

### Grow the Market

A few years ago, I was in a small group making a presentation to pharmaceutical executives. Their company manufactured a medication that dominated a psychiatric market. Several academic psychiatrists proposed a program to enhance recognition of that disorder and raise overall medication adherence.

“How will this increase our market share,” wondered the executives. We responded that, if more patients were appropriately diagnosed and adhered to recommended regimens, the entire market would expand. Even if this company’s share of the larger market remained the same, their profits would increase. It seemed like a sound idea.

Sadly, we failed. Benefits and advancement within that company were tied to expansion of market share, not even to profits.

Projects succeed based on aligned incentives among participants. Doctors seek to improve the care of sick people. Academic physicians and leaders in health care try to create innovative models. The enormous financial engine of the pharmaceutical industry plays a major if controversial role in physician education. Increasing direct-to-consumer advertising also is controversial but can expand awareness of treatable disorders. In a field as stigmatized as psychiatry, knowledge could improve and save lives.

I encourage pharmaceutical companies to promote public awareness of psychiatric disorders without advertising a specific product. They will benefit in multiple ways. In parallel, consumers and family members should be educated about the advantages of adherence to treatment. Complete fidelity to medication regimens is the exception. Patients with recurrent depression and bipolar disorder, for example, commonly take medication for only months, rather than the many years most require. We can improve on this.

Here is an opportunity for pharmaceutical manufacturers to do well and to do good. Academic leaders and advocacy organizations would be willing collaborators. Some executives are taking steps in this direction. Others should join them.

**Alan J. Gelenberg, M.D.**  
Editor in Chief

*My thanks to David V. Sheehan, M.D., for suggesting that I write this commentary.*