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

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King Charles II

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 plasters made from pigeon droppings on the soles 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


SIGN
Scottish Intercollegiate Guidelines Network
NHS
Quality Improvement Scotland
97
Risk estimation and the prevention of cardiovascular disease
A national clinical guideline
February 2007
Evidence-based Best Practice Guidelines
JUNE 2005
New Zealand
Cardiovascular
Guidelines Handbook
Developed for Primary Care Practitioners
CD Rom included
Risk Assessment
Atrial Fibrillation
Heart Disease
Stroke
Diabetes
Smoking Cessation
Supported by Diabetes New Zealand
Canadian Diabetes Association
September 2008 | Volume 32 | Supplement 1
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 SOCIETE CANADIENNE DE THORACOLOGIE
Medical section of Section medicale de
THE LUNG ASSOCIATION L'ASSOCIATION PULMONAIRE
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- COPD
- Type 2 diabetes
- Hypertension
- Osteoarthritis
- Osteoporosis

Boyd et al Jama 2005

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

Patient centred care?

"The sick-man may be said to have disappeared from medical cosmology ….(as) the universe of discourse of medical theory changed from that of an integrated conception of the whole person to that of a network of bonds between microscopic particles……."

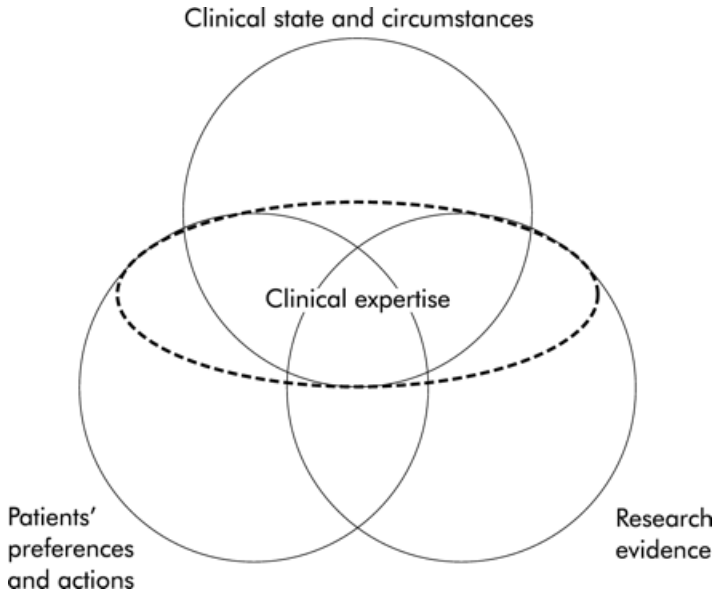
NA Jewson Sociology 1976

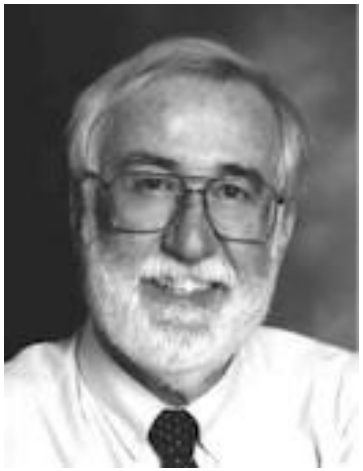
"the plethora of theories and therapies, which had previously afforded the sick-man the opportunity to negotiate his own treatment, were replaced by a monolithic consensus of opinion imposed from within the community of medical investigators."

NA Jewson Sociology 1976

Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values

- *Sackett & Straus* BMJ 1996;312:71-2.

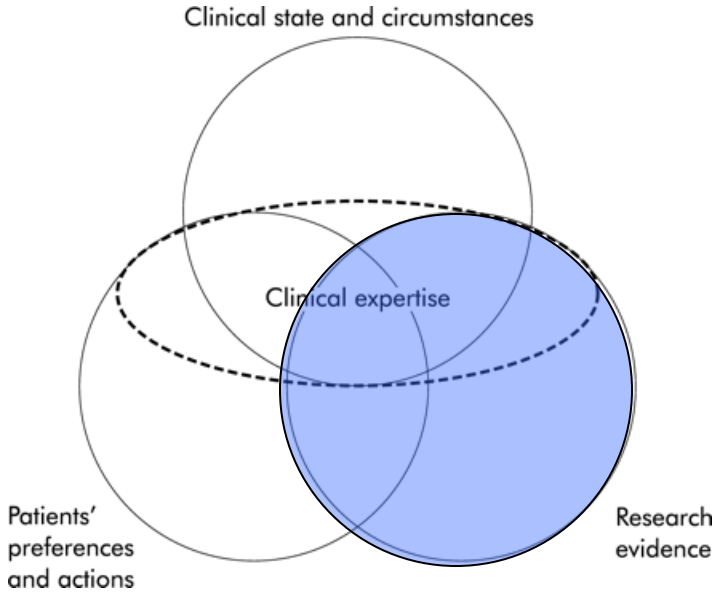


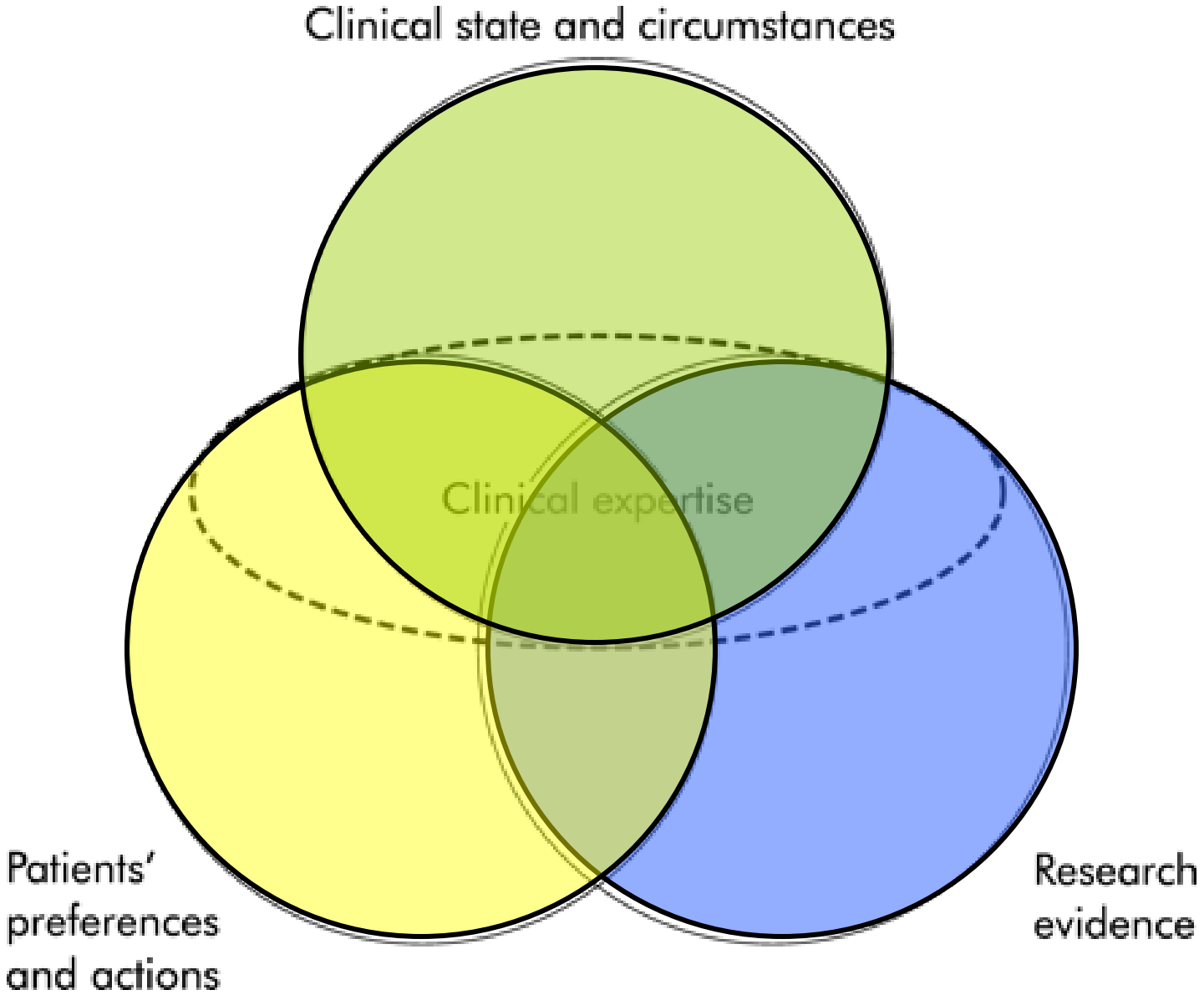


Dave Sackett

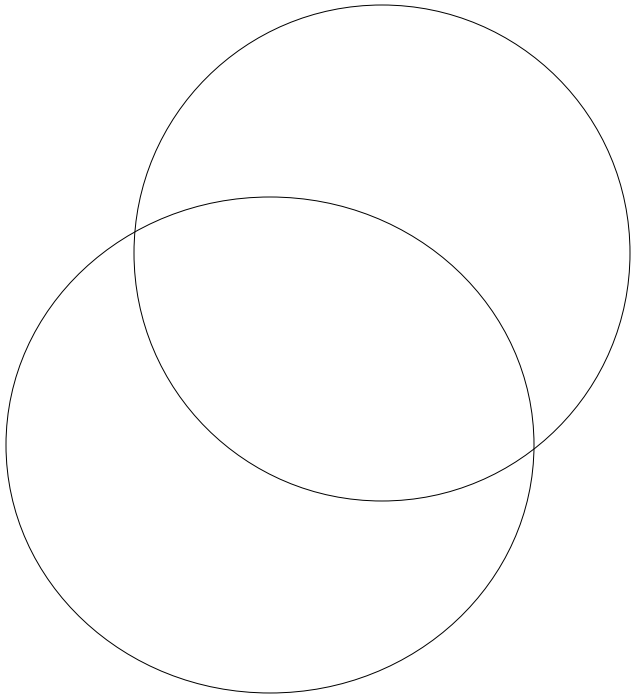
Guidelines and EBM

~~Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values~~



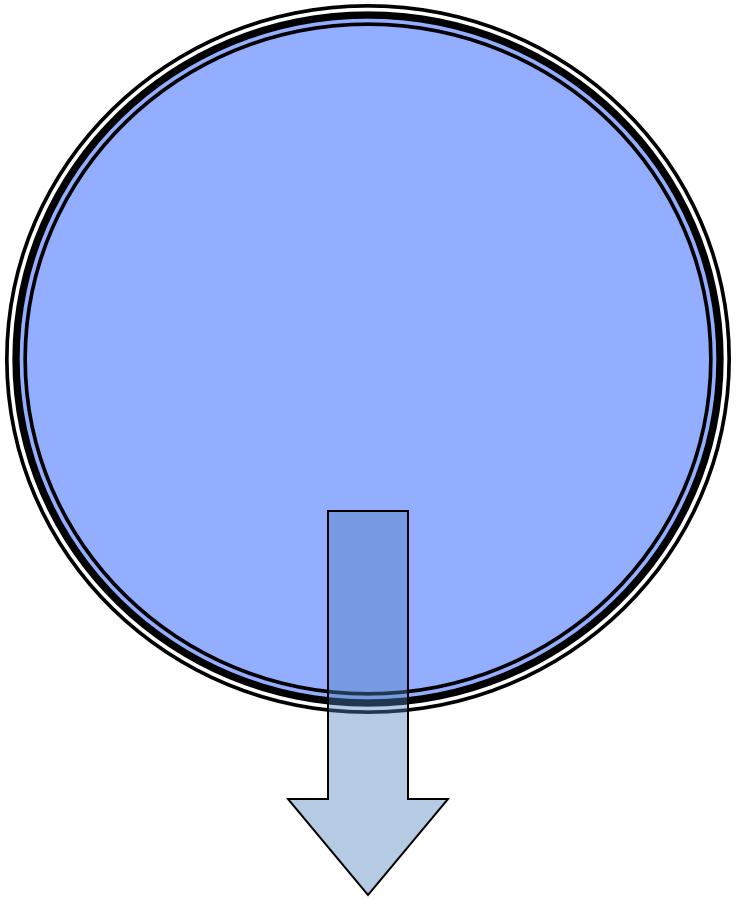

Clinical state and circumstances
Clinical expertise
Patients' preferences and actions
Research evidence

Clinical state and circumstances



Patients' preferences and actions

Research evidence



Improved health outcomes

The invisible pandemic

- Hospitalisation die to medicine adverse events in older adults 17%
- Adverse drug reactions 4-6th most common cause of death (US)
- Adverse drug reactions cost USD $27 million for every million older adults in the community

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

PHARMAC NZ data

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 Meinders, John Norrie, Chris J Packard, Ivan J Perry, David J Stott, Brian J Sweeney, Clillan 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 pravasta
(n=2913). Baseline
4·0 mmol/L to 9·0
average and our
coronary death, non
non-fatal stroke. Ana

Findings Pravastatin
by 34% and reduce
to 408 events co
ratio 0·85, 95%
heart disease dea
risk was also reduc
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
http://image.thelancet.com/extras/02art8325web.pdf

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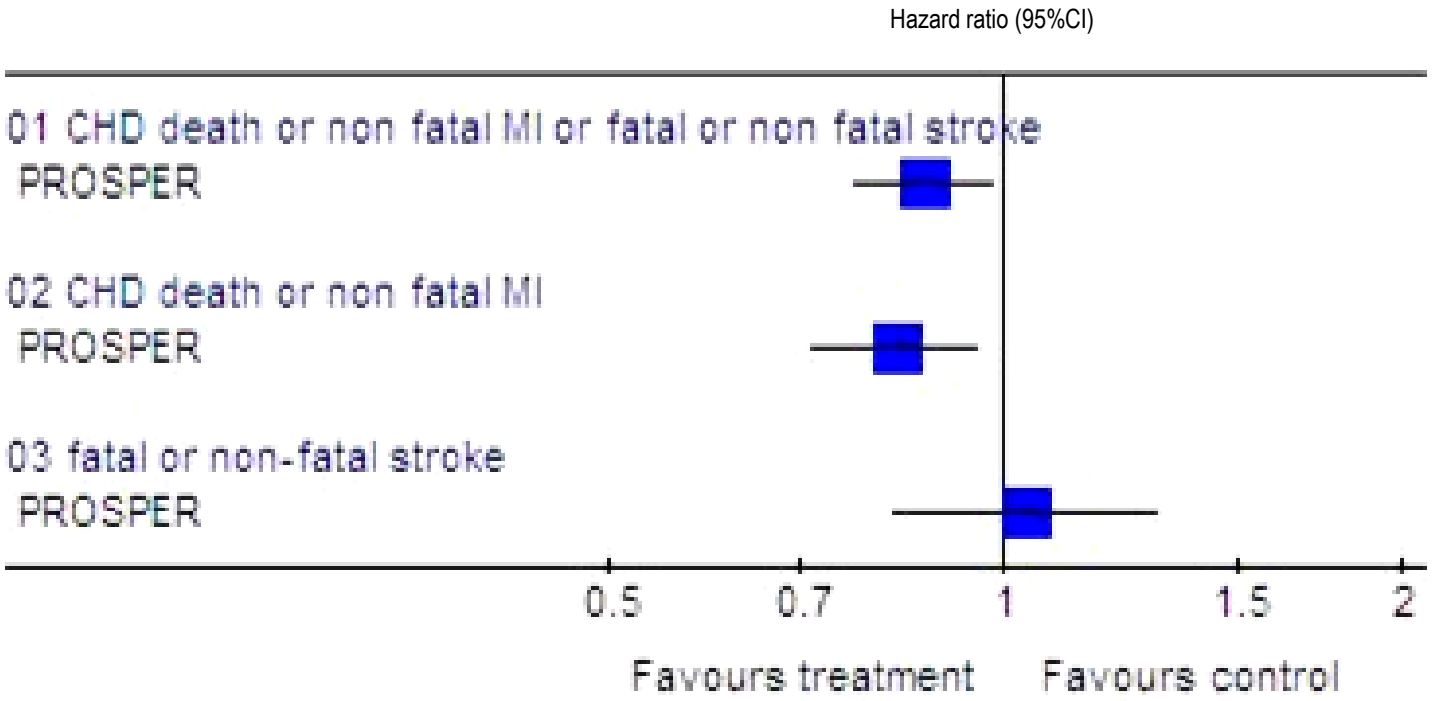
increasing age.[7–9] The frequency of stroke, an important manifestation of vascular disease in elderly individuals, is associated with hypertension and seems independent of plasma cholesterol.[10] However, investigators of previous statin trials[11] have reported benefits on stroke, and results of observational 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.[8,9] In view of these conflicting observations, we concluded that the balance of the efficacy and safety of cholesterol

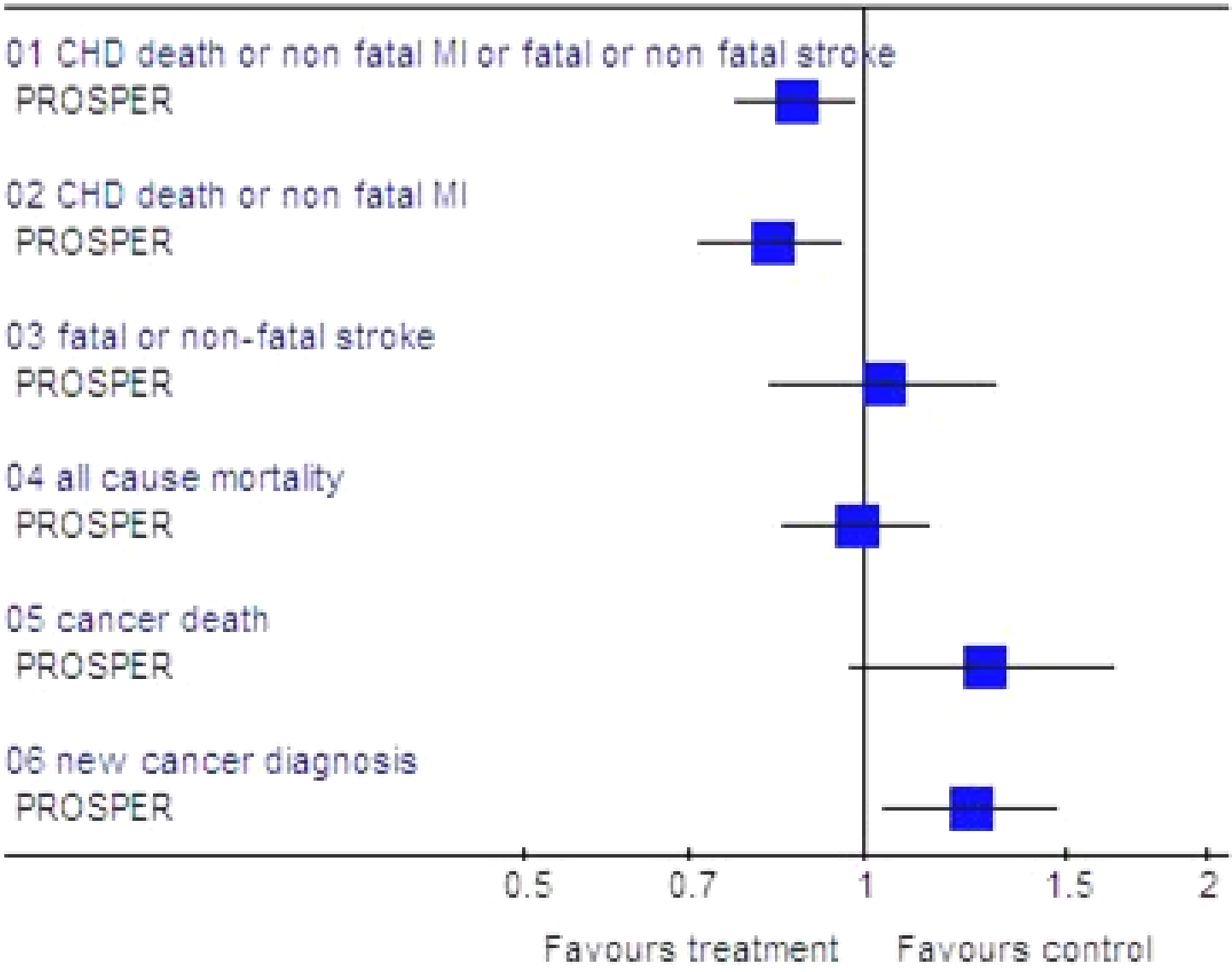
*Members listed at end of paper

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,

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-



D Mangin, K Sweeney, I Heath BMJ 2007;335;285-7

Conflict of interest statement

The authors declare the following arrangements with the sponsoring company or other companies, or both, making competing products. Consultancy agreements: J Shepherd, M B Murphy, I Ford, B M Buckley, S M Cobbe, J W Jukema, C J Packard. Research support, honoraria, travel grants: J Shepherd, G J Blauw, M B Murphy, E L E M Bollen, B M Buckley, S M Cobbe, I Ford, A Gaw, M Hyland, J W Jukema, P W Macfarlane, A E Meinders, J Norrie, C J Packard, D J Stott, R G J Westendorp.

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Quaternary Prevention

P4

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

ORIGINAL INVESTIGATION

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

Arch Intern Med. 2010;170(18):1648-1654

- 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

Patient care vs disease management

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

Challenge

- Disease based medicine
- Homogeneous medicine
- Commercial control of research and data
- Epidemiologically driven priorities for care
- The RCT as the only form of valid evidence

Embrace

- Multimorbid illness as unique patterns of symptoms, problems and functioning
- Patients priorites for care
- Observation of individual response to the effects and side effects of treatment – the forgotten highest level of the EBM pyramid
- Variation in clinical interpretation of science

PROMOTE

Research, guidance, policy and measures of care that seek to value these attributes and to understand and describe multimorbidity and support the complex art of not giving or stopping treatment