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# THE EDITOR'S CORNER

## What Price Advertising?

Since the government decided to allow advertising of prescription drugs on television, manufacturers have mounted expensive public campaigns for drugs such as Claritin, Prozac, and Viagra. Such a campaign can add significantly to the cost of the product, but as a recent article in *The New York Times Magazine* reported, it can be successful in stimulating sales during the period before the drug patent expires and generic substitutes drive down the price.

Orthodontic companies have also advertised products and services directly to the public. An example of one effort that never got off the ground was the marketing of lingual orthodontics, which created a demand before the profession was sufficiently adept at or willing to supply this new form of treatment. The pity is that lingual orthodontics is a viable alternative to labial treatment, especially for prospective patients who reject visible braces, and lingual techniques have improved greatly in recent years. Indeed, there are now many practices around the world that prefer the lingual approach and are producing outstanding results with it.

A different approach has been used by management service organizations. MSO advertising has been aimed chiefly at the segment of the public that has not previously considered orthodontic treatment. The MSOs' strategy is to offer attractive financial arrangements to the public and management know-how to their members. One of these companies, Orthodontic Centers of America, has been successful, while others have fallen by the wayside, perhaps because of insufficient capitalization or (ironically) lack of management expertise. On the whole, however, MSO advertising has not only brought significant numbers of new patients to their member practices, but has also seemed to create a spillover effect for non-members.

Using yet a third approach, Align Technology has mounted a vigorous public campaign to create a demand for its computerized "invisible" appliances. Since this system requires the services of orthodontists, it seems

perverse that the advertising has depended to some extent on trying to create dissatisfaction with the appearance of fixed orthodontic appliances—despite the inability of Invisalign to treat the vast majority of orthodontic cases at this point. One does not bite the hand that feeds one. If the concept is valid and attractive enough to stand on its own, it should support a more positive approach to marketing.

From the discussion of Invisalign treatment in a recent Readers' Corner (JCO, April 2001), it appears the profession's opinion about the efficacy of this system is still tentative. Sales of the appliances started in July 1999, which means orthodontists' experience with them has been limited in both time and numbers. Until a significant number of cases have been completed and observed for a period of time after that, the effectiveness of the system cannot be fully evaluated.

Orthodontists appear to be almost totally in agreement that Align Technology's marketing campaign to the public, like that of the MSOs, has stimulated interest in orthodontic treatment among people who had not considered it before. The quality of the inquiries generated has been called into question, and there are reports of resistance to the cost, but many adults who would not otherwise have sought orthodontic treatment will qualify for Invisalign treatment and pursue it. In addition, many other adults who are stimulated to seek Invisalign treatment but whose malocclusions are not suitable for that therapy may accept treatment by other means.

As with lingual orthodontics, the sizzle seems to have preceded the cooking of the steak. Still, it is obvious that visibility of orthodontic appliances is a significant issue among adults. A large number of adults have undoubtedly rejected orthodontic treatment solely on the basis of

esthetics. On the other hand, orthodontists have been disappointed with the level of cooperation with appliances that require patient participation. Much orthodontic treatment today is accomplished with so-called non-compliance appliances, either in response to, or in anticipation of, or simply to avoid the necessity of patient compliance.

Within the current limitations in case eligibility to adults with minor malocclusions, Invisalign appliances offer a positive solution to the appliance visibility question, but require patient compliance. Even among adults, who may be better motivated than younger patients, the amount of cooperation required may test the system—if not in treatment, then in retention. Invisalign users in the current mode may experience the same frustrations that accompany the correction of minor malocclusions by other means. It is a lot easier to accept a minor relapse of a major malocclusion correction than it is to accept the relapse of a case that was the equivalent of that relapse to start with.

In an interesting development reported in this issue, Tripp Owen describes an accelerated Invisalign treatment he performed on himself by combining it with a corticotomy procedure. Considering the added expense of the surgery, the overall cost of Invisalign treatment may not be reduced, but it seems the treatment time can be. This technique may also make it possible to expedite the production of torque and bodily movement. However, the introduction of surgery into simple cases may encounter resistance on the part of orthodontists, who generally have an antipathy to avoidable surgery, and it remains to be seen whether Invisalign will become a standard orthodontic procedure.

ELG