

精神科における disease mongering 医療と商売のはざま

えにしの会
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本発表に関係する利益相反はありません。

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Disease mongering

- 病気の売り込み行為: 製薬会社などがその販路を広めるために、医学界と共同歩調を通して、特定の病気をより重要な課題として社会問題化し、治療的介入を進め、その治療薬と特定の病気の知名度が上がることをさす。

(<http://www.cscd.osaka-u.ac.jp/user/rosaldo/070123DMonger.htm>、

池田光穂、大阪大学コミュニケーションデザイン・センター教授)

- 疾患喧伝: 薬剤の販売促進を意図して、早期診断、早期治療の大義の下で疾患概念を拡大することで、商業主義が批判される場合に用いる。積極的な意義が強調される時は disease awareness (疾患啓発) と呼ばれる。(井原、精神科治療学28:1495,2013)

monger 1 ((主に英))(小売り)商人 a fishmonger 魚屋.
2 つまらない[くだらない]ことに忙しく立ち回る人, ...屋
a gossipmonger うわさをまきちらす人.



Disease mongering

Education and debate

Selling sickness: the pharmaceutical industry and disease mongering

Ray Moynihan, Iona Heath, David Henry

A lot of money can be made from healthy people who believe they are sick. Pharmaceutical companies sponsor diseases and promote them to prescribers and consumers. Ray Moynihan, Iona Heath, and David Henry give examples of "disease mongering" and suggest how to prevent the growth of this practice

Australian Financial Review, GPO Box 506, Sydney, 2201, Australia
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BMJ 2002;324:886-891

There's a lot of money to be made from telling healthy people they're sick. Some forms of medicalising ordinary life may now be better described as disease mongering: widening the boundaries of treatable illness in order to expand markets for those who sell and deliver treatments.¹ Pharmaceutical companies are actively involved in sponsoring the definition of diseases and promoting them to both prescribers and consumers. The social construction of illness is being replaced by the corporate construction of disease.

Whereas some aspects of medicalisation are the subject of ongoing debate, the mechanics of corporate backed disease mongering, and its impact on public consciousness, medical practice, human health, and national budgets, have attracted limited critical scrutiny.

Within many disease categories informal alliances have emerged, comprising drug company staff, doctors, and consumer groups. Ostensibly engaged in raising public awareness about underdiagnosed and undertreated problems, these alliances tend to promote a view of their particular condition as widespread, serious, and treatable. Because these "disease awareness" campaigns are commonly linked to companies' marketing strategies, they operate to expand markets for new pharmaceutical products. Alternative approaches—emphasising the self limiting or relatively benign natural history of a problem, or the importance of personal coping strategies—are played down or ignored. As the late medical writer Lynn Payer observed, disease mongers "grasp the power of self-confidence."²

Although some sponsored promoters may act independently and have honourable motives, in many the same groups and/or campaigns are funded, and facilitated by corporate public relations and marketing.

A key strategy of the alliance is to use the news media with stories designed to highlight the condition or disease and the latest treatment. Company spokespeople supply the "independent" stories, consumer groups provide

Summary points

Some forms of "medicalisation" may now be better described as "disease mongering"—extending the boundaries of treatable illness to expand markets for new products

Alliances of pharmaceutical manufacturers, doctors, and patients groups use the media to frame conditions as being widespread and severe

Disease mongering can include turning ordinary ailments into medical problems, seeing mild symptoms as serious, treating personal problems as medical, seeing risks as diseases, and framing prevalence estimates to maximise potential markets

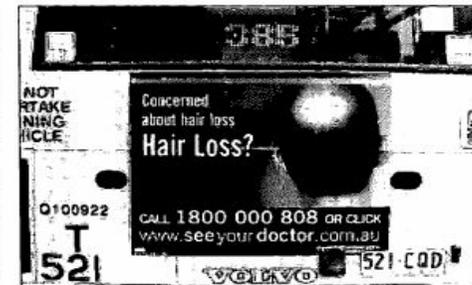
Corporate funded information about disease should be replaced by independent information

public relations companies provide media outlets with the positive spin about the latest "breakthrough" medications.

Inappropriate medicalisation carries the dangers of unnecessary labelling, poor treatment decisions, and the erosion of trust in medical authority.

disabling impact of a powerful medical establishment. Contemporary writers argue that the lay populace has become more active, better informed about risks and benefits, less trusting of medical authority, and less passively accepting of the expansion of medical jurisdiction into their bodies and lives. Although these views may herald a more mature debate about medicalisation, the erosion of trust in medical opinion reinforces the need for wide public scrutiny of industry's role in these processes.

In this paper we do not aim for a comprehensive classification or definitive description of disease mongering, but rather we draw attention to an important but under-recognised phenomenon. We identify examples, taken from the Australian context but familiar internationally, which loosely represent five examples of disease mongering: the ordinary processes or ailments of life classified as medical problems; mild symptoms portrayed as portents of a serious disease; personal or social problems seen as medical ones; risks conceptualised as diseases; and disease prevalence estimates framed to maximise the size of a medical problem. These groups are not mutually exclusive and some examples overlap.



Merck has widely promoted hair loss as a medical problem, including advertising on buses

exclusion" covering a range of symptom severity, yet it is currently experiencing something of a global "makeover." Without question many people with the condition are severely disabled by their symptoms, but the arrival of new drugs has seen manufacturers seek to change the way the world thinks about irritable

Merck has widely promoted hair loss as a medical problem, including advertising on buses.

...fringed some degree of hair loss, along with comments by concerned experts and news that an International Hair Study Institute had been established.³ It suggested that losing hair could lead to panic and other emotional difficulties, and even have an impact on job prospects and mental wellbeing. The article did not reveal that the study and the institute were both funded by Merck and that the experts quoted had been supplied by Edelman, despite this information being available in Edelman's publicity materials in May 1998.

Although Merck is prevented from advertising finasteride direct to consumers in Australia, it has continued to promote hair loss as a medical problem, with

marketing strategy for GlaxoSmithKline's drug Lotronex (alosetron hydrochloride).

In Vivo is one of a handful of companies specialising in corporate backed "medical education," and the leaked plan provides a rare insight into the highly secretive world of drug promotion, with its new emphasis on "shaping" medical and public opinion about the latest diseases.

According to the documents, the education programme's key aim is this: "IBS [irritable bowel syndrome] must be established in the minds of doctors as a significant and discrete disease state." Patients also "need to be convinced that IBS is a common and rec-

- ◆ Payer, L.: Disease-mongers: how doctors, drug companies, and insurers are making feel sick. New York: Wiley & Sons; 1992
- ◆ Moynihan, R. et al: Selling sickness: the pharmaceutical industry and disease mongering. *BMJ* 324: 886-891, 2002



日本の精神医療におけるDisease mongering

1981年 ルジオミール

「仮面うつ病」

(masked depression,

V.A.Kral Kral,1958)

1999年 パキシシル

「うつは心の風邪」

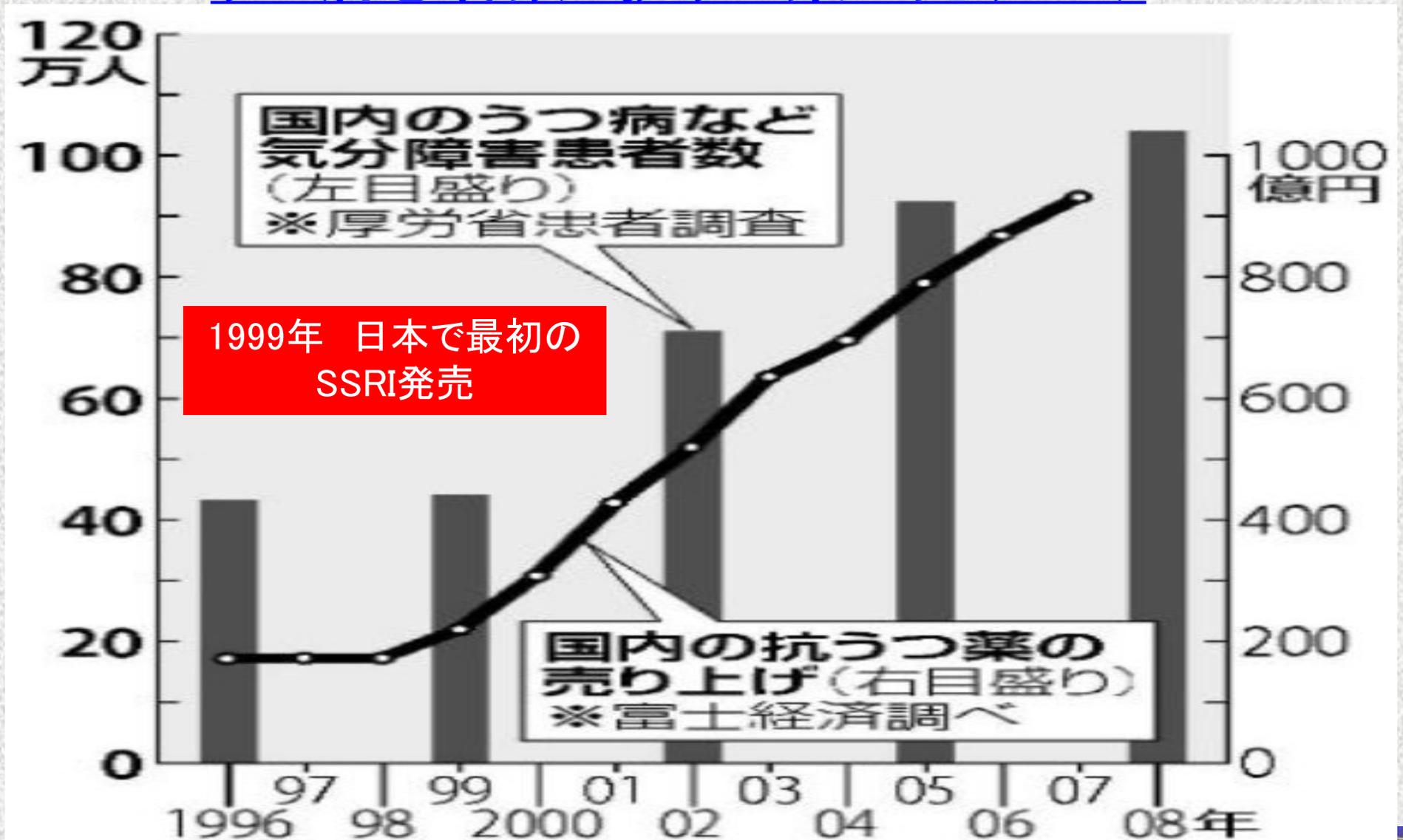


Disease mongeringの手法と臨床

- 1) 抗うつ剤-早期治療と死別反応
- 2) 抗躁剤-性格を病気ととらえる
- 3) 抗不安剤-苦痛を病気ととらえる
- 4) 認知症治療剤-少ない有用性を過度に評価



うつ病患者数と抗うつ薬の売り上げ

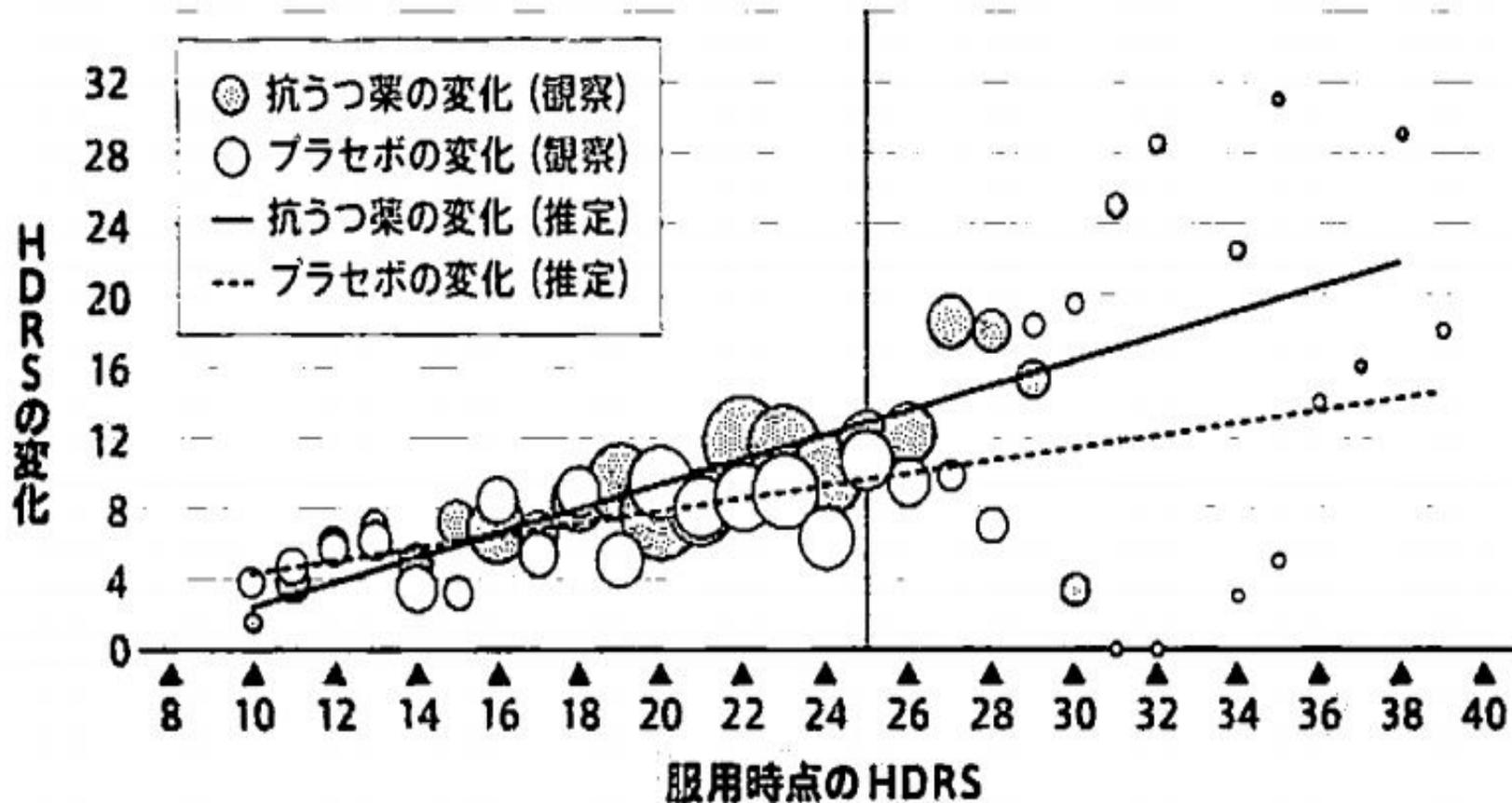


2010年1月1日読売新聞より引用



うつ病の重症度と治療による症状改善の関係

図 うつ病の重症度と治療による症状改善の関係



DSM-5におけるうつ病性障害の範囲をめぐる混乱 死別反応は大うつ病エピソードか？

大うつ病エピソードと診断する場合

DSM-IV-TR(2002)

- 1) 死別反応では説明されない。
- 2) 症状が2ヶ月以上続くか、重度の特徴を持つ

DSM-5 ドラフト(2010年2月)

死別反応の項目(上記1)が削除

(=死別反応も大うつ病エピソードと診断する)

理由:愛するものの喪失というストレスと他のストレスとを区別して扱う根拠が支持されない

DSM-5(2013)

死別反応の範囲か否かは、臨床的な判断に委ねる



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「双極性障害における躁症状の改善」の効能・効果が追加されました

「あれもこれも買いすぎてしまう。性格の問題じゃなかったんだ。」

「双極性障害における躁症状の改善」での
最初で唯一の非定型抗精神病薬
(2010年10月現在、本邦において)

抗精神病薬
製薬/処方せん医薬品(注意-医師等の処方せんにより使用すること)

ジプレキサ[®]錠 2.5mg
錠 5mg
錠 10mg
オランザピン 製剤 細粒 1%

ZYPREXA (OLANZAPINE) サイティス錠 5mg
サイティス錠 10mg

薬価基準収載



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それは満員電車の中で、突然起こったのです。胸がドキドキして息がでけなくなり、**これがパニック発作の始まりでした。**「このまま死んでしまうのではないか」という恐怖感。

こんなパニック発作を経験したことはありませんか。

私たちは、パニック障害で思い悩んでいる方を対象に臨床試験を行います。表面の「パニック発作」の特徴をチェックしていただき「もしかして...」と思った方はフリーダイヤルへお電話ください。

パニック障害の製造販売後臨床試験*に、あなたもご協力ください。

*製造販売後臨床試験とは、すでに厚生労働省から承認を受けて治療に使われているお薬について、さらに効果や安全性を患者さんにご協力いただいて確認するための試験です。より良い治療法を提供できるよう、製造販売後臨床試験は、決められた基準に基づいて世界中で行われています。

お問合わせ先 ☎0120-829-223

募集期間：平成21年9月5日(土)～9月17日(木)
【受付時間】午前9時～午後6時(土、日を含む毎日) ※募集人数に達し次第、受付を終了させていただきます。

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より健康な世界の realization のために

詳しくは裏面をご覧ください。



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レカネマブ(レケンビ): 私が適応の状態になって、もし医師に勧められても、私には使用しないように家族に話してあります。(2023年8月22日: Facebook)

1) 本当にこれまでの薬剤より進行を遅らせる？

2) 有害事象は高頻度

3) 高価

4) アミロイド β の減少は進行程度と相関する？

◆欧州医薬品庁(EMA)の欧州医薬品委員会が、ヒト化抗ヒト可溶性アミロイド β (A β)凝集体モノクローナル抗体レカネマブの早期アルツハイマー病による軽度認知障害および軽度認知症)に係る販売承認申請について、否定的見解を採択した(エーザイ、2024.7.26)。



Disease mongeringを強める要因

- 1) 製薬企業は営利企業
- 2) 精神疾患の診断基準の曖昧さ
- 3) 医療機関の収益性は薬物療法が非薬物療法より高い。
- 4) 性格でなくて(薬で治療する)病気と言われる方が受け入れられやすいし、社会支援を受けやすい。
- 5) 薬剤の適応拡大につながる可能性がある。
- 6) 専門家の関与と利益相反
- 7) マスメディアの無力さ
- 8) 薬事行政や医事行政の問題





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■宮岡等のブログ

<http://miyaokakitasato.blog.fc2.com/>

ご静聴ありがとうございました

本発表の主な内容は精神科治療学
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