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ALLERGY

I occasionally read Rod Liddle's column in the Sun. One reason is that I haven't yet worked out if you have to be incredibly brave or incredibly stupid to attack fundamentalists fiercely in print. These are the sort of people who'd chop your head off as soon as look at you - and yet Rod regularly lays into them. His rants never fail to act as a reminder of Lady Isobel Barnett's favourite quotation. It concerns the last moments of a monk in days of yore: "Such was his faith that he approached the barbarian horde armed only with a twig. He was killed instantly."

Sometimes Rod, armed only with a quill, takes a break from his holy war and comes up with an interesting news snippet. Last week he asked: "Do you suffer from a wholly imaginary medical condition?" He went on to explain: "An awful lot of people do. Gluten intolerance for example. A new study from Italy suggest that two-thirds of people who think they suffer from this are perfectly fine - and can eat wheat until it starts growing out of their ears. There's nowt really wrong with them. But don't expect anything to change - there's a whole bunch of money to be made from flogging gluten free products for people suffering from nothing more than a delusion."

I've written before about the lack of facilities for people suffering with allergic conditions within the NHS - and this drives patients into the arms of fringe practitioners. Many of these offer tests that are 'evidence free' (to put it charitably) - but, if you've paid good money for them, you tend to believe in the results implicitly.

A Professor from Guys Hospital once conducted a experiment in which he took a small group of people with severe allergies and put the cowboy allergy laboratories to the test. These patients weren't suffering from vague symptoms - they featured people like the chap who was so allergic to fish that if you put him within a hundred yards of one on a windless day he'd have a full blown anaphylactic reaction (he said, exaggerating slightly in order to make a point.) A better example is: a patient who was so allergic to nuts that if you used a scoop that had previously been used on an ice-cream containing nuts on her 'nut free' ice-cream cone, she'd have a full blown, life threatening, allergic reaction (he said, not exaggerating at all.)

The Prof first sent samples to the laboratories in question and awaited the response. So, for example, you might send a specimen of a type specified by a certain laboratory and, low and behold, when the results came back, there was extremely poor correlation between the known allergic condition(s) and the report produced by the lab in question. You could have done better just by guessing. He then did a very naughty thing - he sent the same samples from the same patients to the same laboratories but changed the name of the patient on the specimen. The results that came back again bore little or no resemblance to the known allergies - but, more importantly, the results he received the second time around bore little or no resemblance to the results he received the first time. This was damning evidence - but it has done little to dent the trade in such tests.

Ben Goldacre in his terrific 'Bad Science' column once commented on newspaper report about drug companies "inventing" diseases to sell more of their products. He commented: "But of course, medicalisation of our problems isn't just something that drug companies and the media are selling, it's something we are buying. Looking at food intolerance alone, more than 40% of people are estimated to suffer from food intolerance, according to Allergy UK, a popular charity and pressure group (and founding publishers of Allergy, a lifestyle magazine). That's 25 million people.

Meanwhile the front cover of the new book by Patrick Holford, ubiquitous and bestselling author, reads: "One in two people suffers from a hidden food allergy. Find out if you are one of them." Half the population is a very big market if you can persuade them all, and if he can, Holford is also recommending and endorsing vitamin pills to treat this condition. Its "classic symptoms" include, to take Holford's own list, "weight gain, strong food cravings, bloating, abdominal pain, irritable bowel, diarrhoea, constipation, fatigue, depression, hyperactivity and bedwetting in children, rhinitis, eczema, itches, rashes, asthma, sinus problems, ear infections, mouth ulcers, headaches and migraines, joint aches and pains." I believe I may have had some of those.

Meanwhile, there are pseudoscientific diagnostic tests to measure intolerance to specific foods, ranging from Vega testing, an exotic machine that measures electromagnetic field in response to holding samples of foods in containers, to a vast market in dubious allergy blood tests. It would be madness to deny that people have unpleasant symptoms, and for some they may be related to certain foods: the question is, what do we add by giving it a biomedical label, rolling out the diagnosis to include half the population, "diagnosing" it with dubious tests, or treating it with unproven interventions?

More importantly, why should we feel the need to give all distress and discomfort a sciencey label, if that label is tenuous? How do we gain from that? Is the distress and discomfort not enough in itself? If drug companies, the media, alternative therapists, and shops are all selling medicalisation, that's only half the story: much more interesting is the fact that we are buying it.

We have collectively got to a point where distress and discomfort are only legitimate when they have an objective biomedical diagnosis, and we're all players in that game. To pretend that medicalisation is something that is done to us – by evil, powerful outside influences – only plays up to a dangerous sense of passivity."

Bad Science surrounds us - it's what sells papers. If you want more examples Google '*Ben Goldacre - Who's holding the smoking gun on Bioresonance?*' or '*Ben Goldacre - The Truth About Nutritionists*' ... or get hold of a copy of his books '*Bad Science*' and '*Bad Pharma*.'

WHEN TO BE ILL

Patients admitted to hospital at the weekend are more likely to be sicker and have a higher risk of death, compared with those admitted during the week, according to an analysis published in *The BMJ*. In the latest analysis, the authors found that around 11,000 more people die each year within 30 days of admission to hospital on Friday, Saturday, Sunday, or Monday compared with other days of the week (Tuesday, Wednesday, Thursday). This suggests a generalised "weekend effect" which can be partly explained by the reduced support services that start from late Friday through the weekend, leading to disruption on Monday morning. Patients already in hospital over the weekend do not have an increased risk of death.

These results remained the same even when taking into account the severity of illness. The authors caution that it is not possible to show that this excess number of deaths could have been prevented, adding that to do so would be "rash and misleading." Nevertheless, they say the number is "not otherwise ignorable" and "we need to determine exactly which services need to be improved at the weekend to tackle the increased risk of mortality."

My advice is simple - "Don't be ill at weekends." Always consult your doctor about the best days and times to be ill. For example, those of us in general practice would not advise anyone to be ill on the Tuesday immediately following a 4 day bank holiday. GP surgeries are liable to be filled with

people who have saved up their illnesses for days and they will be packed into a crowded waiting room, coughing and sneezing all over you. By the time you leave, you are likely to be a whole lot sicker than you were when you arrived. Try to arrange your illnesses for 'off peak' times when you are assured of a seat in the waiting room and are more likely to be seen by an unstressed clinician who will have the time needed to focus on your problem. Look at it from our point of view - we are constantly put in difficult situations by patients who don't take advice on when to be ill - they just do it on a whim - and we are left to pick up the pieces. With a little thought and - dare I say it - consideration, the health service would run far more smoothly and it goes without saying that this would benefit all concerned.

LIFE BEGINS AT 90.

At the age of 91, Barbara Knickerbocker-Beskind, is working as 'a designer' in Silicon Valley. She concentrates on everyday problems and comes up with common-sense answers. The BBC website reports that her practical bent started to flower at an early age: "We didn't have money to buy toys so we used to make our own. I put two car tyres together to make a hobby horse - I learned a lot about gravity because I fell off so many times. "

She's still at it. "There was a gentleman who came up to me recently and said: 'Barbara, I need you to invent something for me - I walk slowly on a walker and I don't hear well, so when somebody comes up behind me and slaps me on the back it scares me to death. What can you do to help me? Maybe something that would be like a mirror?' I thought, 'Well, that's a no-brainer.' I went to the bicycle shop, got a rear-view mirror, attached it to his walker and he is so happy." We could do with a few more people like Barbara Knickerbocker-Glory in the NHS!

Dr John Cormack