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Consumer Rx?

If you're in the market for a new cell phone, dishwasher, refrigerator, or family car, you might turn to *Consumer Reports*, the monthly publication of Consumers Union (CU). *Consumer Reports* presents "objective product information" based on laboratory research and testing. CU staffers buy (at commercial retail outlets) the products to be profiled and ship them to their lab facility in Yonkers, NY, for evaluation. Test criteria are established for each product category to qualitatively and quantitatively score individual items. Financed only by magazine subscriptions, CU has developed over a 67-year history into a formidable market-influencing powerhouse, capable of causing huge swings in the sales of everything from automobiles to digital cameras, all based on their evaluations. What is so appealing about CU and its assessments is their independence. In its own words, CU has no mission but to "test products, inform the public, and protect consumers."

Perhaps with CU as a model, the U.S. Congress has come up with its own idea of undertaking evaluations, but instead of looking at autos and baby strollers, Senate and House members want to fund the evaluation of pharmaceuticals, especially those heavily advertised directly to consumers. According to *The New York Times*, Congress is moving to authorize research that will evaluate the efficacy of high-volume pharmaceuticals as compared to cost. According to the *Times*, the House voted in August to provide $12 million to the U.S. Public Health Service to conduct "research on the comparative effectiveness" of prescription drugs. Other congressional members have proposed spending $75 million on similar evaluations by the National Institutes of Health and the Agency for Healthcare Research and Quality. The idea is to evaluate prescription medicines, such as the COX-2 inhibitor nonsteroidal anti-inflammatory drugs Vioxx and Celebrex, and compare them with older over-the-counter pharmaceuticals such as ibuprofen and naproxen; or perhaps compare the antihistamines Zyrtec and Claritin with Benadryl.

The *Times* even weighed in on this topic on its editorial page. Arguing that both patients and doctors rely for their prescription choices on "intuition, trial and error, or the salesmanship of the drug makers," the editorial argues that all new drugs should be tested against their existing competitors before they are approved.

Two things come to mind. First, by and large, most physicians know the consequences of what they're prescribing. Seeing a patient admitted to hospital surgery to repair a perforated ulcer caused by the overuse of ibuprofen has caused many a doctor to become a true believer in COX-2 inhibitor NSAIDs. Such drugs may be expensive, but cost is a different issue from a doctor's evaluation of what's best for a patient.

The other related question is, who sets the evaluation criteria? We'd all like to believe that drug evaluation can be an exact science, but too often data are ambiguous. If a new drug is shown to cause 12% more patients to improve in a 300-person clinical trial than an older medication, or if 6% fewer side effects occur with a new drug, what does that mean? If you're in the cohort that had fewer side effects, it probably means the drug is more targeted to you and your chemistry. In a way, this effect probably goes to the heart of our business. Whether in academia, industry, or government, we are all working toward the goal of personalized medicine. In the future, each of us will one day have drugs specific to our particular genome and its proteins. It's not that evaluations can't be useful. But whether for drugs or for automobiles, they're not absolute either.