

Building strong condition brands

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Abstract With blockbuster brands such as Pfizer's Lipitor, GlaxoSmithKline's Advair, AstraZeneca's Nexium and many others, the pharmaceutical industry has demonstrated its expertise in building strong product brands. Product branding-focused marketing, however, leaves many patients untreated. Patients who do not recognise particular symptoms and medical conditions are less likely to seek medical attention and treatment, especially when their family doctor often lacks the time to probe for each and every possible medical condition. 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 product brands. Condition branding facilitates customers' decision-making, contributes to better health and may improve the standing of the pharmaceutical industry, which stands accused of overly aggressive product branding efforts, among other criticisms. When condition and product branding are well coordinated, each enhances the effectiveness of the other, raising patient health and brand sales.

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INTRODUCTION

That pharmaceuticals can be branded like any other product or service is well understood by pharmaceutical marketers. They invest significant time and effort to choose appropriate brand elements (name, logo, design, packaging, etc) that will identify their product and differentiate it

from those of competitors. They then invest massive resources to build and sustain high brand awareness and strong, favourable and unique brand associations.

But effective product branding is not the only reason for the success of such megabrands as Pfizer's Lipitor, AstraZeneca's Nexium or

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GlaxoSmithKline's Advair. Their success is also based on the widespread awareness and appreciation for the conditions — high cholesterol, acid reflux and asthma respectively — which these products address. For example, virtually everyone has heard of high cholesterol, 73 per cent of US adults have been screened for it during the past five years,¹ and two-thirds of cholesterol-tested persons accurately recall their cholesterol score six months after screening.²

Not all conditions enjoy cholesterol's enviable awareness. For example, only 36 per cent of US adults had heard of Restless Legs Syndrome (RLS) prior to the 2005 launch of GlaxoSmithKline's Requip, the first FDA-approved drug for treating the condition.³ Or consider the case of human papillomavirus (HPV), a virus that causes genital warts and, in some cases, cervical cancer. Research in 2005 revealed very low levels of awareness and knowledge about HPV among HPV-positive patients and the general public. Even healthcare providers were not up to date on HPV-related knowledge or treatment and management practices.⁴ These were less than ideal conditions for Merck & Co's Gardasil, the first cervical cancer vaccine approved in June 2006 by the FDA.

Before patients can enjoy the health benefits of Requip and Gardasil, RLS and HPV need to gain a stronger presence in the minds of consumers, physicians and insurers. This requires the branding of RLS and HPV — just as Pfizer and other organisations have already been doing for cholesterol. Cholesterol's strong presence in the minds of consumers is the result of many years of condition branding efforts that have included unbranded mass media campaigns, annual 'National Cholesterol Education Month' activities and 'Know Your Numbers' public awareness campaigns.

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.⁵ Other terms that are used to refer to condition branding, or to specific aspects of it, include 'medical condition branding', 'disease branding', 'disease-state branding', 'market conditioning' and 'disease mongering'.⁶ We prefer the term 'condition branding' because it is value neutral (unlike 'disease mongering') and branding neutral. For example, to talk about a 'medical condition' or a 'disease' implies that the condition already is categorised as 'medical' or as a 'disease'. Yet condition branding also comprises efforts to change how a condition is categorised, for example, medicalising or demedicalising it.⁷

We first discuss here the essential components of a condition brand, and the characteristics and benefits of a strong condition brand. How to build a strong condition brand is then addressed, followed by a discussion of incentives for investing in condition branding and finally the coordination of condition and product branding.

THE CONDITION BRAND

A product brand has two essential components: (1) the brand elements (name, logo, etc) which identify the brand and differentiate it from competing product brands; and (2) brand associations, namely all thoughts, feelings, experiences, images and other mind contents linked to the brand.

Condition brands have the same two components as product brands. Condition brand elements include the name (eg breast cancer), logo (eg pink ribbon), and signs and symptoms of the condition (eg a lump in the breast). Condition brand associations include beliefs about the prevalence and outcome of the condition, feelings (eg fear, anger)

and other knowledge about the condition (eg Kyle Minogue had breast cancer).

A strong condition brand enjoys high awareness and strong, favourable associations among patients, physicians, payers and other stakeholders. Associations tend to be favourable when a condition is perceived as having serious consequences, for which individuals are not blamed or stigmatised, and which is caused by factors for which individuals are not responsible and over which they have no control.^{8–10}

High condition brand equity drives behaviours that improve condition management by all stakeholders:

- patients recognise the symptoms or the presence of the condition, present to physician with the condition, and adhere to treatment;
- other consumers recognise the symptoms or the presence of the condition, and encourage presentation to physicians and adherence to treatment;
- physicians screen for, diagnose and treat the condition;
- third-party payers pay for the prevention, diagnosis and treatment of the condition;
- public and private sponsors sponsor R&D, condition education and other condition management services.

Breast cancer is an example of a strong condition brand. Awareness of breast cancer among women, physicians, insurers, and public and private sponsors is now very high. Breast cancer is associated with strong emotions: it is the condition which the largest number of US women (22.1 per cent) fear most, far more than heart disease (9.7 per cent), the second most-feared condition.¹¹ This motivates symptom recognition by women (breast self-examination), screening (70 per cent of women aged 40 years or older had a mammogram within the past two years¹²), early diagnosis, systematic treatment by physicians and coverage by insurers. Patient advocacy is strong and generates

private and public support for R&D and communication programmes. In the UK, allergy is an example of a weak condition brand. Only 58 per cent of people with confirmed allergic rhinitis have been previously diagnosed by a physician.¹³ Skin prick tests, a simple means of establishing triggers for an allergic reaction, are available in only 4 per cent of GP practices, and there is only one allergist per million of population, compared with one per 100,000 population for gastroenterologists, cardiologists and respiratory physicians.¹⁴ One allergist commented: ‘allergic diseases are not political “hot potatoes” like cancer and heart disease ... government spending, health priorities and public education are certainly not in the slightest bit attuned to the prevalence and impact of allergic disease’.¹⁵

Condition branding is becoming a necessity in the increasingly fierce ‘war of conditions’. The list of conditions about which patients are urged to talk to their doctor is growing by the day, as is the list of conditions which doctors should diagnose and treat, insurers reimburse, and public and private sponsors support. Resources available for healthcare are, however, limited, and a growing number of critics question the legitimacy of spending public funds on conditions, which they consider to be of marginal social value. Only conditions with strong brand equity among key stakeholders will be able to obtain the resources they seek.

BUILDING A STRONG CONDITION BRAND

Condition branding involves two main tasks: defining the condition brand and communicating the condition brand.

Defining the condition brand

Defining the condition brand requires defining (1) the condition identity and

(2) the condition profile, namely the main characteristics associated with the condition.

Condition identity

The condition identity serves to identify and differentiate the condition from other conditions. It includes the condition name, visual elements, and the signs and symptoms of the condition.

Condition name

Like all brand names, a condition name should be memorable, distinctive, likeable or at least affectively neutral (no stigma), and be meaningful in the sense that it conveys information about the nature of the condition. In particular, the name should suggest that the condition is serious and requires the attention of a health professional.

Not all condition names are easy to memorise. For example, only 49 per cent of patients diagnosed with and treated for atrial fibrillation, a cardiac condition, could name the condition.¹⁶ Condition names may also be associated with negative affect (stigma) and lack medical connotations, in which case re-naming the condition should be considered. Because 'impotence' had pejorative implications and was not sufficiently precise, it was replaced by 'erectile dysfunction'.¹⁷ Other conditions that were re-named include heartburn (renamed as GERD: gastro oesophageal reflux disease or acid reflux disease), incontinence (renamed as Overactive Bladder), shyness (renamed as Social Anxiety Disorder — SAD) and creepy crawly legs (renamed as RLS — Restless Legs Syndrome).

Visual elements

AIDS is associated with a red ribbon, breast cancer with a pink ribbon, prostate cancer with a royal blue bracelet and women's heart disease with a red dress.

Signs and symptoms

The signs and symptoms should be specific to the condition, easy to memorise, easy to recognise and consensual. Consensus on its signs and symptoms is essential for the medical status of a condition. It enables consumers and physicians to recognise the condition, name it and communicate about it with one another and other stakeholders. Lack of consensus is typically resolved via 'consensus development conferences'.¹⁸

The definition of a condition can change over time, expanding or contracting the number of potential patients. For example, changes in definitions have increased the number of persons suffering from hypertension or osteoporosis.

Condition profile

Once the identity of the condition is well-defined, the key characteristics of the condition need to be established, including its (1) causes, (2) time course, (3) prevalence, incidence and patient profile and (4) consequences. The scientific and medical communities play a central role in the profiling of a condition.

Condition causes

Potential causes can be ordered by their proximity to the condition signs and symptoms. Immediate biomedical causes refer to the biochemical and other medical pathways involved in the condition. Distant causes include genetic, environmental and social factors. For example, the cause of erectile dysfunction may be defined as a lack of blood flow to the penis resulting from insufficient levels of cyclic guanosine monophosphate (cGMP) or, more distantly, as old age or certain childhood experiences. How the cause of a condition is defined influences whether, by whom and how the condition is managed. For example, if old age causes erectile dysfunction, little can be done

about it. If childhood experiences explain it, psychoanalysis may be appropriate, whereas a biomedical cause requires medical treatment by a physician.

Condition time course

The time course of the condition can be defined as acute, intermittent/cyclic or chronic. How the time path is defined influences when and for how long the condition should be treated. For example, depression can be defined as an acute condition requiring temporary treatment. Alternatively, it can be seen as a chronic condition requiring life time treatment.¹⁹

Condition prevalence, incidence and patient profile

How many patients are suffering from the condition (prevalence and incidence), and what are their characteristics in terms of age, gender, social class, etc (patient profile)? Epidemiological studies must be carried out to answer these questions.

Condition consequences

What are the consequences of the condition? Does the condition lead to a reduced life span (mortality)? What is its impact on the quality of life of the sufferer? And what financial burden does it impose on insurers, consumers and society? 'Burden of disease' studies provide answers to these questions.

Communicating the condition brand

Defining the condition identity and profile is the first step in building a strong condition brand. Communicating the condition is the second essential step.

Two condition communication goals can be distinguished: (1) managing condition awareness and (2) building condition understanding through condition positioning and repositioning.

Managing condition awareness

Condition awareness is essential; consumers and physicians can only manage conditions of which they are aware. Condition awareness requires that people learn a condition's identity. They must be able to accurately recall or recognise the signs and symptoms of the condition when given its name, or the condition name, when confronted with its signs and symptoms (diagnosis). When medical progress triggers a redefinition of a condition's identity, people must learn the new name or signs and symptoms of the condition.

The following examples highlight typical challenges in managing condition awareness.

Linking signs and symptoms to the condition name

When the condition is symptomatic, consumers have personal experience of the symptoms but are often unable to name the condition. Creating condition awareness requires teaching the connection between symptoms and the condition name.

One challenge faced by Novartis when it introduced its Zelnorm brand for IBS (irritable bowel syndrome) with constipation was the difficulty of memorising the three symptoms of IBS. To facilitate memorisation, Novartis created the 'ABCs' of IBS, each letter referring to one of the symptoms: A = abdominal pain; B = bloating; C = constipation.

Changing the linkages between signs and symptoms, and condition names

Sometimes, consumers associate symptoms with the wrong condition. For example, cancer patients treated with chemotherapy attributed their fatigue to cancer. Johnson & Johnson, marketer of the anti-anaemia brand Procrit (US)/Erypo/Eporex (Europe),

taught consumers that their fatigue may be a symptom of chemotherapy-induced anaemia. Although physicians knew about anaemia, they were so focused on fighting cancer that they paid little attention to anaemia. Johnson & Johnson, therefore, also raised awareness of chemotherapy-induced anaemia among physicians and educated them about the serious consequences of this condition for their patients.

Educating the market about a condition redefinition

Osteoporosis was traditionally defined as the presence or history of osteoporotic fracture. In 1994, the World Health Organization (WHO) defined osteoporosis as bone density measurements (BMD) of the spine, wrist or hip of more than 2.5 standard deviations below the young adult mean for the population. Merck & Co, who launched its osteoporosis brand Fosamax in 1995, educated consumers and physicians about the new definition of osteoporosis and subsidised the installation of the devices necessary for BMD measurement.

Positioning and repositioning a condition

Condition awareness is necessary but not sufficient for achieving effective condition management and good health outcomes. Patients and physicians need to have a good understanding of the condition profile (causes, time course, prevalence/incidence/patient profile, consequences) in order to engage in appropriate behaviours. Building this knowledge through condition positioning is particularly important when a condition has been defined only recently, as is the case for IBS and RLS. But even well-known conditions may be poorly managed due to gaps in understanding, misperceptions or when medical progress has rendered existing knowledge obsolete.

As a result, a condition may have to be repositioned.

The following examples illustrate typical challenges in positioning and repositioning conditions.

Linking a known condition to an unknown cause

Women were aware of cervical cancer but not of the HPV and the fact that it causes cervical cancer. To close this knowledge gap, Merck & Co launched its ‘Tell someone’ campaign prior to introducing Gardasil, the first cervical cancer vaccine. The campaign encouraged women to spread information about HPV and cervical cancer to their friends, by using a variety of media, including a website that allowed women to choose from among several cards to e-mail to their friends. The campaign pointed out the asymptomatic nature of HPV (‘you could have HPV and not even know it’), emphasised the link between HPV and cervical cancer, and stated that many people had HPV (‘millions of people already have the types of HPV that can cause cervical cancer’). Positioning HPV as a serious, asymptomatic high-prevalence condition created a sense of personal vulnerability and fear, which could be reduced by talking to one’s doctor. By following Merck’s advice — ‘tell someone I love/I know’ — women could also avoid guilt.

Changing mistaken beliefs about the cause of a condition

Believing that the cause of onychomycosis, a condition with symptoms such as yellow, flaky nails, was on the surface of the nail, many patients used topical therapies and various kinds of mechanical treatments such as debridement. In fact, the condition is caused by an infection of the nail bed and plate underneath the surface of the nail. By personifying the infectuous agent as ‘Digger the Dermatophyte,’ an animated

miscreant, Novartis changed consumers' causal beliefs — and increased the sales of its Digger-fighting Lamisil tablets.

Changing the perception of the time course of a condition

Asthma patients tend to believe that asthma is an acute or intermittent/cyclic condition and treat it only when the symptoms appear, which can increase the frequency and severity of the attacks and cause long-term damage to the lungs. GlaxoSmithKline has been educating consumers that asthma is a chronic condition that requires daily treatment, thus increasing patient adherence and sales of its Advair brand.

Mistaken beliefs about condition prevalence and patient profile

Heart disease is generally seen as a men's disease. In fact, heart disease kills more US women than men and is the leading cause of death (29 per cent death rate) among women. A number of women's organisations together with the American Heart Association have campaigned to raise women's awareness of the threat of heart disease, increasing the percentage of women for whom heart disease is the condition they fear most from 5.3 per cent (2002) to 9.7 per cent (2005).²⁰

Condition outcomes are serious

Glaxo and, subsequently, AstraZeneca repositioned heartburn from a trivial condition to one that can have serious consequences. Changing the name of the condition from heartburn to acid reflux disease or GERD (gastro oesophageal reflux disease) was one repositioning tactic. Other moves included commissioning research that showed the serious consequences of the condition, and then communicating these results to physicians and the general public. For example, a television ad for Nexium warned

consumers that 'over time that acid can shred your esophagus'.

Lowering the condition stigma

Many conditions carry a stigma. Associating celebrities with the condition has been an effective way to reduce the stigma. Examples are Betty Ford and Nancy Reagan in breast cancer; Harry Truman, Muhammd Ali, Michael J. Fox and Pope Jean-Paul II in Parkinson's; and US Presidential candidate Bob Dole in erectile dysfunction.

'Exporting' a condition

Until recently the term 'depression' was seldom heard outside psychiatric circles in Japan, where the condition was treated almost exclusively in institutions.²¹ Condition awareness campaigns taught general practitioners and consumers to recognise the symptoms of depression. The cause of the condition was explained via a metaphor — 'your soul is catching a cold' — that suggested that the condition had a medical cause, was common and, like a cold, could be fought with medication. The stigma associated with depression was lowered when celebrities publicly talked about their depression, and when it became known that Crown Princess Masako was on antidepressants.

Radical repositioning of a condition

Some conditions undergo radical repositioning, which involves numerous changes in the perceived profile of a condition. Impotence is a case in point. Repositioning impotence involved changes in:

- *Name*: changed from 'impotence' to 'erectile dysfunction (ED)'.
- *Signs and symptoms*: originally poorly defined and thought of as a dichotomous (impotent/not impotent) condition, a questionnaire tool classified ED into four categories, ranging from mild to severe ED.

- *Causes*: medical instead of psychological or old age.
- *Time course*: chronic instead of acute or intermittent/cyclic.
- *Prevalence and patient profile*: originally unknown, prevalence is now estimated at 30 million (US); contrary to the traditional idea that impotence is an old man's disease, current estimates suggest that more than 50 per cent of all men over 40 years of age have ED.
- *Consequences*: efforts have been made to demonstrate that ED has serious quality of life and other consequences, and to lower the social stigma associated with the condition (eg by using celebrities such as Bob Dole).

INCENTIVES FOR CONDITION BRANDING

Unlike a product brand, whose owner can define and position the brand in a way that is most aligned with the owner's objectives, a condition brand is not owned by any specific individual or organisation. Because of this, several stakeholders may attempt to shape it. Absence of brand ownership also means that only stakeholders with sufficient incentives will invest in condition branding.

Governments who feel responsible for the health of their population may invest in condition branding in various ways, including through public health programmes. For example, prior to Merck & Co's 'Tell someone' HPV campaign, the US Centers for Disease Control and Prevention (CDC) had a programme to raise HPV awareness and education among key general public, healthcare provider and patient audiences.

Condition-specific patient advocacy organisations are strongly motivated to improve the management of their respective conditions, as with very active breast cancer patient organisations. As another example, adults who recognised the symptoms of attention deficit hyperactivity disorder (ADHD) in

themselves championed the broadening of the condition from a children's condition to one that also concerns adults.²²

Among physicians, the specialists treating a condition are those most strongly motivated to play an active role in its definition and communication. Their motivation derives in part from the possibility to position a condition in a way that leads consumers to consult them instead of seeking help elsewhere. For example, urologists played a key role in repositioning impotence from a psychological to a medical condition.²³

Why should pharmaceutical companies invest in condition branding?

Pharmaceutical companies may decide to engage in condition branding for ethical reasons, or because they see image benefits. The pharmaceutical industry is presently accused of overly aggressive product branding efforts. Devoting more resources to condition branding may contribute to improving the public standing of the industry and of individual companies.

Companies with brands that treat the condition may in addition expect that condition branding will increase the sales of their brands. Such an increase may come about through a growth in the total number of prescriptions for the condition (market expansion effect) and/or an increase in the prescription share for their own brand (substitution effect).

Condition branding can raise the total number of prescriptions

Condition branding may raise the total number of prescriptions through several routes. First, it may increase the total number of patients treated with prescription brands by building condition knowledge among consumers, physicians and payers unfamiliar with the condition. Secondly, condition branding may

reposition the condition so that previously sceptical patients, physicians and insurers decide to consult, treat and reimburse respectively. These two routes assume the presence of a sufficiently large unpenetrated (undiagnosed/untreated) patient population. Thirdly, condition branding may increase patient adherence, thus raising the number of prescriptions per patient.

An individual company's incentive to engage in condition branding that will raise the total number of prescriptions is directly related to the share of the incremental prescriptions it expects to capture. Having the only brand for the condition (monopoly) clearly provides the largest incentive. This was the case for Merck & Co in HPV/cervical cancer vaccination (Gardasil), Novartis in IBS (Zelnorm), Johnson & Johnson in chemotherapy-induced anaemia (Procrit/Erypo/Eprex) and GlaxoSmithKline in RLS (Requip). Companies with a large condition share like Pfizer in the anticholesterol market (Lipitor) may also find it worthwhile, as per their cholesterol awareness campaigns. GlaxoSmithKline's efforts to reposition asthma as a chronic condition requiring daily treatment provides an example of a large-share competitor (Advair) attempting to increase patient adherence.

In conditions with a fragmented supply, there is little incentive for any individual competitor to engage in condition branding that increases the total number of prescriptions. Condition branding may, however, still be worthwhile if competitors can form an alliance, for example, by jointly funding a third-party organisation that engages in condition branding for the benefit of all.

Condition branding can raise a brand's market share

Condition branding may shift market shares without necessarily increasing the

total number of prescriptions. This can occur when the condition is repositioned in a way that matches the unique characteristics of a product.

Lilly's efforts on behalf of Cymbalta provide an example. A recent entrant into the antidepressant category, Cymbalta differs from other antidepressants in that it is also approved for the treatment of pain (diabetic peripheral neuropathic pain). Lilly's 'Depression hurts!' campaign attempts to change the symptoms of the condition from depression to depression plus pain, and to shape the understanding of the biochemical pathways underlying the two symptoms. Because Cymbalta's mechanism of action fits with the altered understanding of the biochemical pathways, the latter change works in favour of Cymbalta.

Condition branding can raise the total number of prescriptions and brand share

Incentives for an individual company to engage in condition branding are greatest when condition branding raises the total number of prescriptions and, at the same time, the brand's market share.

When Merck & Co launched its osteoporosis brand Fosamax, it educated the market about the new identity of osteoporosis, namely low bone density or the presence or history of osteoporotic fracture, and then subsidised the installation of bone density measurement devices to increase the diagnosis rate, thereby raising the total number of prescriptions. Because Fosamax was also the first osteoporosis product to show an increase in bone density and a reduction in the risk of bone fracture, Merck educated the market that bone thinning was a cause of fracture: 'after menopause, women's bones become thinner; bones are more likely to fracture'. This raised Fosamax's market share.

COORDINATING CONDITION AND PRODUCT BRANDING

Condition branding and product branding can be undertaken in separate communications, or in the same communication. In any case, the way the condition is positioned should match the product's positioning, as illustrated by the examples in the previous section.

Because regulations forbid product brand communication prior to regulatory approval (eg FDA, EMEA), pre-approval communication can only be about the condition. A pure condition branding communication only informs about the condition without mentioning the company or product name.

When the condition is poorly defined or has little awareness, condition branding should precede product branding. Merck's 'Tell someone' campaign is one example. Condition branding campaigns are typically signed by a company, thus establishing an indirect link with the product, especially if the company is the only one to offer a product for the condition. For example, the 'Tell someone' website carried Merck's name and logo. Ads about erectile dysfunction without the Viagra name also typically show Pfizer's name, which generally triggers the association to Viagra. Condition communications without the brand name often provide information about how to find out more about available treatments, by calling an 800 telephone number or clicking on a website link. These telephone numbers and websites generally provide both condition and product information.

As customers' knowledge about the condition increases, the balance shifts from condition to product branding. Communications targeted at condition-knowledgeable customers often merely indicate the relevant condition and concentrate on product information. Reminder ads only carry the brand name

and make no reference at all to the condition.

As long as there are patients with low condition awareness and understanding or condition misperceptions, it may, however, be worthwhile to conduct condition branding campaigns targeted to these patients in parallel to product branding campaigns targeted to other segments. This is the reason why Pfizer, for example, runs condition branding campaigns about cholesterol and erectile dysfunction many years after Lipitor and Viagra were launched (1997 and 1998 respectively), in parallel with product branding campaigns.

CONCLUSION

Product branding tells customers about a solution but not about the problem which the solution addresses. Educating consumers, physicians, payers and other stakeholders about the problem is the task of condition branding. Condition branding and product branding are both necessary and complementary. When they are well coordinated, each enhances the effectiveness of the other, raising patient health and brand sales.

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