

Dangerous Caring:
Why having a Good Doctor may be
bad for your health

Dee Mangin

University of Otago Christchurch

New Zealand



drew blood from his body
forced him to vomit violently
gave him a strong laxative
shaved his head
applied blistering agents to his scalp
put special plasters made from pigeon droppings
onto the sole of his feet
fed him gallstones from the bladder of a goat
made him drink 40 drops of extract from a dead
man's skull

97

Risk estimation and the prevention of cardiovascular disease

A national clinical guideline

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Evidence-based Best Practice Guidelines

JUNE 2005

New Zealand Cardiovascular Guidelines Handbook

Developed for Primary Care Practitioners

CD Rom included



February 2007

SIGN.AC.UK



Supported by Diabetes New Zealand

Canadian Journal of Diabetes

Canadian Diabetes Association
2008 Clinical Practice Guidelines
for the Prevention and Management
of Diabetes in Canada

CANADIAN RESPIRATORY JOURNAL

Executive Summary

Canadian Thoracic Society Recommendations
for Management of Chronic Obstructive
Pulmonary Disease – 2003

Résumé

Recommandations de la Société Canadienne
de Thoracologie relativement au
traitement de la Maladie Pulmonaire
Obstructive Chronique – 2003

(Revised translation/traduction révisé)
Nov. 2003

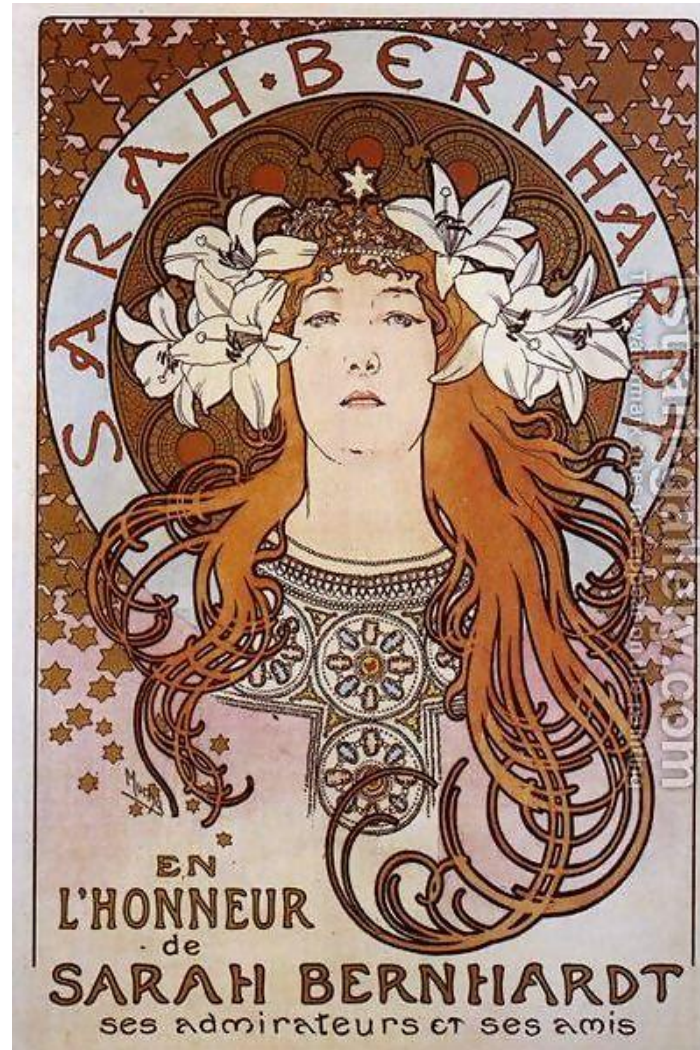
JOURNAL OF THE CANADIAN THORACIC SOCIETY
JOURNAL DE LA SOCIÉTÉ CANADIENNE DE THORACOLOGIE
Medical section of THE LUNG ASSOCIATION
Section médicale de L'ASSOCIATION PULMONAIRE



pulsus.com



Sacred Monsters



Bax: Some of the witnesses we have had have described these guidelines as a framework, within which to work... Does that fit in with how you saw the guidelines?

That: They are exactly what they say, guidelines, they are not the law. They are guidelines.

Bax: Did they have to be followed?

That: Of course they have to be followed, but they are not strict law. That is why they are guidelines and not law and, of course, they have to be applied according to the relevant circumstances.

Bax: They are expected to be followed?

That: Of course they have to be followed. They need to be followed for what they are, guidelines

Hypothetical 79 year old Woman

- COPD
- Type 2 diabetes
- Hypertension
- Osteoarthritis
- Osteoporosis



Applying Guidelines

- 19 doses of 12 different medications
- Taken at five times during the day
- 14 non pharmacological activities
- 10 different possibilities for significant medicine interactions either with other medicines or other diseases

Dangerous Caring: the new pandemic

- Hospitalisation due to medicine adverse events in older adults 17%
- Adverse drug reactions 4-6th most common cause of death (US)

Nananda Cet al Archives of Internal Medicine, Vol. 150, No.4 (Apr. 1990)
Lazarou J et al *JAMA*. 1998;279:1200–5.

Lombardi & Kennicutt. *Med Pharm* 2 (1), 2001



1000 older adults

- Annual healthcare costs of ADR's US \$65,631
- US \$27,365 of this associated with preventable events – that is US \$27 million for every million older adults in the community

By 2025 there will be 1.2 billion people >65

Half of people over 65 have at least 3 coexisting chronic conditions

About one in five have 5 or more

Average number of drugs taken by this group = 7



Are you at risk for broken bones?

If you answer "yes" to any of the questions below, you may be at an elevated risk for osteoporosis and related fractures.

- Are you **postmenopausal** and 65 or older?
- Do you have a **family history** of osteoporosis or **broken bones** after age 50?
- Are you **thin**?
- Do you **smoke**?
- Are you of **Caucasian** or **Asian** descent?
- Do you drink more than **2 alcohol** drinks per day?
- Do you have **low** lifetime **calcium** intake and/or low **vitamin D**?
- Have your bones been **diagnosed** as osteoporosis or osteopenia?

Help Prevent Fractures

Call now 1-800-223-7786

TIME

NICOLE KIDMAN THE CANON

BELIEVE IT OR NOT, THIS 91-YEAR-OLD NUN CAN HELP YOU BEAT ALZHEIMER'S

A landmark study of the disease sheds new light on:

- **WHAT CAUSES IT**
- **HOW TO PREVENT IT**

SPECIAL REPORT: TERROR'S NEW TARGETS

TIME

THIS THUNDER IS BOOMING FOR CAUSE

The Coming Epidemic of ARTHRITIS

THE BAD NEWS: Research shows that the disease starts attacking your joints long before middle age.

THE GOOD NEWS: The latest treatments are more effective than ever.

What age will she be when her mother forgets who she is?

- 24
- 29
- 32
- 37
- 42

A significant cognitive improvement over Aricept 10mg

Aricept XR
donepezil HCl
extended release

TIME

THE OFFENSIVE FILES
Revelations of a new approach

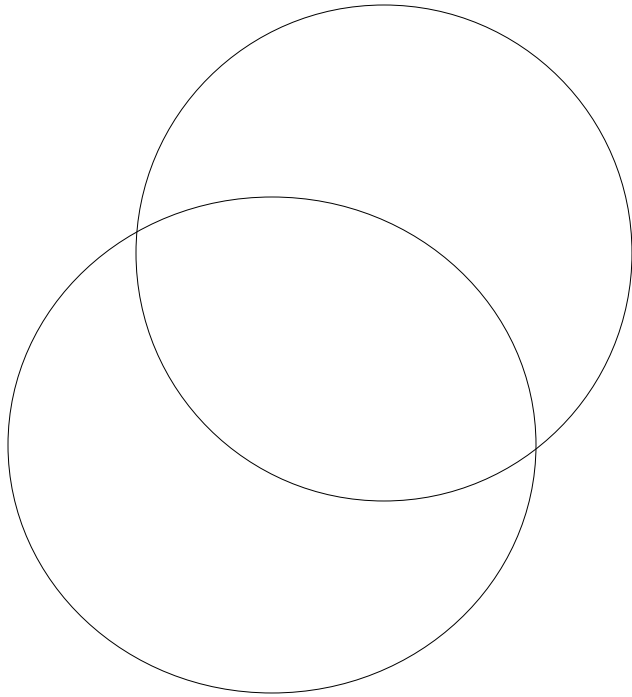
IT BEGINS as a single cell and grows into a merciless disease that claims more than half a million Americans a year. But scientists are steadily unlocking its mysteries, and the fight against it may now have reached a turning point. New discoveries promise better therapies and

HOPE IN THE WAR AGAINST CANCER

The basis of the 'evidence' base

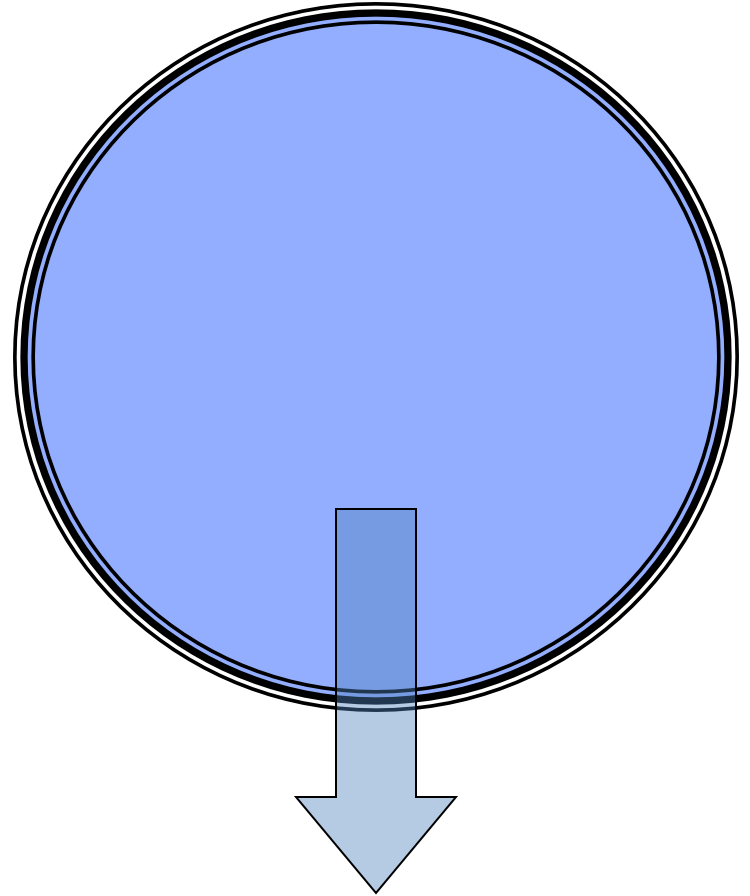
- Commercially constructed data
 - Biased data - trial data hidden
 - Designs biased towards efficacy rather than safety
- Largely exclude older populations and those with multiple diseases
- Only 10% of guidelines recommendations based on level A data
- Guideline groups captured by industry – 4/5 members have a conflict with the treatments under consideration

Clinical state and circumstances



Patients'
preferences
and actions

**Research
evidence**



Improved health outcomes



The focus of medical care has shifted from patients and the diseases that make them suffer, to the diseases themselves and their measurement within the patient

Focus on the disease

Guidelines converted to targets and pay for performance structures are designed to drive care along single disease lines

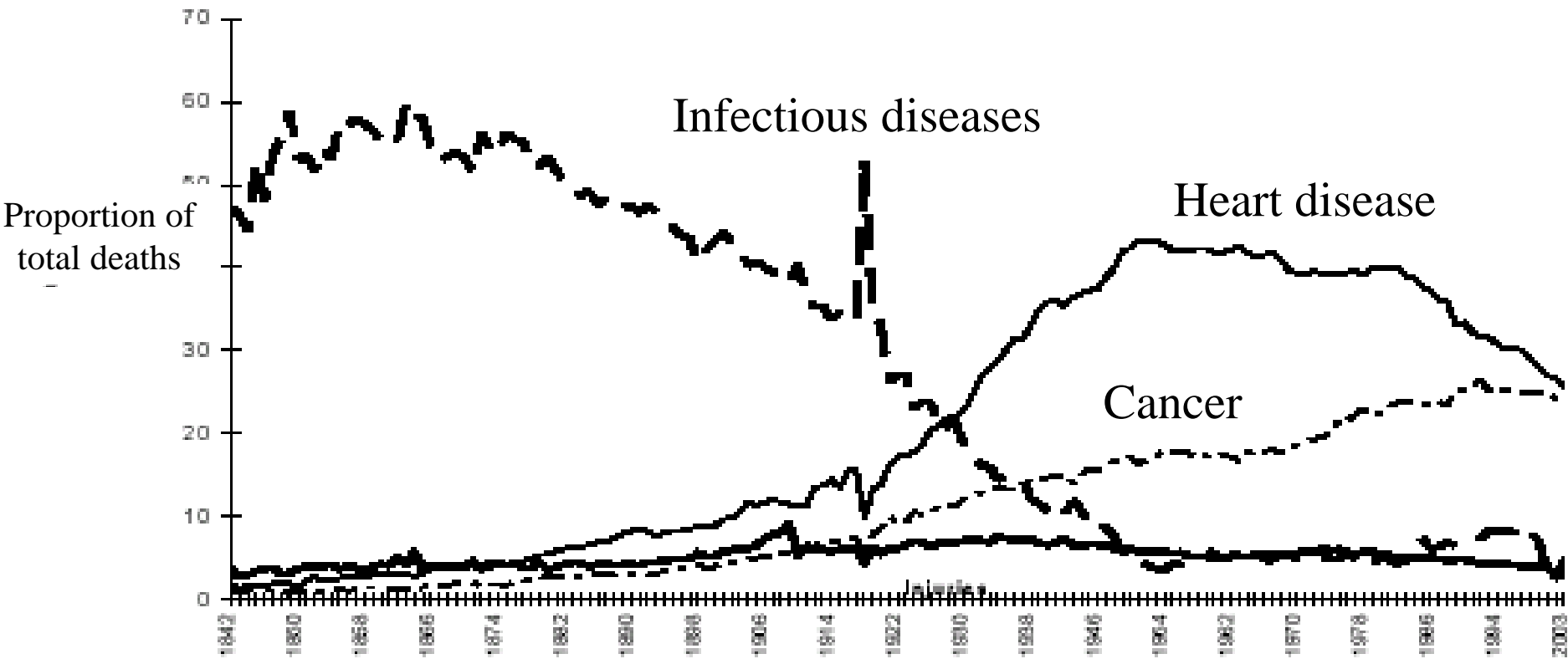
Aim for standardisation and adherence



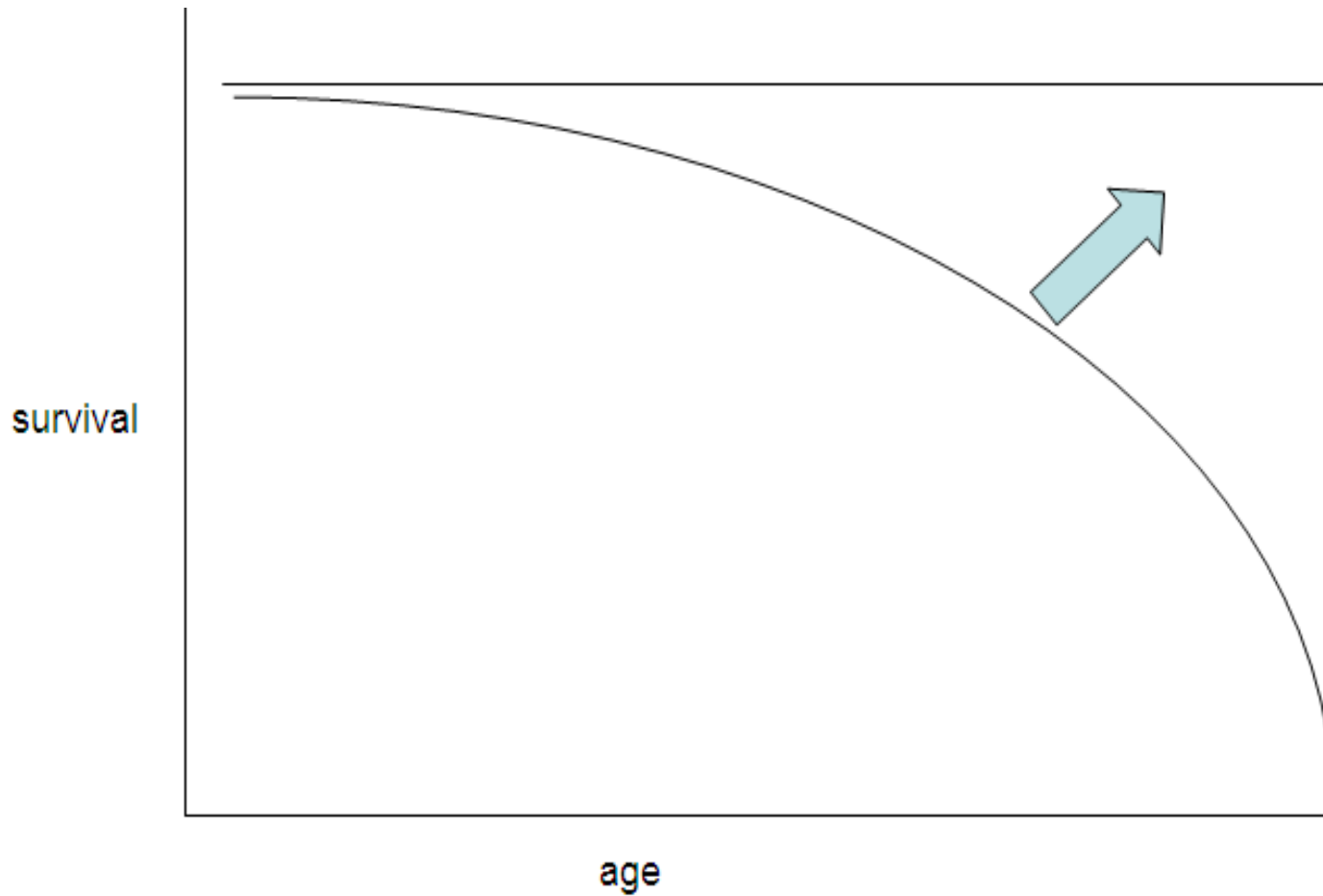
Paying for performance

“I find myself considering whether to start an elderly female patient on a fourth antihypertensive in order that she will fall as I predict she will and I can then exception report her in order to maintain the target”

UK Professor of General Practice



Patient priorities: Perverse incentives and unethical outcomes





*Evidence-based
Best Practice
Guidelines*

JUNE 2005

New Zealand *Cardiovascular Guidelines Handbook*

Developed for Primary Care Practitioners

CD Rom included

New Zealand
Cardiovascular
Risk Assessment



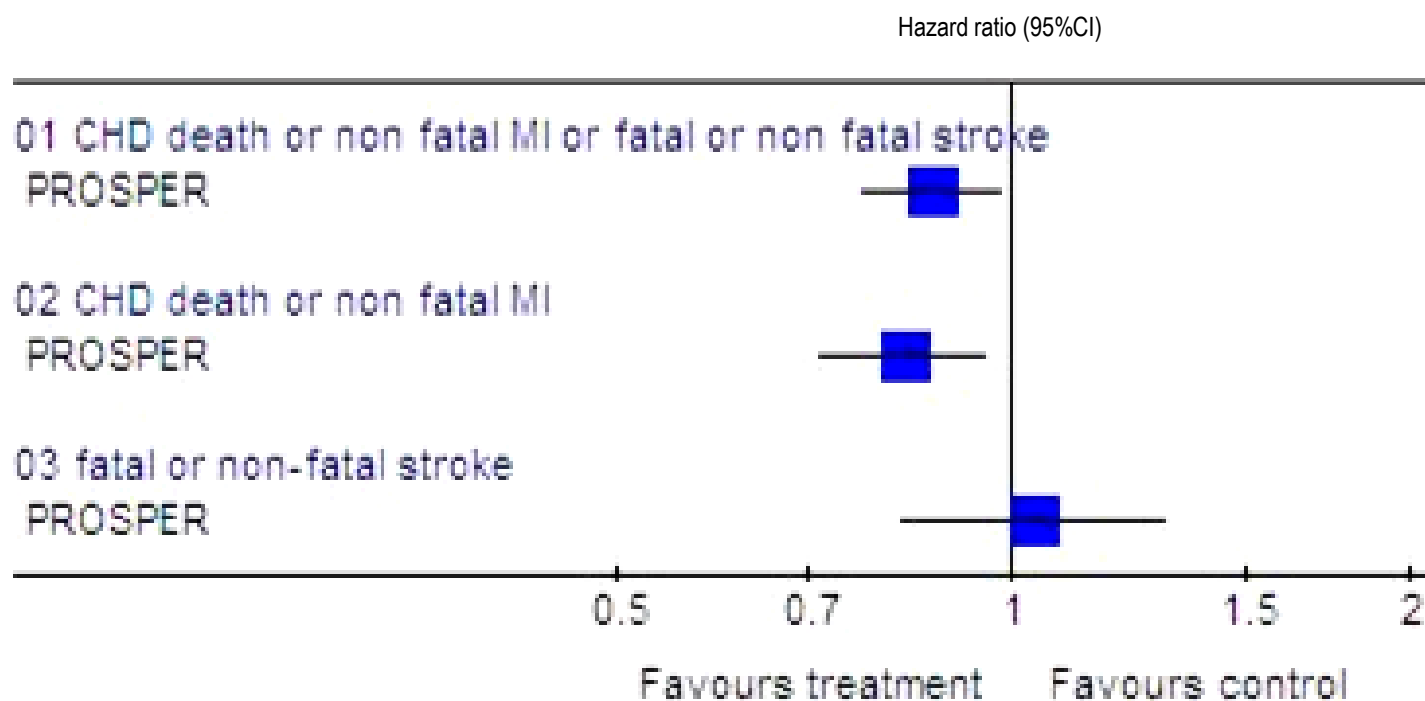
People aged ≥ 75 years should be treated in the same way as younger people.

Older people gain a similar relative benefit from cholesterol lowering, but are more likely to benefit in absolute terms because of their much higher pretreatment cardiovascular risk



Supported by Diabetes New Zealand

Cholesterol drugs over age 70



Shepherd J, Blauw GJ, Murphy MB, Bollen EL, Buckley BM, Cobbe SM, et al. Pravastatin in elderly individuals at risk of vascular disease (PROSPER): a randomised controlled trial.

Lancet 2002;360:1623-

Pravastatin in elderly individuals at risk of vascular disease (PROSPER): a randomised controlled trial

James Shepherd, Gerard J Blauw, Michael B Murphy, Edward L E M Bollen, Brendan M Buckley, Stuart M Cobbe, Ian Ford, Allan Gaw, Michael Hyland, J Wouter Jukema, Adriaan M Kamper, Peter W Macfarlane, A Edo Melnders, John Norrie, Chris J Packard, Ivan J Perry, David J Stott, Brian J Sweeney, Clillian Twomey, Rudi G J Westendorp, on behalf of the PROSPER study group*

Summary

Background Although statins reduce coronary and cerebrovascular morbidity and mortality in middle-aged individuals, their efficacy and safety in elderly people is not fully established. Our aim was to test the benefits of pravastatin treatment in an elderly cohort of men and women with, or at high risk of developing, cardiovascular disease and stroke.

Methods We did a randomised controlled trial in which we assigned 5804 men (n=2804) and women (n=3000) aged 70–82 years with a history of, or risk factors for, vascular disease to pravastatin (n=2913). Baseline total cholesterol was 4.0 mmol/L to 9.0 mmol/L (mean 6.5), average and our primary endpoint was the risk of coronary death, non-fatal stroke. Anaemia was also reduced.

Findings Pravastatin reduced the risk of coronary death by 34% and reduced the risk of non-fatal stroke to 408 events compared with placebo (hazard ratio 0.85, 95% CI 0.75–0.96). Heart disease death risk was also reduced. Stroke risk was unaffected (1.03, 0.81–1.31, p=0.8), but the hazard ratio for transient ischaemic attack was 0.75 (0.55–1.00, p=0.051). New cancer diagnoses were more frequent on pravastatin than on placebo (1.25, 1.04–1.51, p=0.020).

However, incorporation of this finding in a meta-analysis of all pravastatin and all statin trials showed no overall increase in risk. Mortality from coronary disease fell by 24% (p=0.043) in the pravastatin group. Pravastatin had no significant effect on cognitive function or disability.

Interpretation Pravastatin given for 3 years reduced the risk of coronary disease in elderly individuals. PROSPER therefore extends to elderly individuals the treatment strategy currently used in middle aged people.

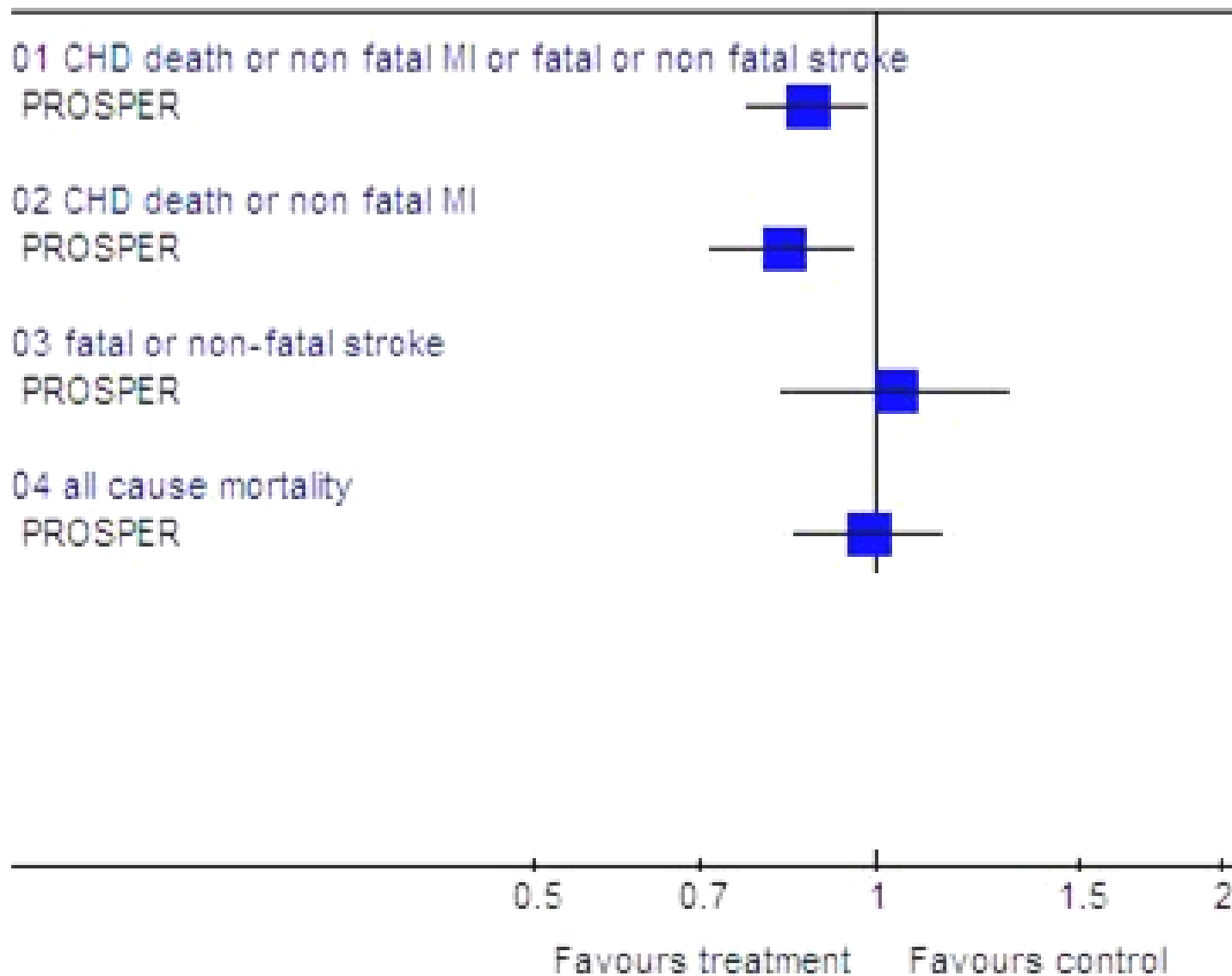
Lancet 2002; **360**: 1623–30. Published online Nov 19, 2002
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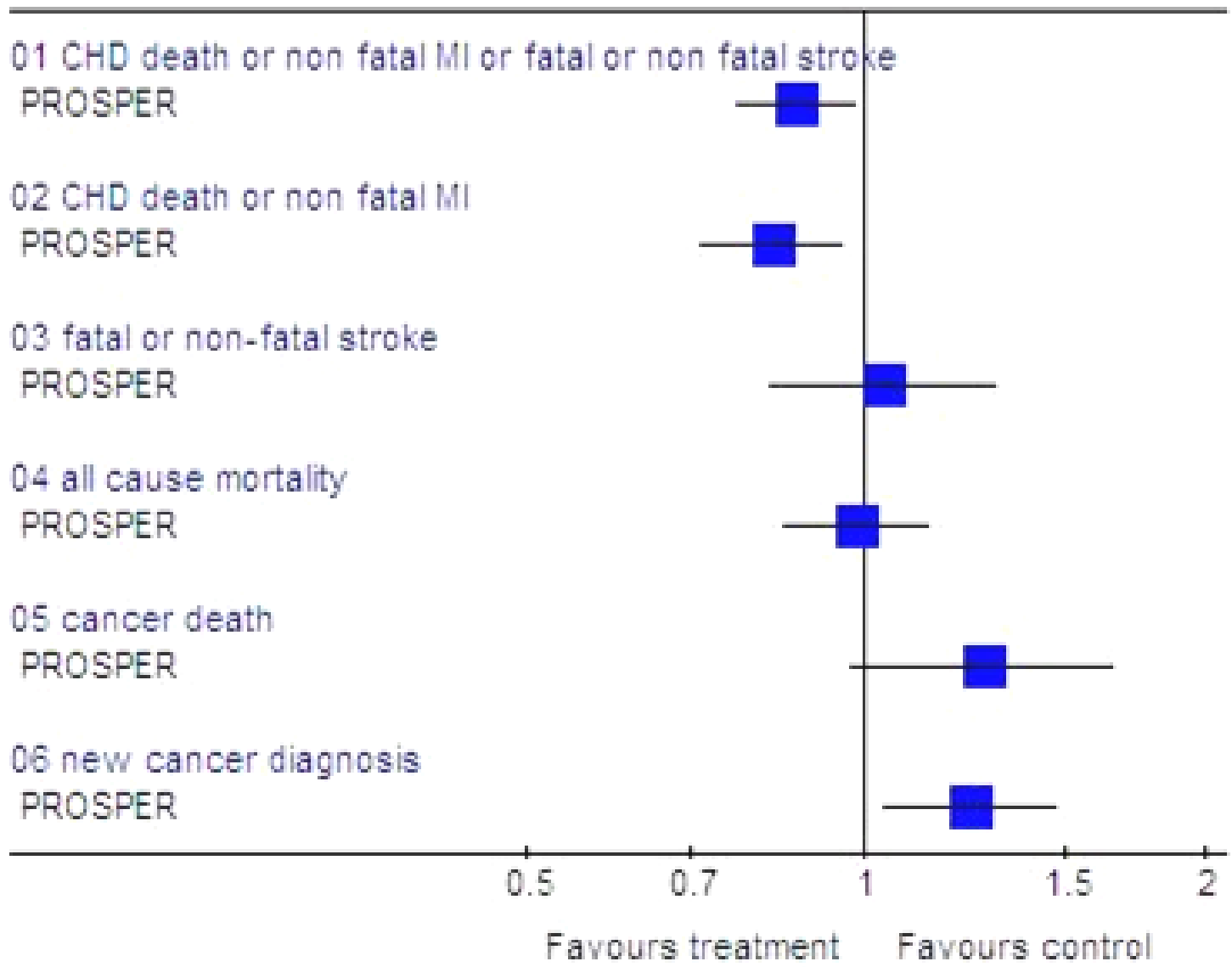
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increasing age.^{7–9} The frequency of stroke, an important manifestation of vascular disease in elderly individuals, is associated with hypertension and seems independent of plasma cholesterol.¹⁰ However, investigators of previous statin trials¹¹ have reported benefits on stroke, and results of observational studies have raised the possibility that statins could reduce the rate of cognitive decline in elderly people.¹² However, in the oldest old people, low plasma cholesterol is associated with increased mortality.¹³ In view of these conflicting observations, we concluded that the balance of the efficacy and safety of cholesterol

*Members listed at end of paper

University Department of Pathological Biochemistry (Prof J Shepherd MD, A Gaw MD, Prof C J Packard DSc), North Glasgow University NHS Trust; Robertson Centre for Biostatistics (Prof I Ford PhD, J Norrie MSc), and Division of Cardiovascular and Medical Sciences (Prof S M Cobbe MD, Prof P W Macfarlane DSc,





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Conflict of interest statement

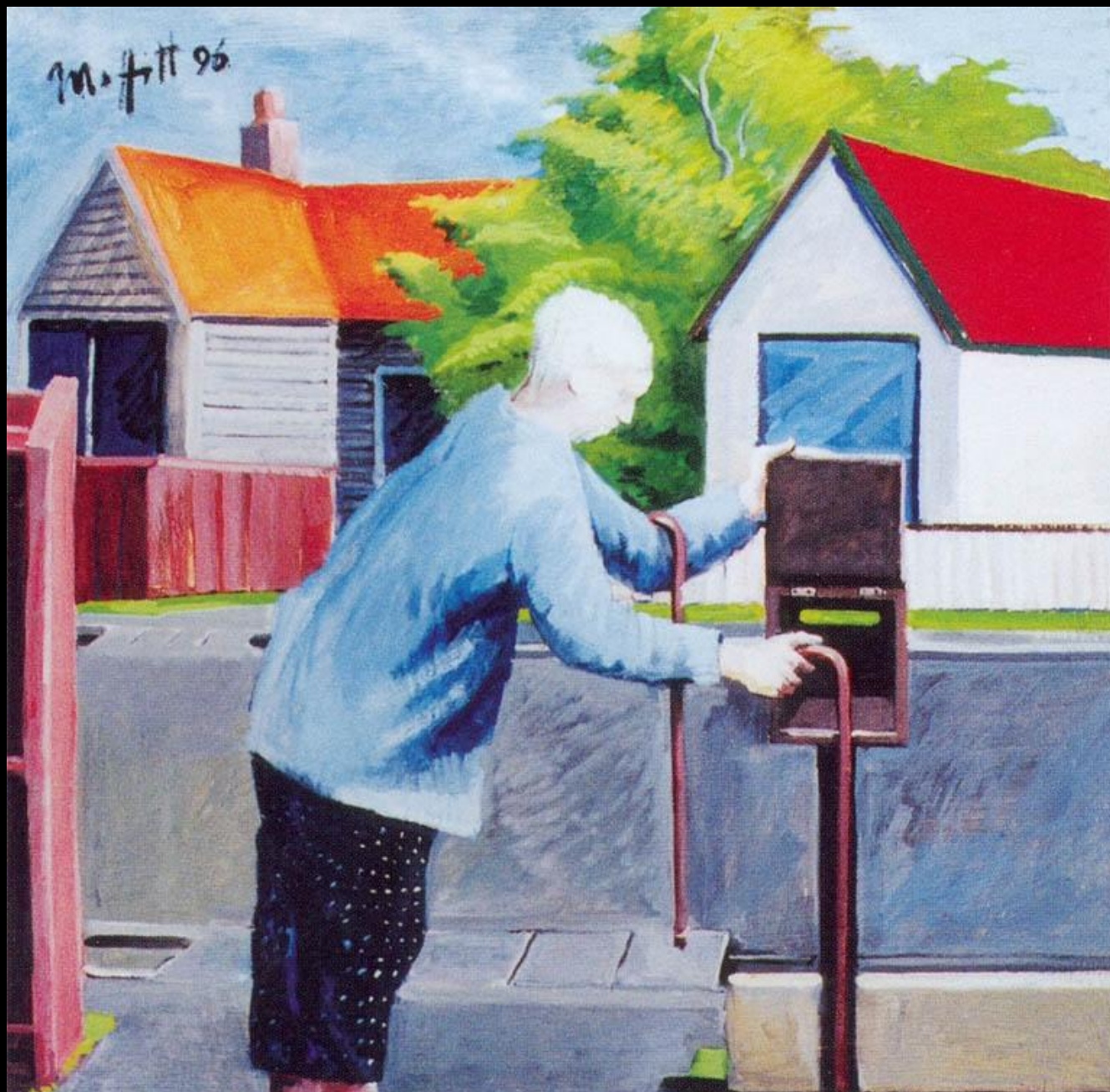
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The Empty Mailbox



T Moffitt

OK Grandad, You Look Out the Window and I'll be Back in 3 Hours

T. Moffitt



'I can't say I'm particularly bothered about heart disease. To a certain extent I'd rather go with a heart attack than drag on.'

*'certainly something you dread, you know (cancer)...
a really unpleasant way to go ... I wouldn't wish it on anyone'*

C. Emslie, K. Hunt, G. Watt. *Coronary Care* 2001 (5) 25-32



The Art of Not Doing, Well

“It is an art of no little importance to administer medicines properly: but, it is an art of much greater and more difficult acquisition to know when to suspend or altogether to omit them.”

Philippe Pinel Treatise on Insanity



P4
hst

Overall mortality and morbidity

	Study Group	Control Group	P - Value
n	119	71	
Death /yr	25 (21%)	32 (45%)	0.001
Referrals to acute care /yr	14 (11.8%)	21 (30%)	0.002

LESS IS MORE

Feasibility Study of a Systematic Approach for Discontinuation of Multiple Medications in Older Adults

Addressing Polypharmacy

Doron Garfinkel, MD; Derelie Mangin, MBChB

- 311 medications in 64 patients (58%) of drugs discontinued
- 4/5 didn't have to be restarted
- 80% reported a global improvement in health
- No adverse events from the discontinuations

Comparative Safety



Making medicines safer for all of us

Enter a drug name (e.g., Paxil)

Search

home | about us | RxISK stories | report a drug side effect | log in

All prescription drugs have benefits and side effects.

BENEFIT

ANTI-ANXIETY MEDS

SIDE EFFECT



REDUCES PARANOIA

**GOOD
BAD**



DROWSINESS

Find the right balance. RxISK is the drug safety website to research and report side effects.

No one knows a drug's side effects like the person taking it. Use this website to inform yourself on the drugs you are being prescribed. Take the next step and [report any side effects](#) you are experiencing to

Get a Free RxISK Report

Share your experiences with the prescription drugs you are taking and receive a free report to take to your doctor or pharmacist.



You've been handed a megaphone to help change drug safety. Make your voice heard!

[Report a drug side effect](#)

The RxISK Team



Sans....

Ask your doctor
if this drug is not worth it for you

To improve the individual's experience of healthcare we must not define people by their sicknesses but rather treat them as a sick person

