

CHC management rather than a true lack of leadership.

Certainly, medical schools and residencies need integrated education on the function, structure, management, and community health role of CHCs, with more practical exposure to CHCs. Some resources already exist to promote physician management of CHCs: fellowships (such as Georgetown's Fellowship in Community Health Center Director Development),⁵ Primary Care Association (PCA) education and conferences (supported by the National Association of Community Health Centers [NACHC] and the Health Resources Services Administration (HRSA) and Area Health Education Center (AHEC) programs. These educational opportunities may be undersubscribed by physicians, leading to the perceived lack of support described by Markuns et al. Greater collaboration among physician training programs and CHCs is necessary to improve physician leadership in CHCs and maximize the potential of the CHC system.

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Pharmaceutical Advertisements, Citations, and Trust

To the Editor:

The following letter to the editor regarding a pharmaceutical advertisement was submitted April 21,

2010, for publication in a respected American medical journal, the same journal that published the advertisement:

Recently I came across an advertisement for Aleve brand of naproxen that appeared in your journal.¹ One of the claims made in the ad was this: "Ibuprofen may decrease the antiplatelet benefit of aspirin; ALEVE doesn't impact the antiplatelet benefit in patients taking low-dose aspirin, according to a pharmacodynamic study." Now, if true, this could influence a lot of prescribing decisions. The reference cited for ibuprofen is Advil Labeling by Wyeth Consumer Healthcare, 2006. This assertion is further supported by a peer-reviewed study published in the *New England Journal of Medicine* that concludes: "Treatment with ibuprofen in patients with increased cardiovascular risk may limit the cardioprotective effects of aspirin."² No disagreement here.

However, my curiosity was aroused by the claim that naproxen was exempt from this interaction. To support ALEVE's superiority, the ad offers one study, cited as Abstract 858, *Arthritis Rheum* 2007;56(9 suppl):s359. I sought to read this publication. I searched my usual handy sites: PubMed, Google Scholar, and our university's library Web site. No luck.

I did, however, come across an editorial about coxibs written by the lead author, and here I learned of consultancies with Bayer, Merck, Novartis, Pfizer, and Sanofi.³

I went to the Web site listed on the ad: the Naproxen Clinical Data Center.⁴ Here I found a list of 12 publications relevant to naproxen. Among them was an article by Capone et al, which concludes: "Naproxen interfered with the inhibitory effect of aspirin on platelet COX-1 activity and function. This pharmacodynamic interaction might undermine the sustained inhibition of platelet COX-1 that is necessary for aspirin's cardiopro-

TECTIVE effects."⁵ Interesting. Does this conclusion not contradict the claim in the ad?

Not listed on the Naproxen Clinical Data Center is a 2008 paper by Gladding et al that states: "In conclusion, ibuprofen, indomethacin, naproxen, and tiaprofenic acid all block the antiplatelet effect of aspirin."⁶

Finally, near the end of the list of 12 citations, I found the elusive "Abstract 858." Actually, it was a poster, presented at a 2007 meeting of the American College of Rheumatology.⁷ The authors of the poster reveal consultant and research support by Bayer (who makes ALEVE) and others. I was able to print out and study the poster, which concluded: "In the present study OTC doses of naproxen sodium 220 mg tid as well as acetaminophen 1,000 mg qid did not interfere with the antiplatelet effect of EC-ASA."

Is a potentially practice-changing generalization being made from a study involving only 37 subjects and using low doses of naproxen? I wonder why a full report of this study does not seem to have been published. Can we really trust the assertion made in the advertisement that ALEVE doesn't impact the antiplatelet benefit in patients taking low-dose aspirin?

Shouldn't "ethical" drug manufacturers be presenting ads with credibility that stand up to a quick citation check? And what about the responsibility of medical journals that carry these ads and thereby lend some legitimacy? Do we need a citation checker for ads submitted to medical journals? And what is the role of the US Food and Drug Administration (FDA) in all of this?

On May 28, 2010, I received a rejection notice regarding my letter.

In June 2010, a report of this trial was finally published.⁸ The authors note the small sample size and open-label trial design as limitations. I still wonder if this small study justifies the claim in the ad,

even though a report has now found its way into print.

The decision not to publish my letter brings to mind the story of the legendary Wilkes et al paper and the aftermath at *Annals of Internal Medicine*. In 1992, Wilkes et al published a report describing experts' assessments of advertisers' claims, using phrases such as: Information on efficacy "was not balanced in 40%," "headlines misled the reader about efficacy," and "could lead to improper prescribing." The authors concluded: "In the opinion of the reviewers, many advertisements contained deficiencies in areas in which the FDA established explicit standards of quality."⁹ In this same issue, the co-editors of the *Annals*, Robert and Suzanne Fletcher, included a supportive editorial.¹⁰

What happened next is chilling. Major pharmaceutical firms withdrew advertising support amounting to some \$1–1.5 million, and in the ensuing uproar, the coeditors of the journal resigned in 1993.¹¹

As a practicing physician, I, and my patients, are grateful to our colleagues in the pharmaceutical industry. After all, they invent and distribute the drugs that save lives. Today's prescription medications are truly wondrous, and we would not have most of them if it were not for pharmaceutical companies. With that said, why must these firms publish ads that are unbalanced and risk improper prescribing? Why must they use their financial muscle to intimidate?

A step in the right direction is the May 11, 2010, launch of the FDA "Bad Ad Program," encouraging health care professionals to report a potential violation in drug promotion by sending an e-mail to badad@fda.gov or by calling 877-RX-DDMAC. Let's hope it brings a change. Wouldn't it be great if our medical journals presented trustworthy advertisements that informed without misleading?

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