



DIRECTORATE-GENERAL FOR INTERNAL POLICIES

POLICY DEPARTMENT
ECONOMIC AND SCIENTIFIC POLICY **A**

Economic and Monetary Affairs

Employment and Social Affairs

**Environment, Public Health
and Food Safety**

Industry, Research and Energy

Internal Market and Consumer Protection



**Disease Mongering
(Pseudo-Disease
Promotion)**

NOTE





DIRECTORATE GENERAL FOR INTERNAL POLICIES
POLICY DEPARTMENT A: ECONOMIC AND SCIENTIFIC POLICY

Disease Mongering (Pseudo-Disease Promotion)

NOTE

Abstract

Disease mongering is the promotion of pseudo-diseases by the pharmaceutical industry aiming at economic benefit. Medical equipment manufacturers, insurance companies, doctors or patient groups may also use it for monetary gain or influence. It has increased in parallel with society's 'medicalisation' and the growth of the pharmaceutical complex. Due to massive investments in marketing and lobbying, ample use of internet and media, and the emergence of new markets, it is becoming a matter of concern, and policy makers should be aware of its perils and consequences.

This document was requested by the European Parliament's Committee on Environment, Public Health and Food Safety and produced internally in the Policy Department for Economic and Scientific Policy.

AUTHORS

Dr. Marcelo SOSA-IUDICISSA
Dr. Purificación TEJEDOR DEL REAL

RESPONSIBLE ADMINISTRATOR

Dr. Marcelo SOSA-IUDICISSA
Policy Department A: Economic and Scientific Policy
European Parliament
B-1047 Brussels
E-mail: Poldep-Economy-Science@ep.europa.eu

LINGUISTIC VERSION

Original: EN

ABOUT THE EDITOR

To contact the Policy Department or to subscribe to its newsletter please write to:
Poldep-Economy-Science@ep.europa.eu

Manuscript completed in November 2012.
Brussels, © European Union, 2012.

This document is available on the Internet at:
<http://www.europarl.europa.eu/studies>

DISCLAIMER

The opinions expressed in this document are the sole responsibility of the authors and do not necessarily represent the official position of the European Parliament.

Reproduction and translation for non-commercial purposes are authorised, provided the source is acknowledged and the publisher is given prior notice and sent a copy.

TABLE OF CONTENTS

TERMINOLOGY AND DEFINITIONS	4
EXECUTIVE SUMMARY	5
SURVEY OF KEY SCIENTIFIC LITERATURE	7
ANNEX 1: ADDITIONAL INFORMATION	16
ANNEX 2: EU POLICY	17
ANNEX 3: PARLIAMENTARY QUESTION	18

TERMINOLOGY AND DEFINITIONS

- Monger** broker, dealer — usually used in combination; a person who attempts to stir up or spread something that is usually petty or discreditable — usually used in combination (e.g. warmonger) . Monger: peddle.
Source: Merrian-Webster.com
- Disease mongering** "Disease mongering is a pejorative term for the practice of widening the diagnostic boundaries of illnesses, and promoting public awareness of such, in order to expand the markets for those who sell and deliver treatments, which may include pharmaceutical companies, physicians, and other professional or consumer organisations. Examples include male pattern baldness and certain social phobias.
(...) Examples include ADHD (attention deficit & hyperactivity disorder) and bipolar disorder.
(...) that this approach leads to the unnecessary prescription of drugs, that its motivation is primarily or only to profit the drug companies, and that it may actually harm instead of help patients."
Source: Wikipedia.org
- Pseudo-disease promotion** Used in this document's title as a term equivalent to disease mongering, for the sake of a more direct understanding of the topic for non-specialist readers, particularly non-English native speakers.
- Disease manufacturing** Another possible equivalent term to disease mongering, for a more direct understanding of the topic by the general public.
- Disease branding** Selling drugs by selling diseases
Source: Mercola.com

EXECUTIVE SUMMARY

The document is drafted as an in-house product in response to a request from the Committee on the Environment, Public Health and Food Safety (ENVI) of the European Parliament in October 2012. The Coordinators of the Political Groups in ENVI specifically requested a "survey on the state of research on the basis of the existing scientific literature on disease mongering". If, in view of the present document, ENVI Members perceive a need to obtain a more in-depth understanding on this topic, they have the means and possibility to request a full study by external experts, or the organisation of a workshop.

Aim

To understand the nature, aim and scope of disease mongering (pseudo-disease promotion), how it is being propelled in the developed economies, and what are the risks and consequences for public health and policy makers.

Findings

The present document contains around 30 citations dating from 1992 to 2012. This represents around 5-10% of the available literature from the last decades. In essence, and according to the scientific literature reviewed, disease mongering is the promotion of pseudo-diseases, primarily but not exclusively, by the pharmaceutical industry aiming at economic benefit. In addition, medical equipment manufacturers, insurance companies, doctors or patient groups may also make use of it for monetary gain or influence. There is a growing body of medical and scientific literature (largely dating from the early 90s, but more especially over the past ten years) that proves the emergence of this phenomenon.

Disease mongering (pseudo-disease promotion) has increased in parallel with the medicalisation of society and the growth of the pharmaceutical complex, its power and its influence. Due to massive investments in marketing and lobbying, ample use of internet and media, and the emergence of new markets, it is becoming a matter of concern, and policy makers should be aware of its perils and consequences.

Conclusions

Disease mongering (pseudo-disease promotion) is a reality, in view of the available scientific literature, particularly in developed economies: the USA, Australia and the EU. It is also probably an issue in developing countries and emerging economies, but the published literature in respect to those countries is more limited.

In the case of EU countries, it is a practice that is not sufficiently characterised, defined or understood, in its reach, breadth and implications. Given the prevalence of predominantly publicly owned and financed health care services in the EU, the practice of disease mongering in the EU may differ from that of the USA; particularly as regards the implication of insurance companies.

Professional codes of conduct and ethical norms should be enforced, and national as well as international authorities need to oversee and supervise doctors' diagnostic and prescription practices, with periodic evaluations and assessments, in order to provide appropriate safeguards to the public's interest.

Policy Options

The European Parliament is aware of the potential conflict of interests between certain practices of the pharmaceutical industry and the citizens' interest. The EP, through the ENVI Committee, exerts a permanent overview of the European Medicines Agency, the European Centre for Disease Prevention and Control, etc. The high interest of the EP was also manifest during the discussions on the Pharmaceutical Package; particularly the directive on Information to Patients that appears to be blocked by Council and will not be promoted during the Cypriot Presidency (2nd half of 2012). See Annex 2: *EU Policy*.

Most recently, Members such as Dr Oreste Rossi and Ms Mara Bizzotto (both from EFD group, Italy), have voiced their concern about disease mongering. Ms Bizzotto issued a Parliamentary Question to the Commission (E-007847/2012) on 5 September 2012. In this question, she explicitly asks the Commission if it is aware about the practice of disease mongering and mentions the example of presumed abuses in the prescription of psychotropic drugs for children, and even the existence of certain cartoons promoting the acceptance of this trend. See Annex 3: *Parliamentary Question*.

The EP has, at least, the following main options:

1. Wait until there would be more public concern on disease mongering and a greater knowledge base around it.
2. Inform itself more in-depth about this problem, via the commissioning of a full study or the organisation of a workshop with experts, stakeholders and institutions.
3. Take a more active role in the form of an Own Initiative Report, Declaration or other measure at its disposal.

SURVEY OF KEY SCIENTIFIC LITERATURE

- 1992. **Disease Mongers: How Doctors, Drug Companies, and Insurers are making you feel Sick**, Lynn Payer, John Wiley & Sons, 1 March 1992, 292 pages: http://books.google.com/books/about/Disease_Mongers.html?id=9kkOAAAACAAJ.

Supported throughout by testimonies and interviews of prominent physicians and scientists concerned about disease-mongering, it takes an in-depth look at medical professionals who have a stake in keeping their patients convinced that they are, or are in immediate danger of becoming, sick. Examines each of the factors which have contributed to this insidious phenomenon — from an increase in the number of doctors and their specialisations to the role of insurance companies. Details how to avoid disease-mongering professionals and how to keep your physician honest when dealing with you. Packed with case studies and anecdotes.

Table of Contents

Part One - HOW TO CREATE DISEASE.

1. The Disease-Mongers: How the Medical-Industrial Complex Persuades You to Be Sick.
2. A Disease Is Not a "Thing".
3. The Misuse of Diagnostic Tests.
4. The Players and the Payers.
5. Disease-Mongering Tactics.

Part Two - CASE STUDIES.

6. Aches and Pains: Becoming a Patient.
7. Lyme Disease and "Lime" Disease.
8. If You're Tired, You Have...
9. Allergy to Life and Everything Else.
10. Creating Cardiac Cripples 1: "Silent" Myocardial Ischemia: Should You Take a Stress Test?
11. Creating Cardiac Cripples 2: Murmurs, Mitral Valve Prolapse and Arrhythmias.
12. The "Diseasing" of Risk Factors: High Cholesterol and Blood Pressure.
13. The Medicalization of Menopause: Choose Your Disease.
14. "Precancerous" Breasts and the Overselling of Mammography.
15. Cosmetic Considerations.
16. Psychiatric "Disorders": From Hyperactive Kids to Anxiety and Insomnia.
17. Diagnosing Our Genes.
18. Putting Disease in Its Place: A Prescription for Change.

- 2002. **Editorial: Promoting Science or Sales?** World Health Organization, *Essential Drugs Monitor No 31*, 2002.
This entire issue is devoted to disease mongering. These are examples of some of the articles included:
 - Johnathan Quick. **Maintaining the integrity of the clinical evidence base.** Page 3.
 - **Study shows links between industry and clinical guide writers.** Page 4.
 - David Finer. **Calls for stronger consumer voice at conference on medicines and media.** Page 5
 - **Drug companies employ many more staff for marketing than R&D.** Page 6
- 2002. **Selling Sickness: the Pharmaceutical Industry and Disease Mongering. Medicalisation of Risk Factors**, Ray Moynihan, Dr Iona Heath, Prof David Henry; *British Medical Journal (BMJ)*, 13 April 2002:
<http://dx.doi.org/10.1136/bmj.324.7342.886>.
The article discusses how a lot of money can be made from healthy people who believe they are sick. Pharmaceutical companies sponsor diseases and promote them to prescribers and consumers. Authors give examples of “disease mongering” and suggest how to prevent the growth of this practice. Some forms of medicalising ordinary life may now be better described as disease mongering: widening the boundaries of treatable illness in order to expand markets for those who sell and deliver treatments. Pharmaceutical companies are actively involved in sponsoring the definition of diseases and promoting them to both prescribers and consumers. The social construction of illness is being replaced by the corporate construction of disease. The authors explain the mechanics of corporate-backed disease mongering and its impact on public consciousness, medical practice, human health and national budgets that attracted limited critical scrutiny at the time of publication.
- 2004. **Overdosed America: The Broken Promise of American Medicine**, Dr John Abramson, Harper, First Edition of 2004 and Third Edition of 2008, 384 pages.
Dr Abramson who is a professor at Harvard Medical School uses the examples of Vioxx, Celebrex, cholesterol-lowering statin drugs, and anti-depressants, to show that at the heart of the crisis in American medicine lies the commercialisation of health care. Americans are overmedicated and overmedicalised as a result of this commercialisation. Due to marketing campaigns, people demand unnecessary and expensive drugs and procedures, believing they constitute the best possible medical care. The given example shows that though more post-heart attack procedures are performed in the U.S. than in Canada, one-year survival rates are the same. The USA spends more on high-tech neonatology than other Western countries, yet they have a higher infant-mortality rate, because of inattention to low-tech prenatal care. Abramson shows the mechanisms that lead to the routine prescription of pricey cholesterol-lowering drugs even when their effectiveness has not been proven; he examines the near-automatic use of medical technologies, such as cardiac catheterisation. Drug companies have misled doctors, and compromised people's health. Scientific evidence shows that reclaiming responsibility for citizen's own health is far more effective than taking the latest pill.

- 2004. **The Truth about the Drug Companies: How they Deceive Us and What to Do About It**, Dr Marcia Angell, Random House, 24 August 2004, 352 pages.
Dr Angell is a former editor of the prestigious New England Journal of Medicine; she presents a searing indictment of "big pharma" as corrupt and corrupting; of Congress, through huge campaign contributions; of the FDA, which is funded in part by the very companies it oversees; and, perhaps most shocking, of the medical profession and its institutions. The book delineates how the drug giants, pay physicians to prescribe their products with gifts, disguised as "professional education." Their cost of marketing, both to physicians and consumers, far outweighs expenditures on research and development. With combined 2002 profits of \$35.9 billion for the top 10 drug companies, this is the most profitable industry in the USA.
- 2005. **The Influence of the Pharmaceutical Industry**, Report from the Health Committee of the House of Commons, *Fourth Report of Session 2004–2005*, HC 42-I, 22 March 2005, 126 pages:
<http://www.publications.parliament.uk/pa/cm200405/cmselect/cmhealth/42/42.pdf>
"... there are disadvantages in the increasing use of and reliance on medicines. The inappropriate or excessive use of medicines can cause distress, ill-health, hospitalisation and even death. Adverse drug reactions are responsible for about 5% of all admissions to hospitals in the UK.
... What has been described as the 'medicalisation' of society – the belief that every problem requires medical treatment – may also be attributed in part to the activities of the pharmaceutical industry. While the pharmaceutical industry cannot be blamed for creating unhealthy reliance on, and over-use of, medicines, it has certainly exacerbated it. There has been a trend towards categorising more and more individuals as 'abnormal' or in need of drug treatment..."
- 2005. **Selling Sickness. How the World's Biggest Pharmaceutical Companies are Turning us All into Patients**, Ray Moynihan, Alan Cassels; Nation Books, 23 June 2005, 254 pages:
<http://books.google.be/books?id=fftKR4y2NMIC&dq=Selling+sickness.+How+the+world%E2%80%99s+biggest+pharmaceutical+companies+are+turning+us+all+into+patients&source=bl&ots=4zKBGLtHej&sig=UxXNhZAMPuE5ouPxbi9H zenbRA&hl=en&sa=X&ei=mY9yUPSCBdCwhAeCkoH4Aw&ved=0C>
Ray Moynihan is an internationally recognised authority on the public health problem of disease-mongering. He has written many influential articles on disease-mongering in the British Medical Journal and PLoS Medicine, as well as producing several books and films investigating the topic. His book 'Selling Sickness' has been translated into a dozen languages including Spanish. His work has inspired much media coverage and public debate all over the world.
- 2005. **Disease mongering and drug marketing - Does the pharmaceutical industry manufacture diseases as well as drugs?** Howard Wolinsky, EMBO Reports, Vol. 6, No 7, July 2005, pp.612–614.

- 2006. **PLOS (Public Library of Science) Medicine Disease Mongering Collection**, PLOS Medicine, 11 April 2006, 11 articles:
http://www.ploscollections.org/downloads/plos_medicine_diseasemongering.pdf.
To mark the first academic meeting on disease mongering (the "selling of sickness" in order to promote drug sales), which was held in Newcastle, Australia in April 2006, and to help provoke and inform a response to the phenomenon, PLoS Medicine commissioned a special theme issue. It encompasses a total of 11 articles.
 - **The Fight against Disease Mongering: Generating Knowledge for Action**, Ray Moynihan, David Henry; PLoS Medicine, Vol. 3, Issue 4, 11 April 2006
"The problem of disease mongering is attracting increasing attention, though an adequate working definition remains elusive. In our view, disease mongering is the selling of sickness that widens the boundaries of illness and grows the markets for those who sell and deliver treatments. It is exemplified most explicitly by many pharmaceutical industry-funded disease-awareness campaigns — more often designed to sell drugs than to illuminate or to inform or educate about the prevention of illness or the maintenance of health."
 - **Bigger and Better: How Pfizer Redefined Erectile Dysfunction**, Joel Lexchin, PLOS Medicine, 11 April 2006.
In the pursuit of profits, pharmaceutical companies are continuously looking to expand the market for their products. This article examines how Pfizer transformed Viagra from an effective product for erectile dysfunction (ED) due to medical problems, such as diabetes and spinal cord damage, into a drug that "normal" men can use to enhance their ability to achieve an erection and to maintain it (in a "harder" state) for a longer period of time.
 - **Medicine Goes to School: Teachers as Sickness Brokers for ADHD**, Christine B Phillips, PLOS Medicine, 11 April 2006.
Over the last twenty years, attention deficit hyperactivity disorder (ADHD) has emerged as a disorder of importance in childhood. Prescription of psychostimulants for ADHD escalated in many countries through the 1990s. Between 1990 and 1995, prescriptions of methylphenidate for young people increased 2.5-fold in the US, and 5-fold in Canada. In New South Wales, Australia, rates of treatment for children in 2000 were nine times those in 1990.
 - **Female Sexual Dysfunction: A Case Study of Disease Mongering and Activist Resistance**, Leonore Tiefer, PLOS Medicine, 11 Apr 2006.
The creation and promotion of "female sexual dysfunction" (FSD) is a textbook case of disease mongering by the pharmaceutical industry and by other agents of medicalisation, such as health and science journalists, healthcare professionals, public relations and advertising firms, contract research organisations, and others in the "medicalisation industry."
 - **The Latest Mania: Selling Bipolar Disorder**, David Healy, PLOS Medicine, 11 April 2006.
Until recently, the general clinical wisdom was that it was very rare for manic-depressive illness to have an onset in the preteen years. But there is now a surge of diagnoses of bipolar disorder in American children, even though these children do not meet the traditional criteria for bipolar I disorder (from the Diagnostic and Statistical Manual of Mental Disorders). The mania for pediatric bipolar disorder hit the front cover of Time in August 2002, which featured nine-year-old Ian Palmer and a cover title Young and Bipolar, why are so many kids being diagnosed with the disorder once known as manic-depression?

- **Pharmaceutical Marketing and the Invention of the Medical Consumer**, Kalman Applbaum, PLOS Medicine, 11 April 2006.
It is often said that leading drug companies now spend more on marketing than on research and development. While such contemporary pharmaceutical marketing practices are sometimes believed to be a modern phenomenon, they are in fact a direct continuation of 19th-century patent medicine advertising.
- **Combating Disease Mongering: Daunting but Nonetheless Essential**, Iona Heath, PLOS Medicine, 11 April 2006.
Human societies are driven by the effects of greed and fear. The rise of preventive health technologies has opened up a new arena of human greed, which responds to an enduring fear. The greed is for ever-greater longevity; the fear is that of dying. The irony and the tragedy is that the greed inflates the fear and poisons the present in the name of a better, or at least a longer, future. Ultimately, the only way of combating disease mongering is to value the manner of our living above the timing of our dying.
- **Giving Legs to Restless Legs: A Case Study of How the Media Helps Make People Sick**, Steven Woloshin, Lisa M Schwartz; PLOS Medicine, 11 April 2006.
Life can be hard. Sometimes you feel sad or distracted or anxious. Or maybe you feel a compelling urge to move your legs. But does that mean you are sick? Does it mean you need medication?
- **Cholinesterase Inhibitors: Drugs Looking for a Disease?**, Marina Maggini, Nicola Vanacore, Roberto Raschetti; PLOS Medicine, 11 April 2006.
Since 1996, when the first cholinesterase inhibitor was licensed in the US for the symptomatic treatment of Alzheimer disease, each new published trial on the effect of cholinesterase inhibitors on the various different forms of dementia has raised new questions about the benefit–risk profile of these drugs. Reduced cholinergic neurotransmission was the rationale for the use of cholinesterase inhibitors in patients with dementia. Nevertheless, what seemed a biologically plausible intervention has not led to a proven, real improvement in patients’ well-being.
- **Disease Mongering in Drug Promotion: Do Governments Have a Regulatory Role?** Barbara Mintzes, PLOS Medicine, 11 April 2006.
This article examines one aspect of disease mongering: activities financed by drug companies to promote sales by expanding the pool of patients potentially treated by their products, when no benefit in terms of reduced morbidity is likely. New diseases may be “created” or existing conditions redefined. In theory, these activities are covered by national laws governing drug promotion that forbid misleading or deceptive advertising. However, enforcement is piecemeal and largely ineffective.
- **Awareness and Attitudes about Disease Mongering among Medical and Pharmaceutical Students**, C. Jairaj Kumar, Abhizith Deoker, Ashwini Kumar, Arunachalam Kumar, B. M. Hegde; PLOS Medicine: 11 April 2006.
Pharmaceutical companies throughout the world market their products aggressively through a variety of promotional campaigns. In India, these marketing practices pose a greater problem, because the restrictions on drug dispensing are very limited — drugs often being dispensed without a prescription from a licensed physician. The companies take full advantage of this situation. As many patients in India are poor and illiterate, and lack information on health care, they often visit local pharmacists or quacks for medical advice. Pharmacists routinely dispense drugs illegally over the counter. We visited 40 local pharmacy stores for medical advice for a feigned medical ailment, and we found that all 40 pharmacists dispensed drugs, including expensive antibiotics.

- 2006. **Are You Finally Catching on to Phony Diseases?** Dr Joseph Mercola, 27 April 2006:
<http://articles.mercola.com/sites/articles/archive/2006/04/27/are-you-finally-catching-on-to-phony-diseases.aspx>.
Comments upon the essays published in the Public Library of Science Medicine. Stresses that drug companies systematically invent non-existent diseases, or exaggerate minor ones, in order to sell more. The practice turns healthy people into patients, and places many of them at risk of medically induced harm. Examples are symptoms of menopause, "medicalised" into treatable illnesses, high cholesterol as a disease in its own right, female sexual dysfunction, attention deficit hyperactivity disorder (ADHD) and "restless legs syndrome", exaggerated and promoted by drug firms. Even ordinary shyness is defined by drug companies as a social anxiety disorder to be treated with antidepressants.
- 2007. **Disease Mongering - a Challenge for Everyone Involved in Healthcare**, J. W. Dear, D. J. Webb; British Journal of Clinical Pharmacology, Vol. 64, Issue 2, August 2007:
<http://web.ebscohost.com/ehost/detail?sid=9943ff1b-0de0-4dc8-ae5d-73e594381218%40sessionmgr11&vid=1&hid=13&bdata=JnNpdGU9ZWZWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=25736707>.
"The author reflects on the concerns about how pharmaceutical industry is actively expanding drug markets, the practice being labelled as disease mongering in Great Britain. Disease mongering has been defined as widening boundaries of treatable illness to expand markets for those who profit from treatments. It actively expands drug markets and will always form a logical business strategy. However, it can be detrimental to patient care, considering some adverse effects."
- 2007. **The Rise and Fall of Pharmacracy**, Christopher Kent, 29 November 2007:
<http://articles.mercola.com/sites/articles/archive/2007/11/29/the-rise-and-fall-of-pharmacracy.aspx>
The article discusses the ideas of psychiatrist Thomas S. Szasz on medicalisation, defined as a process or tendency whereby phenomena, which had belonged to another field such as education, law, or religion, have been redefined as medical phenomena. As a consequence, the medical profession asserts authority on people around this issue. An important insight is that, in this process, coercion is transformed into medical therapy:
 1. The subject's "condition" is diagnosed as a disease.
 2. The intervention imposed is defined as a treatment.
 3. Legislators and judges ratify these categorisations as "diseases" and "treatments."
- 2008. **Disease Mongering is Now Part of the Global Health Debate**, Ray Moynihan, Evan Doran, David Henry; PLOS Medicine, Vol. 5, Issue 5, May 2008:
<http://web.ebscohost.com/ehost/detail?sid=9950b446-8cb4-4a4c-b29a-35120af19c7d%40sessionmgr11&vid=1&hid=13&bdata=JnNpdGU9ZWZWhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=32427473>
Ray Moynihan and colleagues, who organised the world's first international conference on disease mongering in 2006, discuss its subsequent impact.

- 2008. **Relationships between Authors of Clinical Practice Guidelines and the Pharmaceutical Industry**, Niteesh K. Choudhry; Henry Thomas Stelfox, Allan S. Detsky; JAMA (Journal of the American Medical Association), Vol. 287, No 5: 27 July 2008; pp.612-617:

<http://jama.ama-assn.org/cgi/content/full/287/5/612>

Although the response rate for this survey was low, there appears to be considerable interaction between CPG authors and the pharmaceutical industry. Our study highlights the need for appropriate disclosure of financial conflicts of interest for authors of CPGs and a formal process for discussing these conflicts prior to CPG development. Interactions between physicians and the pharmaceutical industry have received increasing amounts of attention over the last several years. Several authors have described significant contact between the pharmaceutical industry and academic researchers, faculty physicians, community physicians, residents and medical students. More importantly, these types of interactions have been shown to influence prescribing patterns, stimulate requests for the addition of drugs to hospital formularies, result in favourable publications and research articles, and be related to the lack of publication of unfavourable articles.

Clinical practice guidelines (CPGs) are intended to present a synthesis of current evidence and recommendations preformed by expert clinicians and may affect the practice of large numbers of physicians. As a result, any influence that the authors of CPGs' experience from their interactions with pharmaceutical companies may be transmitted many times over to the readers of CPGs. Consequently, if individual authors have relationships that pose a potential conflict of interest, readers of these CPGs may wish to know about them to evaluate the merit of those guidelines.

To date, no published data exists regarding the extent to which the authors of CPGs interact with the pharmaceutical industry. This study seeks to provide empirical evidence concerning this issue in order to improve the process of CPG development in the future.

- 2008. **Disease mongering: expanding the boundaries of treatable disease**, Evan Doran, David Henry,; Internal Medicine Journal, Vol. 38, Issue 11, November 2008, pp.858-861:

<http://web.ebscohost.com/ehost/detail?sid=b530a8ef-b29a-4ced-95d2-db61d16fe944%40sessionmgr15&vid=1&hid=13&bdata=JnNpdGU9ZWwhvc3QtbGl2ZQ%3d%3d#db=a9h&AN=35728931>

"Traditionally, the promotional activities of medical industries have been product specific. In recent years, however, there have been examples where companies have worked through partnerships, which have included clinicians, to expand the boundaries of treatable disorders. The main motivation appears to be to increase sales of commercial products. The term 'disease mongering' has been applied to these activities. Whereas some disease awareness programmes may bring benefits in the form of improved recognition and management of disorders, the presence of strong commercial interests probably distorts the traditional processes by which treatable diseases have been defined. This can result in individual patients being exposed to potential harms, with little expectation of benefit and will place an unwarranted burden on the publicly funded health-care system. None of this can happen without the collaboration of the medical profession that needs to be aware of the risks of becoming involved in commercially supported 'consensus' groups that are reviewing the definition and management of diseases."

- **2010. Public Information as a Marketing Tool: Promotion of Diseases and Medicines**, *Gezonde scep sis*, April 2010; 42 pages.
Gezonde scep sis is an initiative of the Dutch Institute for Rational Use of Medicine. This report describes ways in which pharmaceutical companies provide the public with information about diseases and conditions. It provides an overview of the various methods used, and the impact that public information campaigns can have. The aim of this report is to demonstrate how companies use public information campaigns about diseases and conditions as tools to market their medicines. In the research, three case studies have been carried out (three case studies are described in this research: restless leg syndrome, heartburn and overactive bladder) to demonstrate how various methods are applied and the parties are involved.
- **2010. Proceedings of the International Conference 'Selling Sickness'**, Amsterdam, The Netherlands, 7-8 October 2010:
<http://www.gezondescep sis.nl/conference-2010/conference-programme.html>
Organised by Gezonde scep sis, this event brought together speakers from all over the world. The event had the auspices of the World Health Organization European Region. On the conference website, videos of speakers' contributions are available.
- **2010. How to Brand a Disease - and Sell a Cure**, Dr Joseph Mercola, 29 October 2010:
<http://articles.mercola.com/sites/articles/archive/2010/10/29/disease-branding-for-the-sake-of-drug-marketing.aspx>
One of the key strategies that drug companies depend on to make medicalisation of society work is targeting news media with stories designed to create fears about a condition or disease, and draw attention to the latest treatment. This has led to problems on several key levels:
 - People with benign, normal symptoms end up taking dangerous drugs. Once you're convinced that natural signs of aging and common conditions are diseases or treatable symptoms, you take drugs for such things as balding, anxiety, mild bone loss and indigestion, which puts your health at risk over issues that were not true illnesses or risks in the first place. Many of these conditions are entirely treatable with diet and lifestyle modifications.
 - People who are tested regularly end up undergoing unnecessary treatments with drugs and invasive surgery. Very few people after middle age can pass standard medical tests without being told that they have some sort of "risk." This risk is then turned into a pseudo-disease leading to such things as dangerous breast and colon surgery and "preventive" medications, instead of outlining natural strategies that would actually help a person's health to thrive.
 - As a result of "disease mongering," the more the medical industry influences a nation, the sicker that nation "considers itself to be." It eats away self-confidence and teaches that people are weak and incapable of staying well, and that all signs and symptoms are potentially dangerous conditions and diseases.
- **2011. The Politics of EU Health Policy and the Case of Direct-to-Consumer Advertising for Prescription Drugs**, Robert Geyer, *The British Journal of Politics & International Relations*, Vol. 13, Issue 4, November 2011:
<http://onlinelibrary.wiley.com/doi/10.1111/j.1467-856X.2011.00460.x/abstract>
"Direct-to-consumer advertising for prescription drugs (DTCA-PD) is currently banned in the EU, but the pharmaceutical industry (supported by key member states and DG Enterprise) made two major attempts to overturn it in the 2000s at the EU level and failed. What does this failure imply for the debates surrounding this policy area and EU health policy in general?"

To explore this question, this article will define DTCA-PD, examine its pros and cons, provide a brief overview of EU health policy and present a detailed review of the two recent attempts to overturn the ban. Following this, it will examine the five key elements of EU health policy, evaluate their relevance to the development of the EU's policy towards DTCA-PD and briefly speculate on the future of the ban."

- 2012. **Seeking Sickness: Medical Screening and the Misguided Hunt for Disease**, Alan Cassels, H. Gilbert Welch; Greystone Books, 24 July 2012, 177 pages: http://books.google.com.au/books/about/Seeking_Sickness.html?id=Pp2FWV2Dd9QC
Why wouldn't you want to be screened to see if you're at risk for cancer, heart disease, or another potentially lethal condition? After all, better safe than sorry. Right? Not so fast, says Alan Cassels. His *Seeking Sickness* takes us inside the world of medical screening, where well-meaning practitioners and a profit-motivated industry offer to save our lives by exploiting our fears. He writes that promoters of screening overpromise on its benefits and downplay its harms, which can range from the merely annoying to the life-threatening. If you're facing a screening test for breast or prostate cancer, high cholesterol or low testosterone, someone is about to turn you into a patient. You need to ask yourself one simple question: Am I ready for all the things that could go wrong?
- s.l., s.d. (*) **Position of UEMO (European Union of General Practitioners) on Disease Mongering and Quaternary Prevention.** <http://www.uemo.eu/uemo-policy/123-uemo-position-on-disease-mongering--quaternary-prevention.html>

(*) No place of publication, no date of publication.

ANNEX 1: ADDITIONAL INFORMATION

FORTHCOMING CONFERENCE:

Selling sickness. People Before profits

(Washington, February 2013)

<http://sellingsickness.com>

"First, there was the 2006 Inaugural Congress on Disease Mongering in Australia which marked a watershed in networking among health care reformers and drug industry critics. Then, the 2010 Selling Sickness conference in Amsterdam expanded the network and updated the work.

Selling Sickness 2013 will bring together academic scholars, healthcare reformers, consumer organisations/advocates and progressive health journalists to develop strategies and solutions challenging the global tide of disease mongering".

INTERNATIONAL ASSOCIATION

Healthy Skepticism International

<http://www.healthyskepticism.org/global/new>

This association aims to improve health by reducing harm from misleading health information.

ANNEX 2: EU POLICY

This topic is linked to the legislative proposal on information to patients.

PHARMACEUTICAL PACKAGE: MEMBER STATES STALL ON INFORMATION TO PATIENTS, Sophie Petitjean in EUROPOLITICS of 25/07/2012 - News item:

<http://www.europolitics.info//member-states-stall-on-information-to-patients-art340948-21.html>

"The decision by the Cyprus EU Presidency not to tackle legislative proposals on information on medicines during this half-year is anything but isolated: all the member states have decided by mutual agreement to suspend the Council's discussions on this subject, in spite of the European Commission's efforts. The EU executive has already floated three trial balloons. The proposals for a directive and a regulation on information to the public on medicines were presented in 2008 as part of a package on medicines. The co-legislators agreed on the pharmacovigilance component in 2010 (Regulation 1235/2010 and Directive 2010/84/EC, supplemented by a new directive being finalised) and on the counterfeiting aspect in 2011 (Directive 2011/62/EU). They have so far failed, on the other hand, to wrap up the third and last aspect, namely information on prescription medicines. At the time, the Commission was accused of being partial to the pharmaceutical industry. It consequently presented new proposals, in 2011, that incorporated many of the European Parliament's amendments.

In the wake of the Mediator scandal (a medicine used to treat diabetes that led to numerous deaths), it added a new chapter on pharmacovigilance. However, this third version has still failed to convince the delegations, which are particularly concerned about exorbitant implementing costs, the lack of added value compared with existing rules and the risk of confusion between information and advertising. According to a diplomatic source, the member states are thought to be waiting for the Commission to simply withdraw its proposal."

INFORMATIVE EXPERT MEETING ON RELEVANT HEALTH INFORMATION: MAKING THE RIGHT CHOICE FOR EUROPE!

<http://www.aim-mutual.org/print.php?page=21&id=200>

On 2 December 2010, Dr. Thomas Ulmer (MEP (Germany, EPP) and Carl Schlyter MEP (Sweden, Greens), hosted and chaired an expert meeting on the European Commissions controversial legislative proposals on 'information' to the general public on prescription medicines. More than 90 participants attended, representing the full spectrum of healthcare stakeholders.

DIRECT TO CONSUMER "INFORMATION" BY THE PHARMACEUTICAL INDUSTRY - A DÉJÀ VU? Dr Barbara Mintzes, Assistant Professor, University of British Columbia (Canada)

http://www.aim-mutual.org/uploads/fmanager/news/d_mintzes_eu_meeting.pdf

YOU SAY INFORMATION, I SAY ADVERTISING... Barbara Mintzes and Teresa Alves, Pharmaceutical policy in Europe / HAI Europe, *Ensuring independent medicines information in Europe*, Brussels, October 2007

<http://www.haiweb.org/16102007/presentation-barbara-mintzes.pdf>

RELEVANT HEALTH INFORMATION FOR EMPOWERED CITIZENS

Joint Declaration of HAI Europe, ISDB, AIM, BEUC, Medicines in Europe Forum, September 2006:

<http://www.haiweb.org/01102006/PatientInformationDeclaration.pdf>

ANNEX 3: PARLIAMENTARY QUESTION

Parliamentary question: E-007847/2012, 5 September 2012,
by Mara Bizzotto (EFD)

SUBJECT: ONLINE CARTOONS ENCOURAGE CONSUMPTION OF PSYCHOTROPIC DRUGS AMONG CHILDREN

"Is the Commission aware of the practice of disease mongering? If so, can it say whether there are any EU studies on possible common interests linking pharmaceutical companies and medical associations that could encourage the sponsorship of certain psychotropic drugs, such as methamphetamine to treat ADHD?

If no such studies have yet been carried out, will the Commission do so shortly? Should these studies confirm the reports by the above-mentioned association about the hazards for children who have been diagnosed with ADHD and therefore regularly take drugs to treat it, what does the Commission think of the proposal to limit access to all pharmaceutical sites that sponsor these drugs?"

The response of the Commission is not yet available.

DIRECTORATE-GENERAL FOR INTERNAL POLICIES

POLICY DEPARTMENT ECONOMIC AND SCIENTIFIC POLICY **A**

Role

Policy departments are research units that provide specialised advice to committees, inter-parliamentary delegations and other parliamentary bodies.

Policy Areas

- Economic and Monetary Affairs
- Employment and Social Affairs
- Environment, Public Health and Food Safety
- Industry, Research and Energy
- Internal Market and Consumer Protection

Documents

Visit the European Parliament website: <http://www.europarl.europa.eu/studies>

PHOTO CREDIT: iStock International Inc.



ISBN 978-92-823-4513-9
doi: 10.2861/27071