High levels of confusion for cholesterol awareness campaigns

David R Sullivan

To the Editor: The author of "High levels of confusion for cholesterol awareness campaigns"[1] identifies my comment as the source of her perplexity. My remark, which Hall quotes in relation to the "Test the Nation" campaign, was actually given in response to a question about the Pfizer-sponsored "National Cholesterol Awareness Campaign", which ran simultaneously. It seemed too inconsequential to request correction of the relevant newspaper article,[2] because public health guidelines differ in regard to the target population for lipid testing. My comment reflected conservative Australian guidelines.[3] It is well known that other sources recommend more widespread testing of adults.[4] Hall's confusion was a rhetorical device to justify her discussion of "condition branding" and to "explore the motivations" of the campaigns.

Hall's article attacks two programs that promote diet and lifestyle management of cardiovascular risk. It also criticises pharmacological treatment, thus eliminating all available options to address this important problem. The article undermines the tenuous availability in Australia of plant sterol-containing products, such as yoghurt, but provides no alternative strategies. It fails to take responsibility for its potential negative impact on the implementation of nutritional and other life-saving interventions. It is disconcerting that such a negative article has emanated from a so-called Centre for Health Initiatives.

The cholesterol awareness campaigns are likened to "an unnecessary focus on an unimportant health problem" and disparagingly compared with a program devoted to public awareness of fungal nail infections. Understandably, the latter led to professional irritation and frustration. By contrast, the formal involvement of the Royal Australian College of General Practitioners in the Test the Nation–National Cholesterol Education Program of Australia (NCEPA) represents an effort to ensure that the initiative was justified, that the content was relevant, and that the logistics were attuned to primary care practice. The participation of professional organisations reinforced the quality, relevance and independence of the information provided. The dietary advice that was distributed by the NCEPA was widely acclaimed.

Dyslipidaemia accounts for 49% of the attributable risk of coronary heart disease.[4] Full implementation of risk factor guidelines could massively reduce cardiovascular disease,[5] but public and professional adherence to guidelines is suboptimal.[6] Chen and colleagues report that, in addition to those with diabetes or coronary heart disease, over 700 000 Australians are at high risk,[7] but most Australians are unaware of the consequences. It seems extraordinary that anyone with a professed interest in public health could be so opposed to public education about risk factor management.

Consequently, Hall's article itself generates further confusion. The health sector is in the process of responding to calls for greater independence from commercial interests. Both cholesterol programs illustrate the implementation of many of the suggested changes. Unfortunately, Hall's article suggests an open-ended list of demands that will be impossible to satisfy. Calls for further change need to be more constructive and clearly enunciate realistic proposals, supported by evidence that the net impact on Australian health care has been (or will be) beneficial. The article implies restrictions that would be impractical in other sectors.

Standards for the interaction between industry and the health sector should be an example to emulate, rather than a soft target that loses step with normal practice.

Competing interests: I have participated in advisory boards and postgraduate education presentations on behalf of AstraZeneca, Merck Sharp and Dohme/Schering-Plough, Pfizer, and Solvay Australia.

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Danika V Hall

In reply: My article[1] was submitted for debate when two separate, industry-sponsored cholesterol awareness campaigns were simultaneously targeting the Australian public. There is potential for public confusion following exposure to concurrent campaigns with differing sponsors, creative techniques, and messages such as "Test the Nation". My article did not diminish the importance of cholesterol screening (nor of the prevention of or treatment for hyperlipidaemia), and indeed it reiterated the National Heart Foundation guidelines. Its intent was to raise debate about industry-sponsored disease awareness campaigns, as there is growing concern in Australia about "disease mongering"[2] and the evidence that this is occurring in the cholesterol market in the United States.[3]

I agree with Sullivan that the Australian public needs education about asymptomatic risk factors, including hypertension and hyperlipidaemia. Ideally, this would include clear information and non-emotive marketing techniques to convey who is most at risk, as well as transparent disclosure of sponsor interests.[4] Contrary to Sullivan's charge, I believe there are many opportunities for quality health education and behaviour change programs, several of which the Centre for Health Initiatives is currently undertaking.[5] The intent of my article was to generate critical analysis of industry-sponsored campaigns in order to improve their public health benefit.

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