Pharmaceutical Branding is Just Getting Started (Part II/The Sky's the Limit)

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In my previous post on this subject, I pointed out that branding has become more important in the pharmaceutical industry. Implicit to the discussion was the common sense understanding that it is products, and in particular blockbuster drugs, that are branded. This is true, and I will say more in future posts about brand management strategies associated with specific drugs. However, it is important to recognize that pharmaceutical marketers seek to brand more than just products. At least three other entities surrounding blockbusters are also sought to be managed in brand terms. These include:

• Conditions.
• New drug class nomenclature.
• The pharmaceutical industry itself.

Condition branding: In a 2007 article in the *Journal of Medical Marketing*, Reinhard Angelmar and his colleagues explain succinctly what condition branding is, or at any rate what it ought to be:

"Product branding tells consumers about a solution but not about the problem which the solution addresses. Condition branding educates consumers, physicians and other stakeholders about the problem. We propose that the pharmaceutical marketing paradigm be broadened. Pharmaceutical marketers should build strong condition brands, in much the same way as they build strong brands… Condition branding is the deliberate management of patient, physician, payer and other stakeholder knowledge about a condition in order to improve how the condition is treated."

Angelmar et al. are not inventing the idea—they point out that "disease branding", "market conditioning", and even "disease mongering" preexist their proposal. Indeed, in what seems a baffling ingenuousness about how dastardly a thing industry critics think condition branding is, the authors state blandly, "We prefer the term 'condition branding' because it is value neutral (unlike 'disease mongering')." This and the earlier expression "…in order to improve how the condition is treated," reinforce the point (discussed here and here) that pharmaceutical marketers tend to

see themselves as working in the public interest.

But the entangling discussion of pharmaceutical marketer sincerity aside, there are several procedures and marketing assumptions associated with condition branding that we might take note of. One is the attempt to create a field effect around a product in order to boost the prevalence of the disorder at the same time that the promoted information about the condition is seen to be objective, and not a thing of advertising. In his 2007 book (*Shyness: How Normal Behavior Became a Sickness*) Christopher Lane describes how, in their marketing push to promote their antidepressent, Paxil, GlaxoSmithKline medicalized shyness into social anxiety disorder (SAD).

The second, less noted (even by Angelmar) achievement of condition branding is its power to multiply the effects of strategic medicalization (defined here) exponentially. People are much more inclined to talk about their health than about specific drugs. Where brands are concerned, the more mentions the better. If a drug brand can borrow from the authority of a condition brand with which it is associated (such as Paxil with SAD), all the more power comes to it.

For this reason, condition branders redesignate conditions to with more user-friendly names. Creepy crawly legs becomes RLS—Restless Legs Syndrome; impotence is famously renamed Erectile Dysfunction (hard to imagine Bob Dole getting on television and saying, “Don’t become like me. I’m impotent!”); heartburn, which implied gluttony, becomes GERD, and so on. As Angelmar says, “Like all brand names, a condition name should be memorable, distinctive, likeable or at least affectively neutral (no stigma)…”

New drug class nomenclature: By this is meant the invention of new medical scientific terminology to correspond not with objective diseases but with drugs for which companies are hoping to create a market. In a brandchannel.com article entitled “Brand Matters: The lingua franca of pharmaceutical brand names,” Rebecca Robins describes the field or space around the brand that is not itself branded as “white space”. She says, “The battle for brand-stand out [sic] is hard won and defining that crucial ‘white space’ around which to develop the beginnings of that relationship is key.”

The relationship she is speaking of is between the drug brand and the other definable elements in the nonbranded space around it, including diseases (which would be condition branding, she doesn’t mention) and the terminology that organizes scientific research into cures for that disease. In both cases, as a material aside, the authority of medical scientists is diminished relative to that of marketers. Robins says:

“The position of being first in a new class is a privileged one, and thus one to be signaled in clear and distinctive terms. This extends beyond the development of a brand name, to leveraging supportive language, such as class nomenclature. A new class will serve as a positioning tool to separate out the compound from other treatments in the same therapeutic category. In so doing, a company gives itself the opportunity of fighting the marketing battle on new terms, which affords the advantage of a platform for differentiation and a means by which to take ownership of ‘newness’ and of the story behind the science. Pharmaceutical companies that are proactively creating this nomenclature give themselves this edge, *instead of having a classification handed to them*.” [emphasis added]

It would take a historian of pharmacology to sort out scientific from marketing nomenclature, and this is a service rendered with great clarity in the work of David Healy. Recently Healy traces the expansion of manic depressive illness (the diagnosis of which typically involved an episode of hospitalization for mania) into bipolar II disorder, bipolar disorders NOS (not otherwise specified), and cyclothymia. This expansion was concomitant with and relied upon the branding of the drug class nomenclature that would fit, glove over hand, with the new disease brands. The new class was “mood stabilizer”. Healy says:

“After 1995, there was a dramatic growth in the frequency with which the term “mood stabilizer” appeared in the title of scientific articles. By 2001, more than a hundred article titles a year featured this term. Repeated reviews make it clear that the academic psychiatric community still has not come to a consensus on what the term ‘mood stabilizer’ means. But this lack of consensus did not get in the way of the message that patients with bipolar disorders needed to be detected and once detected needed mood stabilizers, and perhaps should only be given these drugs and not any other psychotropic drugs” (2006:0442).

Industry branding: As I suggest in my last post, there exists a small internal debate in the industry over the ethical ends of its actions. Some inside critics agree that there is misconduct and this is ruining the industry’s image, which will lead to shrinking pharmaceutical profits in the future. These critics are understandably convinced that the solution to the drug industry’s dismal public image is more, not less marketing, spoken of principally along the lines of bringing the various external stakeholders into the trusting ambit of the industry.

The tactics for greater inclusion of the drug industry’s publics are familiar to the student of marketing as “relationship marketing” and “value co-creation” programs, which are extensions of the promotional efforts of the companies to convince the public that the drug company’s truth is their truth.

The goal is not to bridge the private maximizing/public health divide through ethical reform and compromises to corporate power, but to bring back into “alignment” the public’s misapprehension of the actual compatibility of the two domains. The problem, in sum, boils down to an image issue that can be corrected through an industry-wide public relations campaign, the pièce de résistance of which is the incipient industry-wide collaboration in a program for “industry branding”. Stay tuned.

Further Reading:

Healy David. (2006) The Latest Mania: Selling Bipolar Disorder. PLoS Med 3(4): e185. doi:10.1371/journal.pmed.0030185. Available at: http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0030185

Lane, Christopher. Shyness: how normal behavior became a sickness. Yale University Press, 2007.

Lane, Christopher and David Healy. 2009. Bipolar disorder and Its biomythology: An interview with David Healy.

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