

newristics

# 11 Lessons learned from testing 10,000s of pharma messages

Busting myths about the dos and don'ts of  
pharma messaging



These messages are **unnecessary**. Just show me the **clinical data**. That's all doctors need to know about your product!


**How many of us have been in this situation before?**





# Myth vs. Reality

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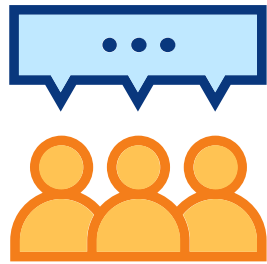


Do we really know what kinds of messages are preferred by HCPs and patients or do we subscribe to industry myths that just get passed around?

# No more anecdotal stories. Learn from a large-scale meta-analysis!



**75+**  
studies



**34,000+**  
respondents



**16,000+**  
Messages



**64**  
Brands



**57**  
Disease States

# Messaging hypotheses tested

1

Do messages with **DATA** perform better?

2

Does **LENGTH** of messages make a difference?

3

Should messages feature the **BRAND NAME**?

4

Does **EMOTION** improve message appeal?

5

Does **CUSTOMER CENTRICITY** matter in messaging?

6

Do **COMPARATIVE** messages perform better?

7

Does **SUPERLATIVE** language improve scores?

8

Does including a **REFERENCE SOURCE** add to message appeal?

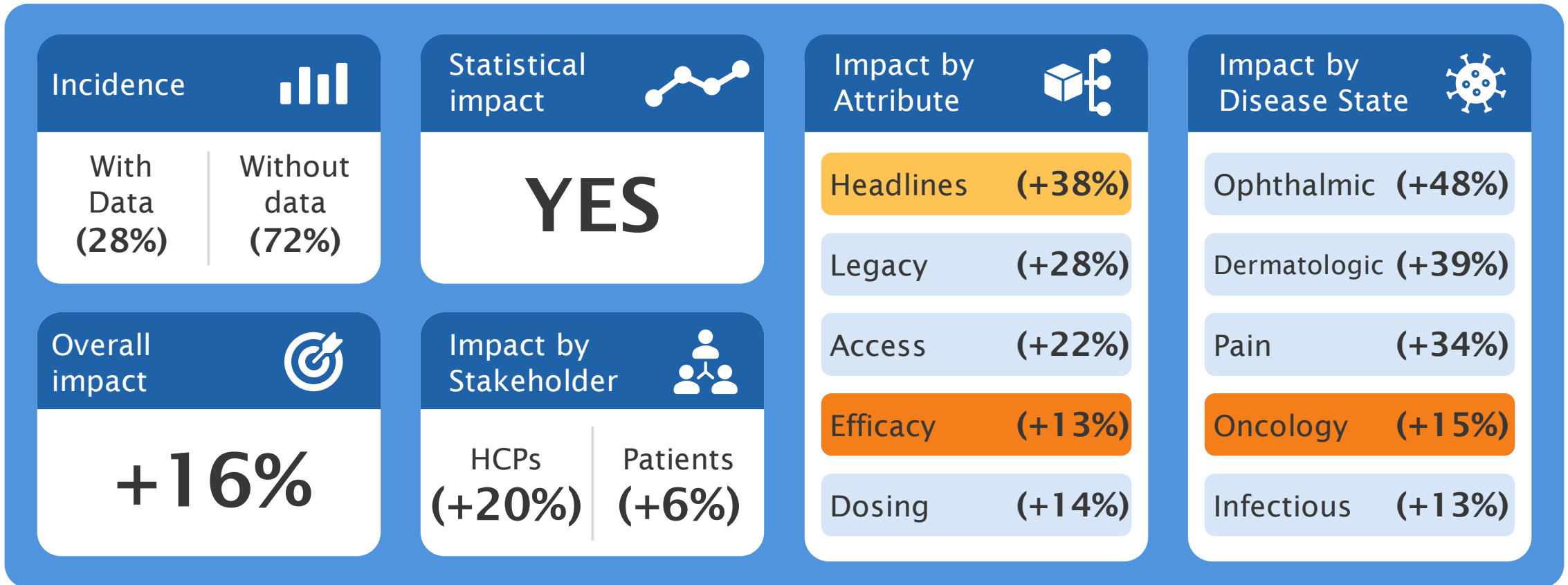
9

Does **STATEMENT VS. QUESTION** phrasing make a difference?

10

Is **READABILITY** important?

# Hypothesis # 1: Do messages with DATA perform better?



# DATA in Messages: Key Findings

1

As expected, messages with data **perform significantly better**

2

Adding data improves message appeal more than any other variable studied (+16%)

3

Surprisingly, the biggest beneficiary of data is **not efficacy** messages

4

Contrary to popular belief that oncologists just want to see data, the improvement in oncology from adding data to messages is **not as high** as many other disease states

# Hypothesis # 2: Does LENGTH of messages make a difference?

## Incidence



Short	(30%)
Medium	(33%)
Long	(37%)

## Statistical impact



**YES, but**

## Impact by Attribute



QOL	(-52%)
Patient Type	(-40%)
Guidelines	(-28%)
Legacy	(-27%)
Headlines	(-26%)

## Impact by Disease State



CV	(-36%)
Infectious	(-36%)
Immunization	(-31%)
Pain	(-30%)
Oncology	(-15%)

## Overall impact



Longer messages  
are more preferred

## Impact by Stakeholder



HCPs	Patients
(-20%)	(-21%)

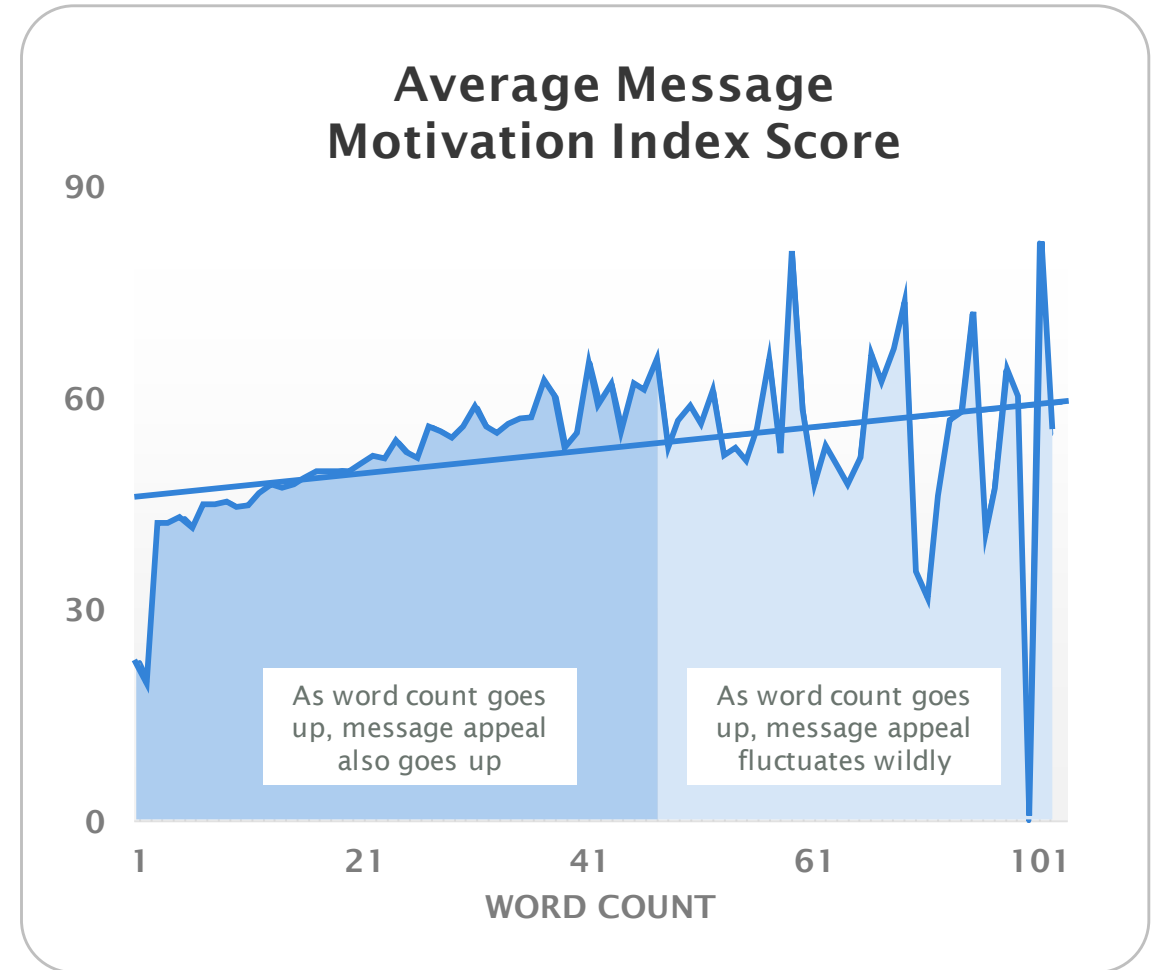


# Length of Messages: Key Findings

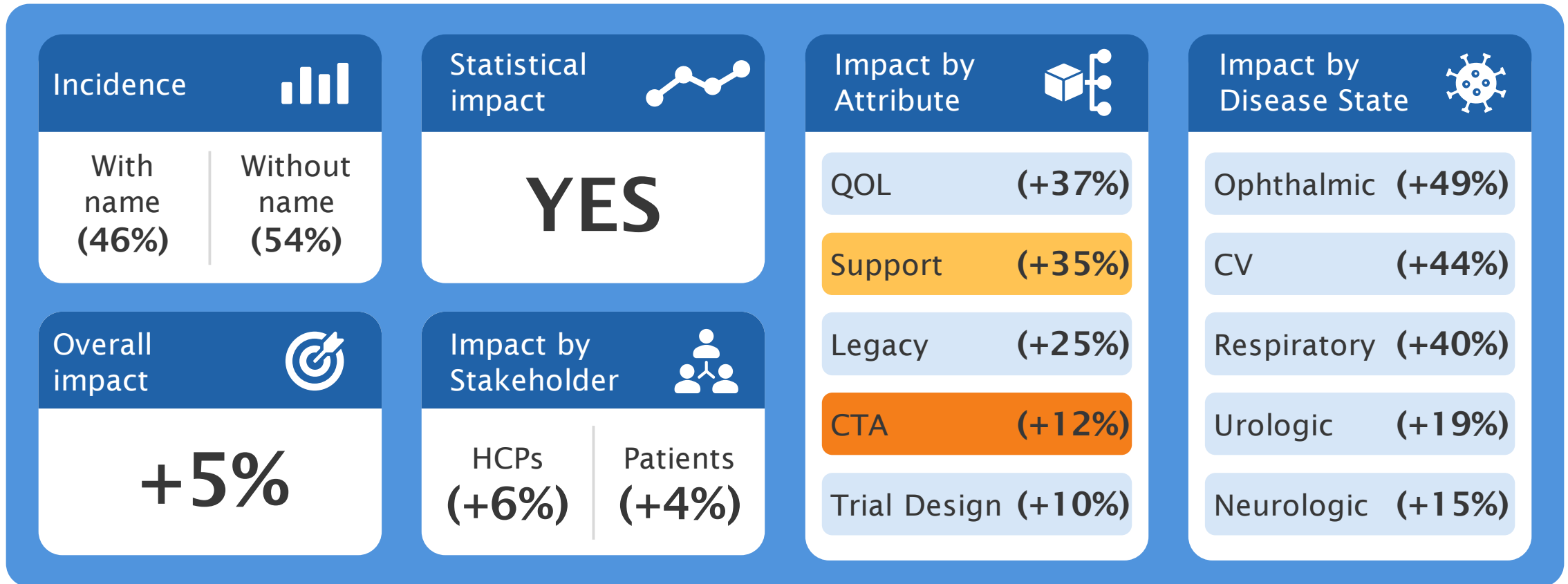
Counterintuitively, longer messages perform better than shorter ones.

Once the word count gets past a **threshold number (~40 words)**, then length of message does not correlate with message appeal.

When message length is high, there is more variability in appeal of the messages



# Hypothesis # 3: Should messages feature the BRAND NAME?



# BRAND NAME in Messages: Key Findings

1

Adding brand name to messages provides a small, but statistically significant improvement in message appeal.

2

Having the brand name in Patient Support and Legacy messages is expected, but QOL messages is the biggest beneficiary of brand name inclusion, which is surprising.

3

It's also surprising that inclusion of brand name didn't have a different impact on HCPs vs. Patients

Hypothesis # 4:

# Does EMOTIONAL LANGUAGE improve message appeal?

Incidence



With emotion  
(11%)

Without emotion  
(89%)

Statistical  
impact



**YES**

Impact by  
Attribute



Patient type (+42%)

Headlines (+21%)

Guideline (+18%)

Support (+18%)

Legacy (+13%)

Impact by  
Disease State



Respiratory (15%)

Immunization (12%)

Gastro (12%)

Neurologic (10%)

Psychiatric (8%)

Overall  
impact



**+6%**

Impact by  
Stakeholder



HCPs  
(+4%)

Patients  
(+7%)

# EMOTION in Messages: Key Findings

1

A very small % of messages analyzed had any emotional language in them (11%)

2

Messages with emotional language had statistically higher appeal, but the differential was smaller than expected at 6%

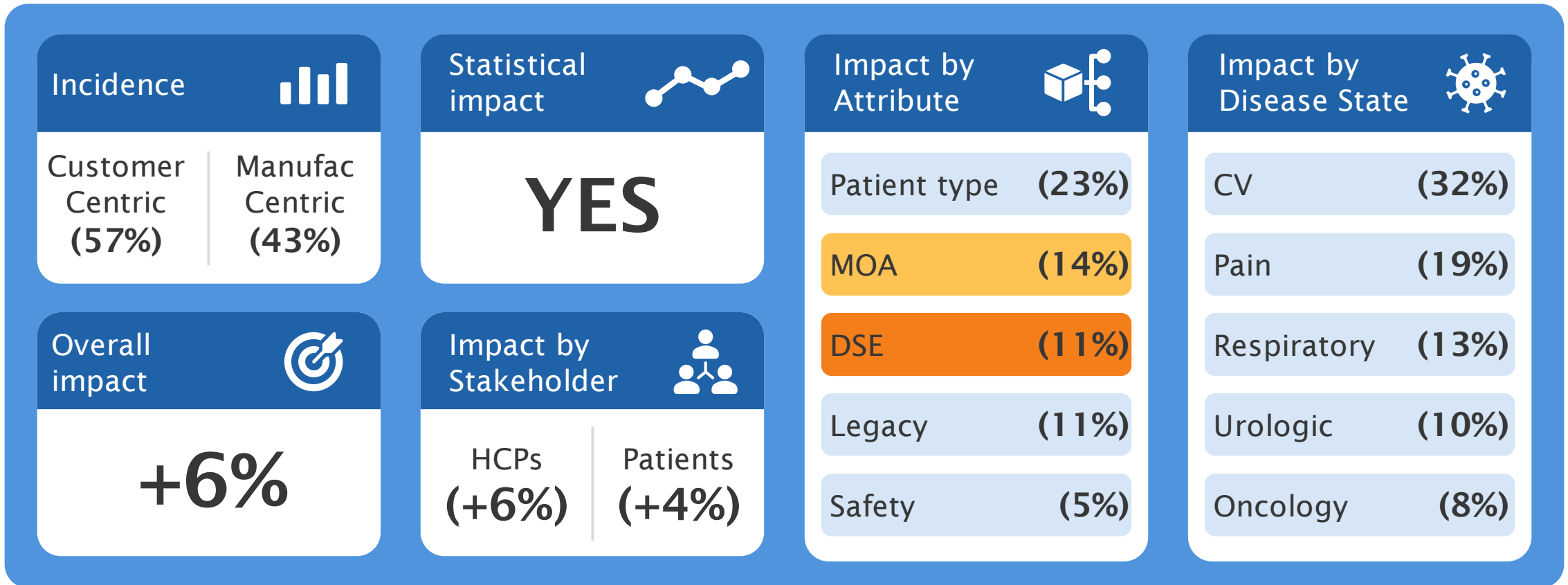
3

HCPs messages with emotional language produced even smaller improvement (4%) and it wasn't statistically significant

4

Messaging attributes that benefited the most having emotional language were unexpected – Patient type, Patient Support, Guidelines, Headline

# Hypothesis # 5: Does CUSTOMER CENTRICITY matter in messaging?



# CUSTOMER CENTRICITY in Messages: Key Findings

1

Over 40% of messages analyzed were manufacturer centric, which is surprising for an industry focused on customer centricity

2

Messages with customer centricity are significantly more appealing, but the upside is not as high as it can or should be and there is room for improvement

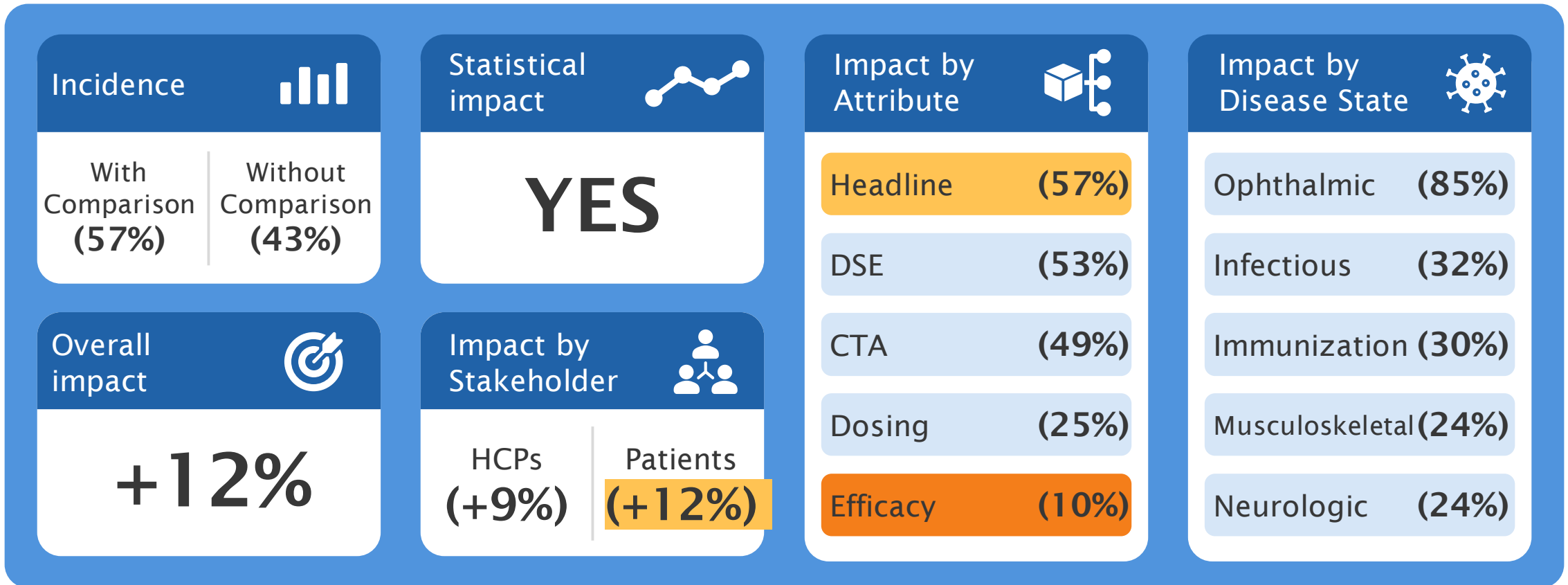
3

Patient Type and DSE attributes benefit from customer centricity, which is somewhat expected. MOA messages also benefit from customer centricity when MOA is connected to Efficacy

4

CV and Pain disorders benefit the most from customer centricity, perhaps because it helps bring more empathy into the message

# Hypothesis # 6: Do COMPARATIVE MESSAGES perform better?





# COMPARISON in Messages: Key Findings

1

Next to DATA, adding COMPARATIVE language in messages leads to the biggest improvement in scores (12%)

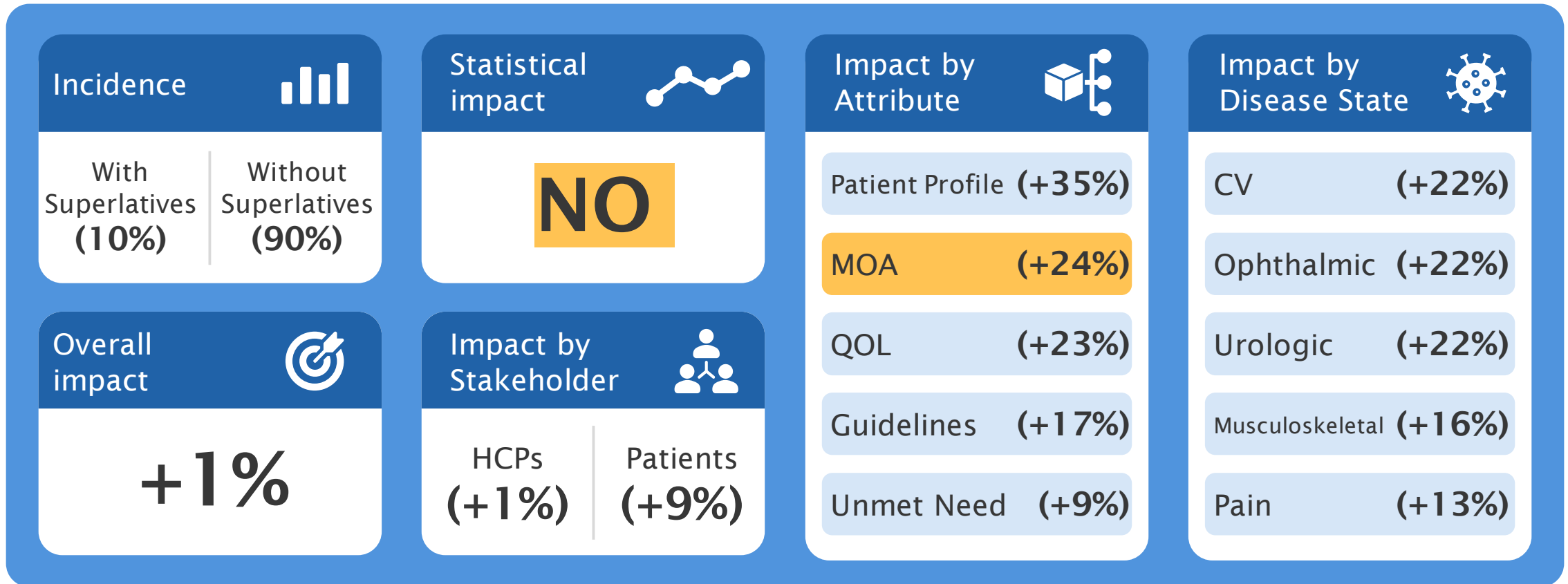
2

Typically, comparisons are featured in efficacy messages, but the biggest impact of comparative language was observed in Headline, DSE and CTA messages

3

Counterintuitively, patient messages benefit more from comparative language than HCP messages

# Hypothesis # 7: Does SUPERLATIVE LANGUAGE improve scores?



# SUPERLATIVES in Messages: Key Findings

1

Counterintuitively, superlative words like First, Only, Best, Largest, etc. don't make messages more appealing

2

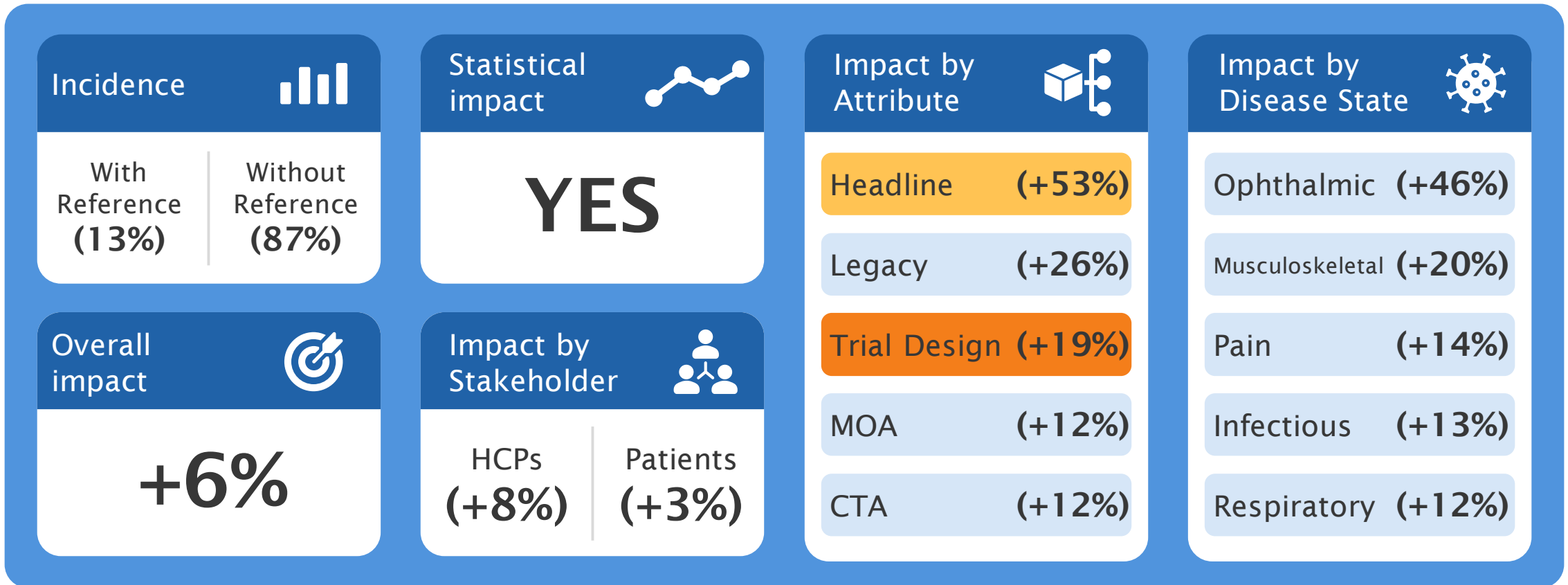
Superlatives are often used in Efficacy, Dosing, and Legacy attributes but none of them show statistical improvement

3

Patients are much more likely to respond to superlatives than HCPs

Hypothesis # 8:

# Does a REFERENCE SOURCE add to message appeal?



# REFERENCE in Messages: Key Findings

1

Referring to a credible source in the message does add to appeal, surprisingly at a level similar to adding emotion

2

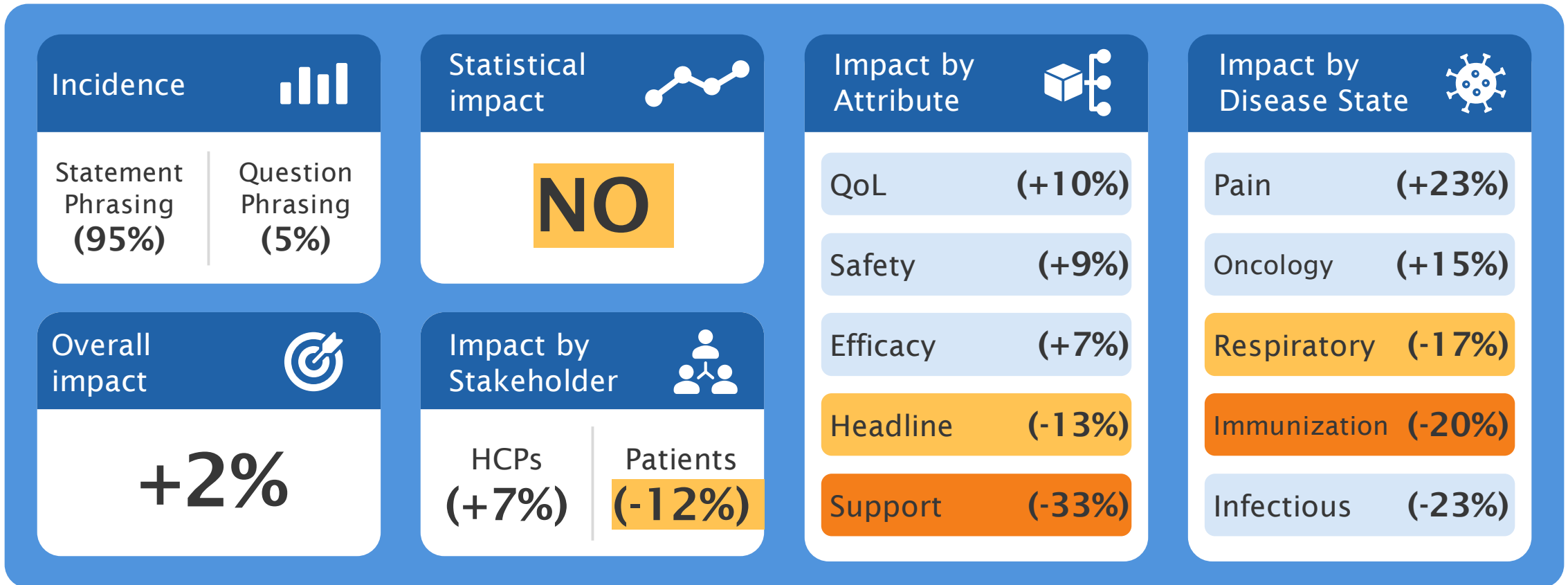
As expected, reference sources carry more weight with HCPs than patients

3

Counterintuitively, Headline and Legacy messages benefit the most from addition of reference sources

Hypothesis # 9:

# Does STATEMENT vs. QUESTION phrasing make a difference?



# Question Phrasing in Messages: Key Findings

1

Phrasing a message as a question instead of a statement does not improve the appeal meaningfully

2

Interestingly, converting statements to question phrasing has a backfire effect for many attributes like Headline and Patient Support

3

Question phrasing has a negative affect in several disease states also like Respiratory, Infectious, etc.

# Hypothesis # 10: Is READABILITY of a message important?

## Incidence



Low (>12 G)	(33%)
Med (8-12 G)	(34%)
High (<8 G)	(33%)

## Statistical impact



**NO**

## Impact by Attribute



Safety	(+7%)
Support	(+5%)
MOA	(+5%)
Access	(-10%)
Guidelines	(-12%)

## Impact by Disease State



Gastro	(+9%)
CV	(+3%)
Endocrine	(+3%)
Pain	(-13%)
Respiratory	(-31%)

## Overall impact



**+0.2%**

## Impact by Stakeholder



HCPs (+1%)	Patients (-2%)
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# READABILITY Level of Messages: Key Findings

1

Messages with higher readability surprisingly don't perform any better and there is no statistical differences in Low/Med/High readability levels

2

Counterintuitively, improving the readability of messages has a slight negative effect for patients, likely because the messages become less informative

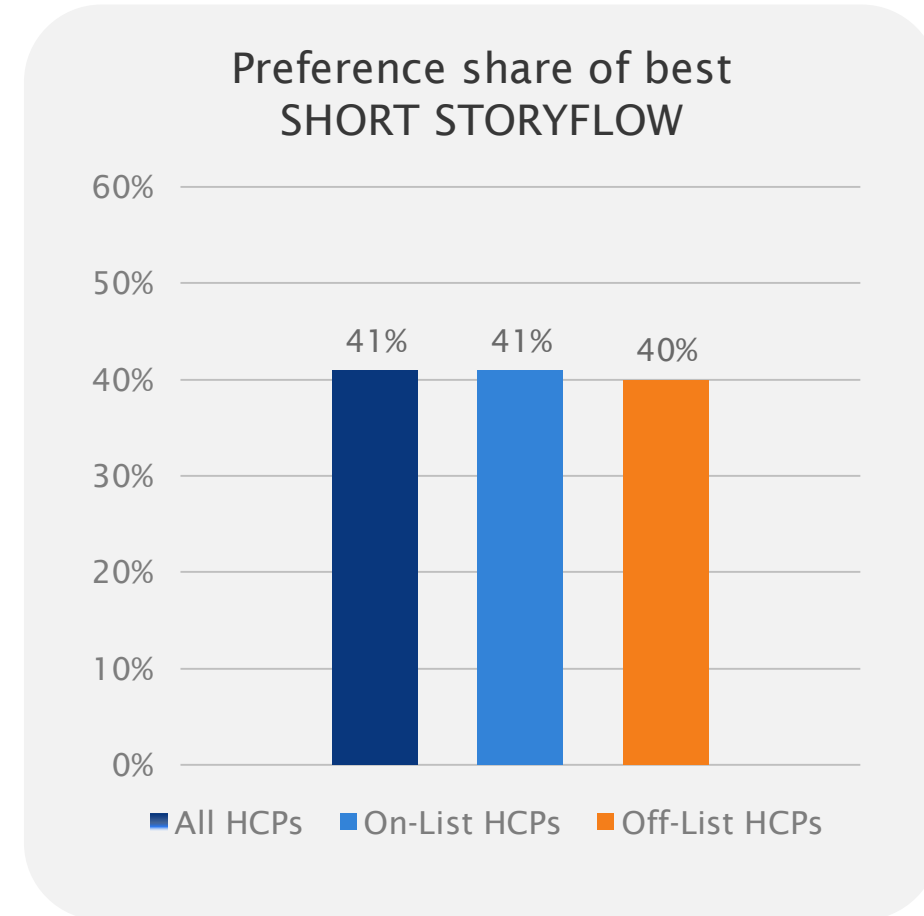
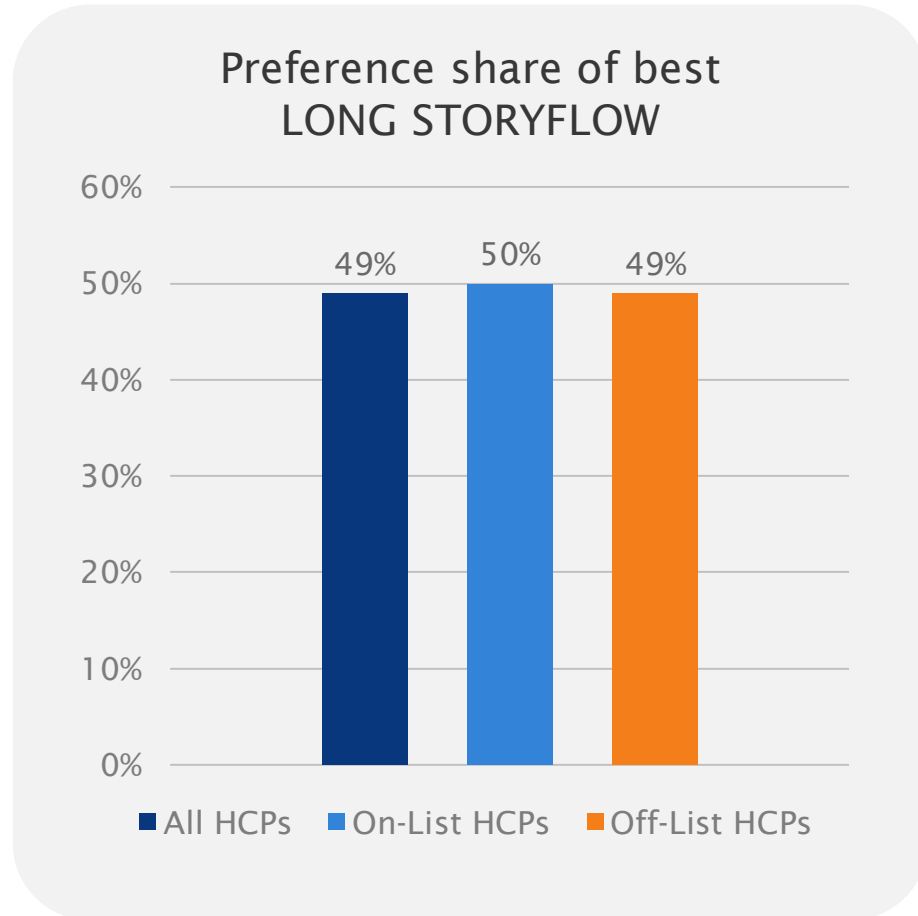
3

Higher readability messages have a negative effect for several attributes and in many disease states also

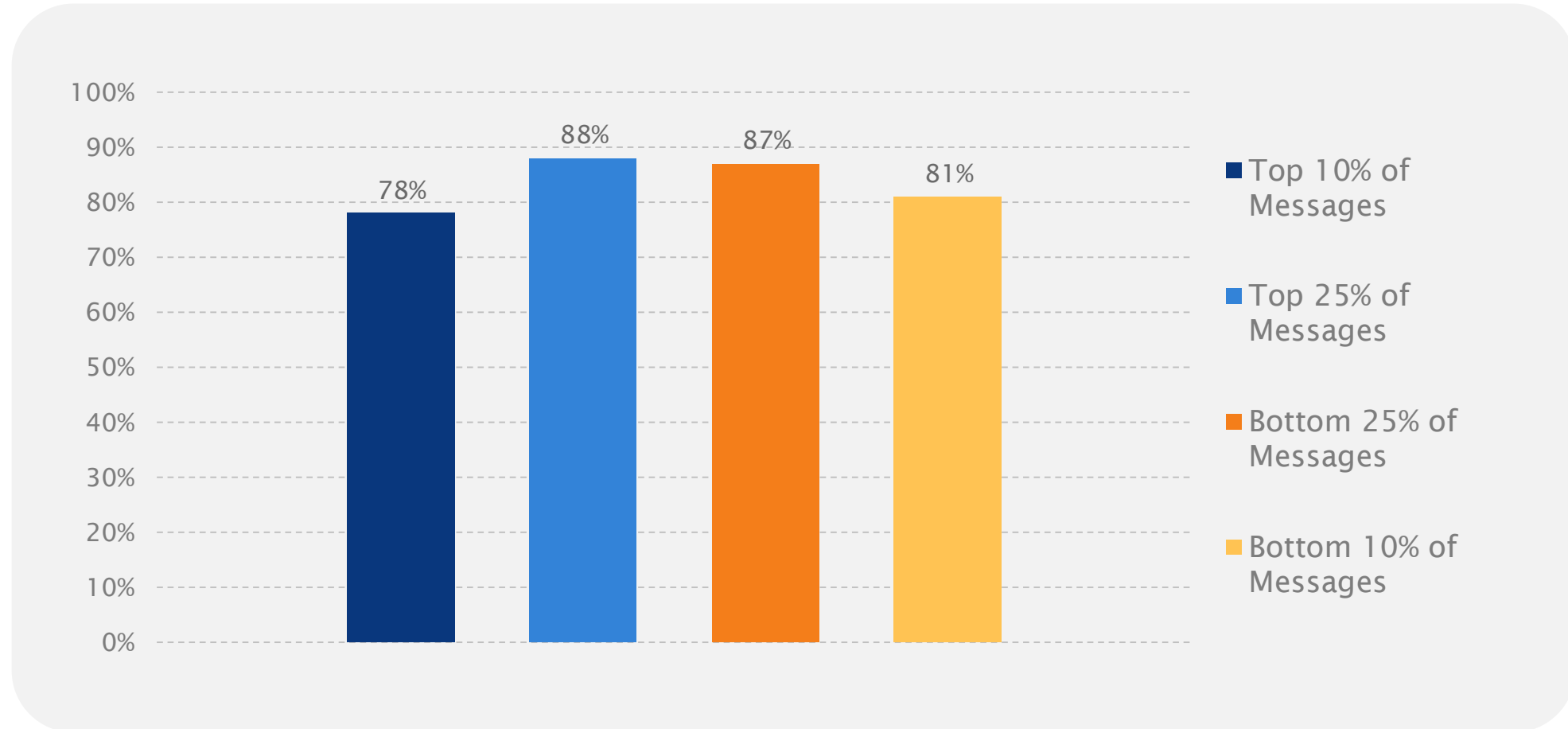
Bonus  
Hypothesis  
**#11**

Do ON-LIST vs. OFF-LIST  
HCPs like different  
messages?

# No difference in preference share of the winning message storyflow between On-List and Off-List HCPs!



# Very high consistency in message hierarchy between On-List and Off-List HCPs



Newristics is the market leader in pharma messaging related services, including content development, market research, messaging analytics and more!

Combining the power of behavioral science and messaging AI, Newristics optimizes omni-channel messaging for Top 20 out of 20 pharma companies and 100s of pharma brands.

[www.Newristics.com](http://www.Newristics.com)

## About Newristics