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A PILL FOR EVERY ILL

James Meikle reports in the Guardian: “About one in four prescriptions issued for antibiotics in England each year – about 10m in all – are likely to be unnecessary as patients deliberately look for “soft-touch” doctors who give in to their demands for the medicines, a leading health official has said. Mark Baker, director of clinical practice at the National Institute for Health and Care Excellence (NICE), has warned that the growing crisis of antimicrobial resistance, in which profligate use of drugs has allowed bacteria to develop resistance, threatened healthcare and the “whole basis of medicine”. He also said infections would have to be treated by surgery if drugs no longer worked.”

James M goes on to say: “Nice demands 'more rigorous local policing of prescribing practice, with expert teams monitoring and comparing data from different hospitals, GP practices and other prescribers. Instances of very high, increasing or low volumes of prescribing should be examined.”

There is talk of disciplinary action – exactly what form this will take is not clear but rumours that a dominatrix clad in black leather will visit every practice to punish GPs who have been naughty have been dismissed on the basis that such action would be counterproductive in that it would increase antibiotic prescribing by middle aged and elderly male GPs.

The Royal College of GPs is “looking to regulators to support GPs who refused to prescribe unnecessary antibiotics and then faced complaints from patients.”

So what does NICE itself have to say? It points out that: “Antibiotics have dramatically reduced the number of deaths from infections and infectious diseases since they were introduced 70 years ago. They are now a vital tool for modern medicine and not just for the treatment of infections, such as pneumonia, meningitis and tuberculosis, but also for preventing infections from occurring during surgical procedures and cancer treatment.” The down side is “Our antibiotic resistance problem is compounded by the fact that the discovery of new antibiotics is at an all-time low, even though we’ve always had an understanding of the problems we could face if we run out of effective antibiotics.”

NICE has advice for improving the present situation ... “Our guidance on the prescribing of antibiotics for respiratory tract infections, an area where antibiotics are often over prescribed, can play an important role in reducing inappropriate prescribing. It states that a 'no-antibiotic', or 'delayed antibiotic strategy' should be used to treat people with infections. Healthcare professionals should reassure patients that this is because antibiotics will make little difference to symptoms, and may have side effects such as diarrhoea, vomiting and rash.”

The cause of all the heart searching is that, despite the prophecies of doom, broad spectrum antibiotic prescribing has gone up whilst it has been 30 years since a new class of antibiotics was last introduced. Drug companies are most interested in chronic diseases – ones that require patients to take medication for years. Conditions such as raised blood pressure, raised cholesterol and asthma are, therefore, attractive – that's where the big profits are to be found. To invest the £billions it takes to bring a new drug to the marketplace knowing that the target population is only likely to take it for a few days is not good business – the figures don't stack up.

In addition to 'doctor bashing' NICE is going to turn its attention to the patients who it says 'demand antibiotics inappropriately'. Advice on 'antimicrobial stewardship' will be issued to 'the general population' in due course. This will point out that only 10% of sore throats and 20% of acute sinusitis benefit from antibiotic treatment. It will point out that MRSA and similar doesn't just float down from outer space – these appear because bacteria are exposed to antibiotics and, given that the bugs are often cleverer than the prescribers, they soon learn how to cope with the drugs designed to kill them off.

The consequence ... the number of people who die each year across Europe from infections resistant to antibiotics is now reckoned to be 25,000. NICE says that, to attempt to deal with this problem, the aforementioned 'no antibiotic' (or a 'delayed antibiotic strategy') should be employed with respiratory tract infections such as the common cold, ear infections, acute cough/bronchitis and sore throats.

We are fortunate that our patients' attitude to antibiotic prescribing has changed over the years. In the old days people used to demand an antibiotic for trivial and self-limiting conditions ... e.g. the great majority of sore throats. Nowadays most patients will say something like: "I don't want an antibiotic unless it's absolutely necessary" or "I'll leave it a couple of days and come back if it gets worse, or if it doesn't get better on its own". There are still a few who try to put great pressure on prescribers to dish out antibiotics willy nilly – but fortunately their numbers are dropping.

IODINE IN PREGNANCY

Giving all pregnant women iodine supplements, even in mildly iodine deficient countries like the UK, could result in huge cost savings for health care systems and society, according to new research published in 'The Lancet Diabetes & Endocrinology' journal. The new estimates suggest that introducing iodine supplementation in pregnancy in the UK could save the National Health Service (NHS) around £200 per expectant mother and provide monetary benefits to society of around £4500 per child from increased lifetime earnings and lower public sector costs.

Apart from the financial benefits, what's the significance? "Iodine deficiency in pregnancy remains the leading cause of preventable retardation worldwide. Even mild iodine deficiency during pregnancy is associated with children with lower IQs," says Kate Jolly, a co-author and Professor of Public Health at the University of Birmingham in the UK. "It's time for all women living in iodine deficient countries without universal supplementation of iodine, who are pregnant, breastfeeding, or planning a pregnancy to be advised to take a daily supplement containing iodine."

Iodine is not made naturally in the body and must be consumed by eating foods like dairy and seafood or supplements. Severe iodine deficiency during pregnancy can cause substantial mental impairment and delayed development in children, resulting in a lower IQ and consequently lower educational attainment and earning potential.

Wow. I don't think everybody would go quite as far as Kate Jolly – but you can see the point. Iodine is needed for the production of the hormone thyroxine. In some localities, especially regions where glaciation occurred and has depleted the soil of iodine, 'goitres' occur. A goitre is an enlargement of the thyroid gland as it struggles to produce sufficient thyroxine. (Google 'Derbyshire Neck' if you want to see some interesting pictures.)

There is particular significance for the very young. In the bad old days the word 'cretin' was bandied about ... as in: "Cormack, why haven't you done your homework again, you cretin?" In the world of medicine, a cretin was a child born with congenital hypothyroidism ... in other words the thyroid gland didn't work properly. One of the results was an adverse effect on intelligence. The word has fallen into disuse because of the way it was abused by my history teacher.

For a long time all babies have been checked at birth for the condition which affects about 1 in 3,000 babies born in the UK. The 'heel prick test' picks up a number of abnormalities including congenital hypothyroidism which is easily treated if it's picked up early – which is why it's so important to have the test.

DIABETES UK

Has given a stark warning about the condition. The charity says more than 3.3 million people have some form of diabetes, up from 2.1 million in 2005. James Gallagher, BBC Health Editor, writes: "The inability to control the level of sugar in the blood can lead to blindness and amputations and is a massive drain on NHS resources. The NHS said it was time to tackle poor lifestyle, which is a major factor behind the rise. Roughly 90% of cases are type 2 diabetes, which is the form closely linked to diet and obesity.

The charity warns that the huge rise in UK diabetes cases threatens to bankrupt the NHS. Diabetes medication now accounts for 10% of the NHS drugs bill. Barbara Young, the chief exec of Diabetes UK, says: "Diabetes already costs the NHS nearly £10bn a year, and 80% of this is spent on managing avoidable complications." Just a decade ago diabetes drugs, including insulin and metformin, accounted for just £514m ... i.e. 6.6% of the prescriptions budget.

As ever, 'poor lifestyle' is to blame – but far too many are completely oblivious of the risks they run. They think of diabetes as a minor irritation – not as something that, without very tight control, can rob them of their sight ... or a limb or two ... or the chance to see their grandchildren grow up. It's difficult to get across the magnitude of the problems that can occur – but I'll give you just one example. If you have a really, really annoying 'neighbour from hell' or a boss that is driving you insane and one day, when you're polishing an old lamp, a genie appears and grants you one wish, ask him to give 'em diabetic neuropathy. The gnawing pain in their legs and feet will drive them crazy!

Maybe focussing diabetes prevention on general practice is the wrong approach. Perhaps we should be directing our efforts more enthusiastically at schools where early trends can be spotted and 'nipped in the bud' – and at stores like Asda where weighing machines for shoppers and advice on the contents of trolleys could be dispensed by experts. It wouldn't be good for business, that's for sure – but it might well do something for the health of the nation.

PROUD GRANDPARENTS

We announce the birth of a second grandson . He's a bit of a bruiser, weighing in at 10lb and 3 oz. Mother (Dr Laura) and baby (Joseph John) are doing well.

Dr John