

Consumers' evaluation of the information in print direct-to-consumer advertising: Does format of the brief summary matter?

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Introduction

The brief summary in print prescription drug advertisements has been criticized for not facilitating consumer understanding of the risks and side effects associated with the advertised medication. Specifically, there have been concerns about the over-emphasis of drug benefits and under-emphasis of drug risks. Therefore, as a result of FDA's recommendation to use more patient friendly brief summary formats, pharmaceutical marketers are adopting new brief summary formats in advertising of prescription medications.

Objective

Consumers' comprehension and use of risk information from direct-to-consumer (DTC) ads has received very little attention. In the past, characteristics of the risk information present within the promotional copy have been the primary focus of research on risk communication in drug ads. Further, there is little empirical evidence regarding the influence of different brief summary formats on consumers' drug-related knowledge, and their perceptions and responses to DTC ads. Therefore, the objective of this study was to determine whether consumers' knowledge, attitudes, and behavioral intentions vary across different brief summary formats.

Hypothesis

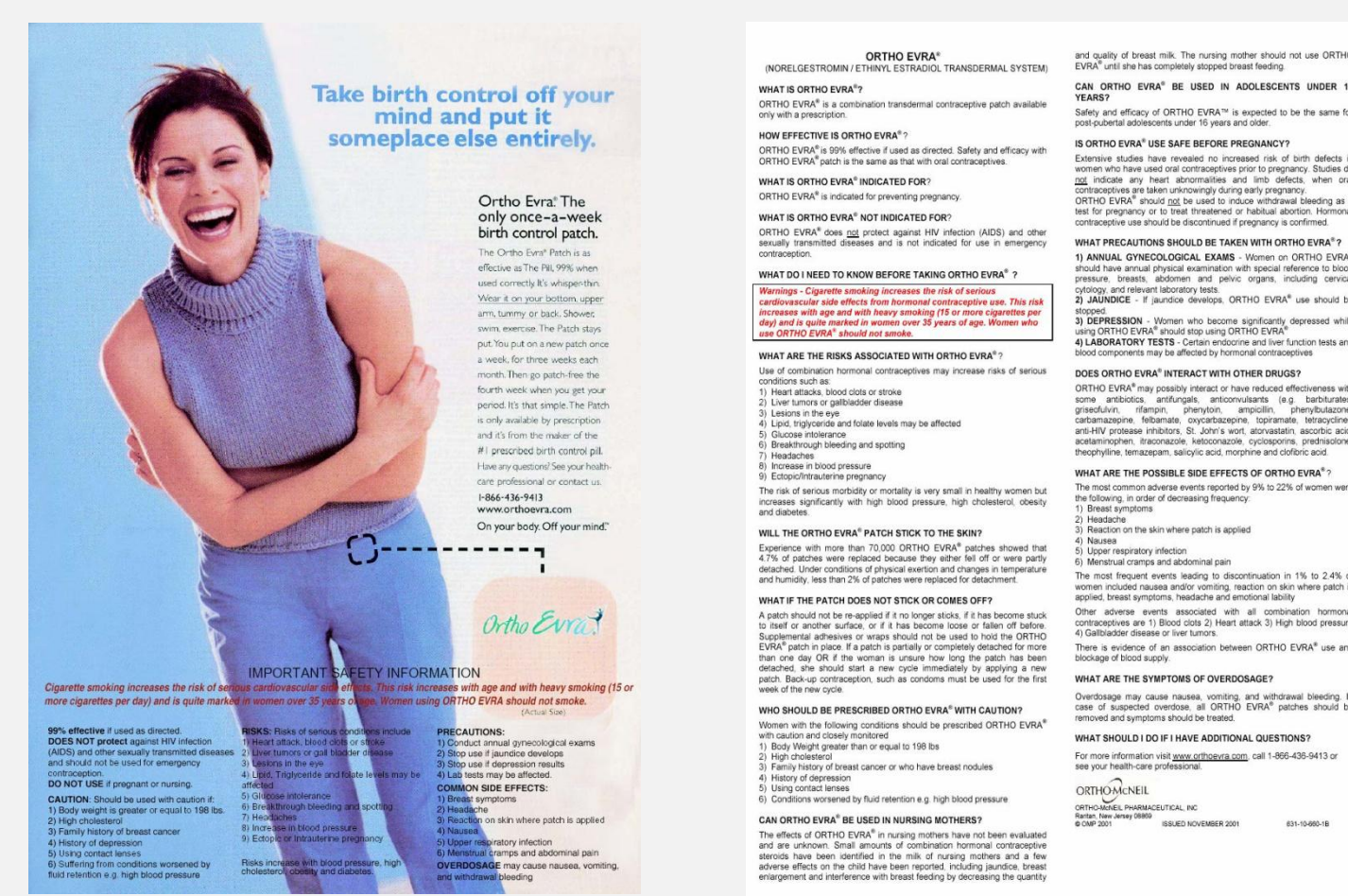
There is no significant difference in consumers' evaluations of the risk and benefit information, drug-related knowledge, attitudes towards the ad and brand, ad believability, perceived product risk, and intention to inquire about the drug across the six different brief summary formats.

Methods

Based on the findings of focus group interviews, six brief summary formats were designed. These formats included no brief summary, brief summary, risk information window, bulleted list, nutrition facts panel, and question and answer format. A product-specific print ad for OrthoEvra[®] (birth control patch) was used in the study.

Each respondent was randomized to receive one of the six different formats of the brief summary. Data from 307 female respondents, between the ages of 18-50 years, were collected by using a mall intercept survey at two malls in the Atlanta metropolitan area. After reading the DTC ad for OrthoEvra[®], consumers recorded responses on a questionnaire consisting of measurement scales that assessed their drug-related knowledge, cognitive and affective attitudes, and behavioral intentions.

Advertising Stimuli



Risk Information Window format Question and Answer format

Results

All measurement scales demonstrated excellent reliability (Cronbach's α from 0.87 to 0.94). Higher scores provided by the subjects on the rating scales indicated favorable perceptions towards the advertisement. Respondents' evaluation of the outcome measures are reported in Table 1.

Table 1 Sample Descriptives – Outcome variables

Scales	N#	Min	Max	Mean	SD
Evaluation of quality of risk information in the ad	305	1	7	5.87	1.11
Evaluation of quality of benefit information in the ad	306	1	7	5.89	1.10
Drug-related knowledge	307	0	11	1.62	1.90
Ad believability	303	1	7	5.62	1.14
Attitudes towards the ad	306	1	7	5.75	1.20
Attitudes towards the brand	305	1	7	5.72	1.27
Use of ad information in decision-making	306	1	7	5.65	1.47
Perceived product risk	305	1	7	3.36	1.55

* N < 307 due to missing responses on some items

First, a multivariate analysis of variance (MANOVA) was conducted to determine if the eight outcome measures varied significantly across brief summary formats. The MANOVA test revealed that there indeed existed significant differences across the six brief summary formats (See Table 2).

Table 2 MANOVA results for all outcome measures

Multivariate test	Value	F Value	Hypo. df	Error df	Sig.
Pillai's Trace	0.205	1.557	40	1460	0.015
Wilks' Lambda	0.809	1.571	40	1258.16	0.014
Hottelling's Trace	0.221	1.581	40	1432	0.012
Roy's Largest Root	0.116	4.221	8	292	<0.0001

Based on the overall tests of multivariate significance, univariate analyses of variance (ANOVA) tests were conducted to determine which specific outcome measures differed across the six brief summary manipulations. In order to

Results (Cont'd)

account for the inflation of alpha due to multiple univariate ANOVAs, a Bonferroni adjustment was applied while interpreting p-values. The significance of the univariate ANOVA tests were interpreted at $\alpha = 0.00625$ (0.05/8). Univariate ANOVA results revealed no statistically significant differences among the outcome measures across brief summary formats (See Table 3). Thus, the null hypothesis of no significant differences failed to be rejected.

Table 3 Univariate ANOVA results

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Format	Evaluation of quality of risk information in the ad	15.470	5	3.094	2.628	0.024
	Evaluation of quality of benefit information in the ad	7.999	5	1.600	1.361	0.239
	Attitudes towards the ad	7.646	5	1.529	1.068	0.378
	Attitudes towards the brand	7.583	5	1.517	0.936	0.458
	Use of ad information in decision-making	6.769	5	1.354	0.631	0.677
	Perceived product risk	8.465	5	1.693	0.706	0.620
	Drug-related knowledge	364.983	5	72.997	3.097	0.010
	Ad believability	7.000	5	1.400	1.083	0.370

Results were interpreted at $\alpha = 0.00625$

Conclusion

Regardless of whether a new or existing brief summary format was used, consumers processing and evaluations of information from prescription drug ads remain unaltered. Perhaps, there is no clear superior brief summary format. However, respondents from the qualitative focus group were much more favorable to the newer brief summary formats, specifically to the question-answer format. This study underscores the need for further investigation to decide the superiority and usefulness of the newer brief summary formats.