

Disease-mongering threatens our health

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(Spectator headline: Drug firms shouldn't be defining illness)

If you are a woman between 18 and 59 there is a 43% chance you have a disease called female sexual dysfunction.

Or so the pharmaceutical industry developing drugs to treat this new condition would have you believe.

In this column two weeks ago I described disturbing trends toward "medicalization" of our lives. In a medicalized world, if we don't require medications for illnesses we already have, we need them to prevent future illness or premature death. Furthermore, the medications we take may be prescribed for questionable diagnoses such as irritable bowel syndrome or social phobia. Or now, female sexual dysfunction.

"Female sexual dysfunction" provides a striking example of a pharmaceutical industry campaign to turn what might be a normal response, a minor problem, or a more serious symptom of a difficult relationship, into a drug-requiring disease.

Sildenafil, more commonly known as Viagra, provided the industry with its biggest success ever. Over 17 million men with problems achieving an erection have taken the drug. Pfizer, the maker, reported \$1.5 billion sales of Viagra in 2001.

To attain similar success with women, the industry needs a medical condition corresponding to male difficulties getting erections. At the beginning of 2003, medical journalist Ray Moynihan published an article in the prestigious British Medical Journal describing the pharmaceutical industry's campaign to make female sexual dysfunction a common diagnosis.

To achieve its goal, the industry takes advantage of the limited public funding for medical research. The industry invests large amounts of money in legitimate research, and then pays the experts who do this

research hefty “honoraria” to attend meetings and give public talks. The industry carefully chooses experts for their sympathy to industry viewpoints.

Moynihan describes 6 key meetings, a major goal of which was to deal with controversies in defining female sexual dysfunction. The meeting sponsors included between 8 and 22 drug companies, and many industry representatives attended.

Knowing the extent of industry influence, it should come as no surprise that the experts developed a broad definition of the new disease. The 43% estimate of the percentage of women affected comes from a survey of 1,500 women. The survey asked women if they had, in the last year, experienced one of 7 sexual problems for more than 2 months. The problems included lack of desire for sex, anxiety about sexual performance, and difficulties with lubrication.

Anyone who answered yes to even one question was classified as having sexual dysfunction. And that is the figure the industry uses in their ads.

Moynihan quotes other experts – the ones the industry doesn’t invite to their meetings – who criticize the label “female sexual dysfunction”, and its definition. One expert, for instance, argues that diminished interest in sex is a normal, and even healthy, response to tiredness, stress, and relationship problems.

These experts see a danger that women with diminished interest in sex will respond to drug company advertising by seeing themselves as abnormal. Doctors will respond to the disease label by prescribing drugs instead of treating sexual “problems” as either normal responses, or a symptom of other issues.

Overall, Moynihan’s article was highly critical of the medicalization of women’s responses to sex, and received a lot of attention.

One industry company, Pfizer, retaliated with a tactic the industry uses frequently. The company tried to recruit patient or community groups to support their message. In this case, Pfizer hired a public relations firm that launched a world-wide campaign to counter the article.

The firm contacted women's groups, asking if a representative would be willing to talk with selected media representatives about the importance of female sexual dysfunction, and its treatment.

Kathleen O'Grady, who edits a non-profit woman's health newsletter for the Winnipeg Women's Health Clinic, was one of the people the PR company contacted. Ms. O'Grady was outraged at what she saw as Pfizer's attempt to manipulate community groups whom the public would see as more credible than the industry itself.

Ms. O'Grady let Mr. Moynihan know about the campaign. The result was another British Medical Journal article, and more negative publicity for the industry.

Like medicalization in other areas, female sexual dysfunction is not a simple issue. It's desirable that women's sexual responses receive open discussion and serious scientific investigation. Viagra has improved many men's lives, and drugs that would offer women similar benefits would be welcome

The down sides of medicalizing conditions such as sexual dysfunction are also substantial. They include having individuals who are not ill consider themselves sick, having others (such as their spouses) consider them sick, neglecting non-medical issues that often represent the real source of problems, and overuse of drugs with unnecessary side effects and cost.

These concerns suggest the need for balance in medicalizing our lives. Labelling 43% of women as having sexual dysfunction does not represent appropriate balance. We cannot reasonably expect the pharmaceutical industry, with its appropriate goals of maximizing returns on investment by selling as many drugs as possible, to offer a balanced view.

The more we leave the definition of illness to the pharmaceutical industry, the more "illness" we shall suffer.