.
GO AHEAD: MAKE US LAUGH

EVERYONE'S got a funny story. Just send us yours, and if we publish it in Reader's Digest, you'll be laughing all the way to the bank! Here's how it works.

WE PAY $300 for true, never-before-published stories we print in Life in These United States. All in a Day's Work, or Humor in Uniform.

WE PAY $100 for the first submission of a previously published or original item we print in Laughter, the Best Medicine; in Quotable Quotes; or as a short item used at the end of an article.

THE RULES

Please note your name, address and phone number with all submissions. Previously published material must include the name, date and page number of the source. Original items should be less than 100 words, and become our property upon publication and payment. All contributions may be edited and cannot be acknowledged or returned.

HOW TO SUBMIT

- rd.com (Click on “Fun”)
- Reader's Digest, Box 100, Pleasantville, N.Y. 10570-0100
(Address your submission to the appropriate humor category—All in a Day's Work, Life in These United States, etc.)

Readers are subject to changes; for current information, please visit rd.com.
Race is not just an issue in the back of the minds of white voters ... He has the electability problem with black voters too.'

— DONNA BRATZLE, SOUTH CAMPAIGN MANAGER FOR GORE-LIEBERMAN

And then, of course, there is the biggest unknown: What will black voters, the Democratic Party's most loyal constituents, do when faced with the possibility of seeing the first African American in the White House? Politicians say black voters appear deeply divided, with Obama winning among young and male African American voters and Clinton drawing stronger among older African American women. But polls also say that could change if Obama’s overall prospects improve.

At the same time, some voters hold their breath when Obama is asked to comment on something like the Jesse Jackson. He walks a fine line, demonstrating that he is committed to the African American community without appearing to have an agenda driven by that constituency. "Rare is not just an issue in the back of the minds of white voters," says longtime Democratic activist Donna Bratze, an African American who was Al Gore's 2000 campaign manager. "It is really a concern in black voters. They worry about what role the country is ready for a black president. They're simplistic ... He has the electability problem with black voters too."

The Obama campaign says it isn't worried. "We've tried to frame this thing the right way and keep our blunders on," says Axelrod, fully embracing the hoary horse-race metaphor. "We're pursuing a strategy that aims at doing well in Iowa and going on from there." And late last Obama seems to have shifted into a different gear, one that suggests more urgency to plan ground, his"
Inbox

Farwell to a Hollywood Legend
MY THANKS TO RICHARD CORBETT FOR his essay on Charlton Heston (April 15), if anyone under 40 wants to know why their older friends and family have such low regard for current Hollywood stars, Heston is one reason. He was a symbol of how America thought of itself: energetic, courageous, practical, resilient. No one in Hollywood can take his place.

B.W. Harrington, Dr. Phil, W. Mich.

Mission Impossible
GENERAL DAVID PETRAEUS’ testimony before Congress reiterated what many military and political experts have been saying for several years: a military victory in Iraq is not possible, and because the political environment is so fractured by sectarian differences, a political victory remains questionable (April 15). The Bush Administration never understood the culture and did not study the history of the Middle East. We are basically a Christian army waging war in an Islamic country. That was, is and always will be a formula for disaster. We should withdraw and let the Iraqis settle their sectarian differences without outside interference.

Joseph Lanza, Los Gatos, Calif.

A Senior Moment?
ANY PARTICULAR REASON MARK HALPRIN, named folks who are all dead in listing McCain’s peers (April 15)? No mention of Alan Alda, Robert Redford, Vaclav Havel, Silvio Berlusconi... Gee, I wonder why not.

Jeffrey M. Berry, Marblehead, Mass.

Go South, Dude
AS A READER WHO HAS JUST TURNED 72 and a Colorado native, I was excised to see Joel Stein’s article on broileries in my home state (April 15). I was disappointed, however, to find that the story mainly included a special mention of even one brewing company south of Denver. The state’s capital may be considered the “Wapta Valley of Beer,” but our “playland of tasting bars” doesn’t end at the city’s limits.

Janet Silver, Colorado Springs

Go South, Dude

Emergency

If you’ve been here before, PLAVIX could help keep you from coming back.

If you take PLAVIX
If you take PLAVIX
Continuing to do so will help increase your protection.

Help stay protected with PLAVIX
Please see important product and prescribing information on following pages.

You may be feeling better, but your risk of a future heart attack or stroke never goes away.

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All the President’s Men

A new book says Abraham Lincoln was gay. Was he, or did he just have some really close male friends?

By Michelle Orizak

The new book “Lincoln’s Men” reveals that Abraham Lincoln was not only a great President but also a man who had a significant number of male friends. The book, written by historian David Sanborn, provides evidence that Lincoln had a closeted same-sex relationship with several men, including his close friend, John Hopp.

Sanborn argues that the President’s relationship with Hopp was not just platonic but also involved a romantic element. Hopp was a close confidante to Lincoln and was often seen accompanying him on official visits and meetings. Sanborn claims that Hopp was the only man who truly understood Lincoln’s inner thoughts and feelings.

The book also reveals that Lincoln’s love for Hopp was so strong that he once considered marrying him. However, Hopp was not the only one who felt this way. Lincoln was also known to have had a romantic relationship with several other men, including John Wilkes Booth, the man who assassinated him.

Sanborn’s book is a deep dive into the President’s private life and provides a new perspective on his presidency. The book challenges the traditional narrative that Lincoln was a strict, conservative, and religious man. Instead, it portrays him as a man who was open-minded and accepting of different lifestyles.

With miles and miles of arteries in your heart and brain, all it may take is the formation of one clot. So take an extra step...

...If you’ve been hospitalized for heart-related chest pain or a certain type of heart attack.

Doctors call these conditions ACS or Acute Coronary Syndrome. You can do more to help protect yourself against a future heart attack or stroke. Ask your doctor about taking PLAVIX.

For most, heart attack or stroke is caused when platelets form clots that block the flow of blood to the heart or brain. Think aspirin and other heart medications alone are enough? Adding PLAVIX could help protect you from a future heart attack or stroke.

PLAVIX, added to aspirin and your current treatment, helps raise your protection against a future heart attack or stroke. PLAVIX, taken with aspirin, plays an important role in keeping platelets from sticking together and forming clots — which helps keep blood flowing.

Talk to your doctor about PLAVIX. For more information, visit www.plavix.com or call 1-800-308-5132.

Plavix (clopidogrel bisulfate) 75 mg.