

THE ART OF BRANDING A CONDITION

Healthcare marketers are taking the concept of “branding a condition” to new levels of sophistication, author **Vince Parry** reports. Done appropriately, this type of branding helps keep both brand managers and the clinical community focused on a single story with a problem/solution structure.

Years ago, when the winter holiday season rolled around, I looked forward to it in all but one aspect: my uncle’s withering pessimism about the whole business. Celebration and good cheer were out of the question. Why should we be compelled to feel happy on a given set of days when the world would be essentially the same afterward? Humbug. Then, in the 1980s, a remarkable condition was identified that gave shape to this acrimony: seasonal affective disorder (SAD), which Webster’s defines as “depression that tends to occur as the days grow shorter during the fall and winter.”

Even more miraculously, it seemed, there were drugs on the market capable of treating it. My uncle was transformed from an unpleasant curmudgeon to a sympathetic victim with the coining of a simple phrase. While this new “idea” may have appeared to be a happy accident, in reality it was the successful outcome of careful branding on the part of those with ready solutions.

Branding is about the ownership of ideas: giving customers a new way to think about things, and — in the process — transferring the values of this experience to a situation or commodity.



The one you know... **VIAGRA**

The best news, up to now, is that Pfizer's advertisement is out. www.pfizer.com

Pfizer and Eli Lilly are two companies that have successfully created a brand strategy that helped build awareness for both the condition and the treatment.



Typically, when marketers talk about branding, they are referring to the unique identity of a product or service that enables customers to distinguish it from competitors. However, within the pharmaceutical industry, marketing professionals have increasingly taken branding to the next level by branding the disease or condition that a particular product is capable of treating.

The idea behind “condition branding” is relatively simple: If you can define a particular condition and its associated symptoms in the minds of physicians and patients, you can also predicate the best treatment for that condition.

This concept is by no means new. Warner-Lambert was looking for an opportunity to expand its market for Listerine in the 1920s. Although the product was being marketed for everything from dandruff to wound irrigation, sales were flat. Warner-Lambert found its answer by creating awareness — and anxiety — around a serious-sounding medical condition: halitosis. Whereas the harmless concept of unpleasant breath would not cause much of a stir, halitosis — through effective branding or the ownership of ideas — was demonized for a range of social casualties from lack

of career advancement to divorce. As the antidote, Listerine saw sales increase from \$100,000 to \$4 million over the next six years, and helped make halitosis a household word.

The value of branding a condition

Healthcare marketers have taken this concept to new levels of sophistication in recent times. Today, the seeds must be sown in a complex landscape of audiences involving pharmaceutical companies, external thought leaders, support groups and consumers; and the effort must be coordinated with multiple communications agencies in the fields of branding, advertising, education and public relations.

If done appropriately, condition branding has numerous benefits, the greatest of which is how it creates consensus internally and externally. Such consensus serves to keep brand managers and the clinical community focused on a single story with a lock-and-key, problem/solution structure. Internally, the activity fosters motivation and momentum, maximizing the product investment by initiating comprehensive marketing efforts early in the process. The product can better own customer perceptions about evolving/existing disease states, define new patient segments with currently unmet needs and drive attitudes about new scientific modalities that promise greater treatment benefits.

Externally, the value of company-sponsored activity helps forge better relationships with thought leaders seeking to shape the debate around therapeutic approaches, and with members of the clinical community who are always interested in mentoring patients on new perspectives in treatment. The product brand, in turn, benefits by creating a leadership status as the owner and driver of ideas in the category, thus pre-empting competitive efforts.

There are three principal strategies for fostering the creation of a condition and aligning it with a product:

- elevating the importance of an existing condition
- redefining an existing condition to reduce a stigma
- developing a new condition to build recognition for an unmet market need.

New approach to an old condition

As the Warner-Lambert example illustrated, a company can elevate the benign notion of unpleasant breath to the serious and risk-affirming status of a condition deserving vigilant treatment (with Listerine). A more contemporary example of using branding to raise the bar of seriousness involves Zantac (ranitidine hydrochloride) and gastroesophageal reflux disease, or GERD.

In 1986, GlaxoSmithKline successfully launched Zantac for ulcers, but it faced the challenge of broadening its reach into the heartburn market. Heartburn, after all, did not seem to warrant a prescription drug and was perceived to be well managed by over-

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the-counter remedies. GERD elevated the medical importance of the condition by presenting it as an acutely chronic “disorder” with an underlying physiologic etiology and the potential for serious longer-term consequences if left unresolved — a far cry from the “plop-plop, fizz-fizz” perception of heartburn.

The company launched a well-coordinated initiative by creating the Glaxo Institute for Digestive Health (GIDH), which served as a platform for education and awareness. The GIDH sponsored research awards in the area of GI health, discussed GERD in the context of other, more serious gastrointestinal (GI) diseases, involved powerful third-party advocates such as the American College of Gastroenterology and fielded a public relations effort called Heartburn Across America. Not only did GSK double the percentage of physicians who perceived them as leaders in GI health, but it helped them drive annual sales for Zantac to over \$2 billion at peak, 65 percent of which was accounted for by GERD.

Capturing impotence in an acronym

Rather than needing elevation from a trivial status, some health conditions are considered medically relevant, yet they suffer from an association with social embarrassment. Often, the stigma surrounding these conditions has been worsened by a history of OTC remedies whose low-budget or lowbrow promotional efforts push patients further into hiding. (Think of the ersatz hair loss regimens publicized for years and their legacy on contemporary attempts to medicalize alopecia.)

Perhaps the most well-recognized example today of a company redefining an existing condition to reduce stigma is Pfizer and its successful effort to link erectile dysfunction, or ED, with the drug Viagra (sildenafil citrate). Impotence has long existed as a recognized medical condition, but it was associated either with disability linked to physical trauma, or more commonly, with a loss of libido — both of which contribute to low self-esteem in a patriarchal society. Furthermore, the remedies over the years were often invasive and their implementation indiscreet. The term “erectile dysfunction” refocused the condition from being associated with a lack of potency (i.e. male virility) to the more enlightened concept of a physical loss of function that could be simply reversed. Like GERD, ED was captured in an acronym suitable for mass DTC promotion and functioned as an easy password between physician

5 QUESTIONS

The answers to these questions should help you determine whether branding a condition is right for your product.

1. Does your product impact a disease in a unique way — via a new pathway, at a new site of action, addressing an underlying cause versus relieving symptoms — that would benefit from redefining the disease to highlight the difference?

Perceptions about the value of solving a problem increase remarkably when the problem is more finely understood. Furthermore, the value of fostering such an understanding — thereby expanding physician/patient knowledge and comfort — can be made to accrue to your product as part of a comprehensive branding initiative. If your product works in a unique way, then the problem it solves may be branded to elevate the distinct and significant impact your product makes.

2. Are there stigmas/social concerns associated with the condition your product treats that would hinder a physician/patient dialogue?

By re-branding a condition that engenders embarrassment, a product can create a new, more reputable way to

think about the condition that a) legitimizes the subject as worthy of scientific research, funding and reimbursement; b) encourages consumers to come forward and present as a new patient segment; and c) acts as a “password” between physician and patient that initiates open dialogue.

3. Does your product have significant benefits for a condition with little or no awareness?

A product can help own a new market segment by calling attention to, and aligning itself with, a freshly minted condition. In some cases, the product does not even have to be the only one of its kind on the market to gain an exclusive link to the condition. Products can create a branded condition using nomenclature that builds on the product’s unique properties. In other instances, recognized symptoms and/or diagnoses can be assembled into an ownable “syndrome” that can be tagged to a product.

4. Are there competitive efforts to niche your product as only beneficial for a

condition that is not perceived to be an important health risk?

Condition branding may also be used to counter negative perceptions generated by competitors that are attempting to define your scope of influence narrowly. By changing the nomenclature to reflect a broader value or coining condition names that are more relevant to customers, your product can reframe the debate in favor of its unique benefits.

5. Are you seeking a niche within a crowded therapeutic category?

A market’s saturation, and the commodity perceptions that can set in, often compels products to brand more around practical and emotional benefits (versus functional benefits). Condition branding can work hand-in-glove with such marketing tactics, identifying a new disease segment, or sub-segment, that can be owned by the product. The same goes for commodity markets. The product that brings clarity to a practical problem or an emotional need via condition branding increases its opportunity to outpace the pack.

and patient to initiate a formerly difficult conversation. Furthermore, the brand personality of ED — simple, discreet and empowering — aligned beautifully with that of Viagra, an elegant and effective solution to this redefined condition.

Fulfilling unmet needs

No therapeutic category is more accepting of condition branding than the field of anxiety and depression, where illness is rarely based on measurable physical symptoms and, therefore, open to conceptual definition. Watching the Diagnostic and Statistical Manual of Mental Disorders (DSM) balloon in size over the decades to its current phonebook dimensions would have us believe that the world is a more unstable place today than ever. In reality, the increasing number of identified emotional conditions

has resulted from breaking the problems into their component parts to better assess treatment options. Not surprisingly, many of these newly coined conditions were brought to light through direct funding by pharmaceutical companies, in research, in publicity or both.

A legendary example of this condition branding strategy was the development of Xanax (alprazolam) for panic disorder in the 1970s. In DSM-II, panic disorder fell under the broad category of anxiety neurosis. Without a well-branded condition, patients experiencing panic attacks often went to cardiologists, thinking their problem was a heart condition, only to be labeled “cardiac complainers” and hypochondriacs due to a lack of physical pathology.

Dr. David Sheehan, a pioneering thought leader in the field of panic, helped characterize the condition and push for a new way to

diagnose and treat it. Upjohn, the makers of Xanax, helped fund this early research, as well as publications and speaking tours to cardiologists to help raise awareness of the heart-brain connection in the minds of panic disorder patients. Xanax was the only benzodiazepine to be studied that showed clear evidence of effectiveness. Through an unrestricted grant to the National Institute of Mental Health, a three-day thought leader conference resulted in a published consensus on the diagnostic criteria of panic disorder and how best to treat it.

Xanax was the first to receive an exclusive indication, thereby maintaining its leadership in anxiety disorders. Since the release of DSM-III in 1980, which first recognized panic disorder as a distinct condition, its incidence has grown 1,000-fold, and newer antidepressants have stepped in to foster expanding ideas about panic.

A recent example is the recognition of premenstrual dysphoric disorder (PMDD) in DSM-IV and the subsequent indication for Sarafem (fluoxetine hydrochloride). PMDD is a severe form of premenstrual syndrome, or PMS.

As many industry insiders know, Sarafem is identical in formula and dose to Prozac (marketed at the time by Lilly), so the branding strategy that helped build awareness for both the condition and the drug were fascinatingly integrated. A company-sponsored prelaunch initiative built awareness for the new condition, recasting diagnosis to conform to the new criteria. While the condition effectively captured the branded concept of unwellness associated with hormonal transition, the remedy (Prozac) evoked

conflicting notions of a mental disorder. By changing the brand name from Prozac to Sarafem — packaged in a lavender-colored pill and promoted with images of sunflowers and smart women — Lilly created a brand that better aligned with the personality of the condition for a hand-in-glove fit.

A better brand of illness

If you feel that your product could benefit from condition branding (refer to the five questions on page 46), remember the basic lessons learned over time: evaluate all the strategic options for what suits your product best, develop nomenclature with a facility and tone commensurate with your product situation and build consensus early on both internally and externally. In other words, avoid BAD (bureaucratic adversity disorder). ■



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