We all make mistakes from time to time. I have made my fair share, but none of my mistakes have ever won a prize.

In 2002 Lundbeck breached the UK industry code of practice in the way it advertised escitalopram (Cipralex). Escitalopram is the son of citalopram (Cipramil). The company claimed that its new drug, escitalopram was more effective than citalopram, even though the two drugs have exactly the same active ingredient.1

The company was found to have breached the industry code, mainly by stating that “Cipralex is significantly more effective than Cipramil in treating depression”. The company also attributed side effects to citalopram in its literature on escitalopram that were not mentioned in promotional material for the older product.1

So far so bad. Then, however, the sixth annual Communiqué Awards gave the people who launched escitalopram (Cipralex) something to smile about. These awards celebrate “the imagination, creativity, and sheer hard work of the best of public relations and medical education” and the winners can be found on PMLIVE.com—the website of Pharmaceutical Marketing.2

Winners are chosen for “helping patients access the best and most appropriate treatment and in equipping health care professionals to best manage new technologies within increasing demands and finite resources”.2

And the prize for “Launch of the Year” at the 2003 Communiqué Awards goes to? Step forward the award winner: Cipralex Launch. The agency was Athena Medical public relations and the client was Lundbeck.3

When drug companies launch a product they spend a lot of time deciding what pitch they are going to send out about the drug in the months and years ahead, and the first and most important pitch is the launch. In the drug industry as in life you only get one chance to make a first impression.

You may have thought that the most important part of the launch is to get a message about the product across to doctors after the drug has been licensed, but the primary objective of many launches is to get the drug mentioned on as many television programmes and in as many newspapers as possible. Most companies start thinking about the launch even before the drug has entered phase II testing. This can be a few years before the drug gets its licence, which enables the companies to start to develop their key messages and to work on relationships with opinion leaders. They can then set the tone for the big bang that is about to come. The big bang helps them get their message out quickly and effectively to as many people as possible. This means big adverts, big meetings, and big names. Dr Mo Mowlam spoke for over an hour at the launch meeting of escitalopram. After the big bang they look at the results: how many newspapers carried the story, how often was it mentioned on the radio, and most importantly, how many doctors took pen to paper and wrote out a prescription.

Even a curmudgeon like me cannot but admire the verve and can do attitude of drug companies when they launch their products. It looks and sounds like a war cabinet getting down to work, but should it look and sound like this? Or should we change the way drugs are launched and marketed? Or should we just do what we have done in the past and tinker around with the rules of engagement?

Correspondence to: K Walsh, BMA House, Tavistock Square, London, WC1H 9JR; kmwalsh@bmjgroup.com

Accepted for publication 21 July 2004

REFERENCES