Interpreting Science for Clinical Practice

“Medical Science, Education and Research need a Complete Paradigm Shift”

by

C.V.Krishnaswami

Symposium during the Visit of the President, Royal College of Physicians of Edinburgh (Prof.Neil Dewhurst) On

13th January, 2012, Chennai, Tamil Nadu, INDIA.
Present scenario of Medical Science, Education & Research.

Negative side

Hierarchical in its set-up (Clinical Training, Publications, Peer-Review mechanism, etc).

Professor cannot be questioned.
Profit Driven

Profit Driven, Pharma Dominated & Not Patient – Centric (Resulting in exponential Morbidity & Mortality).

eg: Cox-2 Inhibitors, Prophylactic Aspirin, The block buster Statins, Biguanide Metformin, The tragedy of Glitazones.

The huge market for Anti Psychotic Drugs & Dementia Drug Therapy not to mention Drug Therapies for borderline Asymptomatic Hypertension, Diabetes Mellitus & Dyslipidaemia.
Statistical Medical Research touted as evidence is Reductionist-Oriented leaning upon RCT as Gold Standard with Ethics & Medical Morality gone with the wind.

Sir Michael Rawlins – Chairman of NICE, UK in his Harverian Lecture has stated that “RCT as Gold Standard of evidence has been given an undeservedly high Pedestal”.

eg- The negative results of all the studies are suppressed (or) relegated so that the common practicing physicians (or) the Medical Students & the Post graduates of the present day are not aware of the true dangers of ADR, RED ALERTS, BLACK BORDER ALERTS & the extent of the unholy combos, that are being prescribed by doctors all over the world, immaterial of the age of the patients (including Senior Citizens).
Diabetes drugs and blood thinners cause two-thirds of the 99,628 US senior hospitalizations each year because of drug adverse events, researchers from the CDC reported in *NEJM (New England Journal of Medicine)*. The authors added that hundreds of millions of dollars could be saved if focus were placed on education and drug management of patients with certain long-term (chronic) diseases and conditions.

This article comes as the US Government aims to bring down the number of repeat hospitalizations by one fifth by the end of 2013.

Dan Budnitz, M.D., M.P.H., director of CDC's Medicaton Safety Program said:

48.1% of hospital admittances occurred among patients aged at least 80 years. 65.7% were caused by drug overdoses, or unexpected reactions to medications which were taken according to instructions.
Thousands Of Seniors Hospitalized Due To Diabetes Drugs And Blood Thinners Annually, USA

- Warfarin - caused 33% (33.171) of hospitalizations. Warfarin is a blood thinner - it prevents the formation of blood clots. When not monitored properly it can lead to hemorrhaging. The authors believe the cost of warfarin-cause hospitalizations is in the hundreds of millions of dollars annually.

- Insulin injections - caused 14% of emergency hospitalizations. Insulin injections are used for blood sugar control in patients with diabetes.

- Antiplatelet drugs - caused 13% of emergency hospitalization. Examples include aspirin and clopidogrel. These drugs also help prevent the formation of blood clots (prevent platelet formation)

- Oral hypoglycemic agents (oral diabetes drugs) - caused 11% of emergency hospitalizations.

The authors say that national monitoring of adverse drug events of newly approved medications is vital, especially those that become popular.

Approximately 40% of seniors take between five and nine medications, while 18% are on at least ten drugs, the authors found.
Where the prescription looks like the laundry list!

PROF. B. M. HEGDE

http://www.hindu.com/
Online edition of India's National Newspaper
Sunday, Dec 05, 2010

DRUGS GALORE: One beta blocker, one ACE inhibitor, one blood thinner, one sugar lowering drug, of course, one cholesterol lowering drug and many others for every patient.
### Repetitive Multimillion $ Multicentric Studies Reaching the same results – Negative

#### Oral Hypoclycemic Agents

<table>
<thead>
<tr>
<th>Research Studies</th>
<th>Names</th>
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<tr>
<td>UGDP</td>
<td>INSULIN, SULPHONYLUREA DRUGS</td>
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<tr>
<td>DCCT</td>
<td>BIGUANIDES &amp;</td>
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<td>UKPDS</td>
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<td>DREAM</td>
<td>ALPHA GLUCOSIDASE INHIBITORS</td>
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<td>PROACTIVE STUDY</td>
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<tr>
<td>ACCORD &amp; Its’ Meta – Analyses - HbA1c &amp; Mortality</td>
<td>GLIP - COMBOS</td>
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<tr>
<td>Risk, Micro Vascular Complications Vs Mortality</td>
<td>COMBINATIONS</td>
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<tr>
<td>ADVANCE STUDY</td>
<td>(1+2, 1+2+1, 1+2+2, 1+2+2+insulin)</td>
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<tr>
<td>VA STUDY</td>
<td></td>
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<tr>
<td>And Many More</td>
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Managing shame is important for improving health care


Frank Davidoff – USA.

In 1960’s the results of UGDP showed that Tolbutamide, was associated with a significant increase in mortality in patients who developed Myocardial Infarction. The obvious response from Medical Profession should have been gratitude: here was an important way to improve the safety of Clinical Practice. But in fact the response was doubt, outrage, even legal proceedings against the investigators; the controversy went on for years. Why?
The scandal of poor medical research

We need less research, and research done for the right reasons

What, then, should we think about researchers who use the wrong techniques (either willfully or in ignorance), use the right techniques wrongly, misinterpret their results, report their results selectively, cite the literature selectively, and draw unjustified conclusions? We should be appalled. Yet numerous studies of the medical literature, in both general and specialist journals have shown that all of the above phenomena are common. This is surely a scandal.

Douglas G. Altman – Head Medical Statistical Laboratory Imperial Cancer Research Fund, LONDON.

Do epidemiologists cause epidemics?

“Epidemiology – is it time to call it a day?”

- 284 BMJ volume 308 29 January 1994
- THE LANCET – VOL 341: APRIL 17, 1993
- International Journal of Epidemiology
Cardiovascular Risk of Oral Antidiabetic Drugs: Current Evidence and Regulatory Requirements for New Drugs
Gopi Krishna Panicker, Dilip R Karnad, Vaibhav Salvi, Snehal Kothari

Pioglitazone Safe, So Save
Samar Banerjee

Pioglitazone – Where do we Stand in India?
Viswanathan Mohan, Sharan Bedi, Ranjit Unnikrishnan, Binode Kumar Sahay, Shashank Joshi, Anoop Misra

Pioglitazone and Bladder Cancer: The Pros and Cons
Vijay Panikar

The Cage in Search of a Bird
Sanjay Kalra
The PROactive investigators conclude, “in patients with type 2 diabetes who are at high cardiovascular risk, pioglitazone improves cardiovascular outcome, and reduces the need to add insulin to glucose lowering regimens compared with placebo,” and “we believe our results are generalizable to all patients with type 2 diabetes.” For the reasons reviewed above, as a disciplined clinical trialist, I would argue that such conclusions statistically and clinically are not justified and make a mockery of our system of evidence-based medicine. To me, this is a sad tale.
We are in an era of “DISEASE MONGERING” “SCARE MONGERING” & “STATISTICS MONGERING” (backed by world bodies like WHO, IDF, ADA, AMA, FDA – Not to mention The Indian & Regional Cohorts who Knowtow them)

What we need today is HEALTH MONGERING & HEALTH EXPECTANCY INDEX instead of Life Expectancy Index & World Wide Cost Effective & INCLUSIVE HEALTHCARE MODELS & SYSTEMS.
On the positive side. We have the freedom of Speech & Freedom of dissent, if we use these without Vituperation, Malice or waged motives & to perceived betterment of human kind.

Books like these are allowed to be published though for some strange reason(s) not available in India.
Institutions like the RCPE (over 300 years old) still have the guts & sense of Fair Play lacking even in other famous peer reviewed journals.

I am most grateful to Prof. A.J. Simpson the editor of JRCPE & his Team for publishing my letter which had been turned out by other peer reviewed Journals.

_J R Coll Physicians Edinb_ 2010; 40:283–6

**The RCPE UK Consensus Statement on Diabetes opens up more questions**

Professor CV Krishnaswami  
*Formerly Hon. Clinical Professor, Govt. Stanley Medical College and Hospital, Chennai, India; and Head of the VHS Diabetes Department and Chairman, TAG-VHS Diabetes Research Centre*

**References**


(Sepetember 2010)
References


Authors’ response

1Dr Scott Ramsay, 2Dr James Walker, 3Dr Alan Jaap, 4Professor Roland Jung
1Lead RCPE Consensus Conference Co-ordinator; 2,3Co-chair of the RCPE UK Consensus Conference on Diabetes; 4Chair of the RCPE UK Consensus Conference on Diabetes

References

Finally for achieving the cost effective inclusive healthcare models, we need encouragement & World wide adoption of IT initiatives which over the last 1 decade have proved themselves to be security – proof with inbuilt transparency for honest, speedy & accurate analysis saving enormous time, space & money!! Will this happen in this decade? Or this century??

DIABETOPAEDIA . COM – Meeting the challenges of Providing Information for Doctors, Patients and Health-Carers in Diabetes.

The above two papers were presented during the conference organised by the 7 Royal Colleges of Physicians & Surgeons of Scotland and The British Medical Journal publishing group in October-2002
The Most Powerful Doctor You Never Heard Of

Matthew Herper, 09.09.10, 09:20 AM EDT
Forbes Magazine dated September 27, 2010

Doctors don't know what they are doing wrong. A Yale cardiologist is working to change that.

Bribing Doctors To Go Electronic
David Whelan,
Forbes Magazine dated September 27, 2010

A hospital chain pays private practice physicians to switch to computers.
Providing a New Paradigm in Diabetes Research & Inclusive-Healthcare Models

Connecting proportionately, the ancient Indian Medical wisdom, with Modern Medicine, Energy Medicine, and Wellness-Concepts, Customized through an Innovative Tele-health initiative, to optimize and enhance Human Health Expectancy.

For more information log onto: www.tagvhsdrc.com & www.vhsdiabetes.org
Email - info@tagvhsdrc.com
Tel - 2254 1921 / 2254 1922

A virtual paperless hospital model in existence in our Voluntary Health Services Hospital, since March 2011.