

Who is research for? - 27 Oct 2008

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Friday's newsletter carried a story that suggests that a well-known and best selling drug that reduces lipid levels may have been inappropriately advertised by the manufacturer. The problem, according to the two professors who authored the study, is that the advertising highlighted the drug's ability to lower the risk of heart attack - but did not say anything about the fact that this risk reduction was not found in women, only in men. If you look carefully at the original publication in which the drug's effect on heart disease was published they are indeed correct. In fact there is a suggestion that the drug may be potentially problematic in women.

This study, in my view, only serves to highlight a major problem with a lot of medical research - particularly that done by drug companies to develop new products. Most research is done on a specific group of people - and these people are usually already quite sick - often with multiple pathology. If the research were done on many different groups of people and included fit, active younger people of both genders, then it would cost a significant amount more to carry out and results would take a lot longer to achieve.

But, while I can see the financial and logistical rational behind carrying out research on drugs for chronic diseases on sick, elderly men - the problem is that doctors then - quite reasonably - extrapolate these results to everyone who comes to their consulting rooms. And, in many cases, this may not be appropriate.

An excellent example was the studies on hormone replacement therapy that were published a few years ago - and which effectively stopped many women from using HRT and doctors from prescribing it. The studies that said that HRT increases the risk of breast cancer, stroke and various other pathology were carried out on elderly women with multiple pathology. Since then, studies on fit women in their early 50s who start HRT immediately they have symptoms do not show the same increase in risk and in fact there is a suggestion that this early use of HRT in fit women may reduce the risk of heart disease. No wonder women are now totally confused about whether or not they should take HRT to control the often very distressing symptoms of menopause - and so are their doctors in many cases.

We are at the mercy of the drug companies when it comes to research into new drugs - often new formulations of tried and tested medications - that are not even necessarily needed. There are massive studies going on in the West - huge longitudinal studies in both men and women - and the drugs that are going to be developed around these studies are drugs that we already have - antihypertensives, lipid-lowering agents, various formulations for heart disease. Drugs for all the chronic diseases of lifestyle in fact. And those who have access to Western style medicine will continue to be prescribed these drugs with very little truly critical appraisal of their necessity for a specific individual.

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