

27 July 2015

## ALZHEIMER'S NEWS

Sarah Sedghi for ABC reports that a drug for Alzheimer's disease is currently being tested for its potential to slow its progression. She says “It's not the first time the drug called solanezumab has been tested for its effect on Alzheimer's disease. In 2012, Eli Lilly studied patients with mild to moderate forms of the disease. Some patients were given a placebo and some were given the drug but the results were not what researchers had hoped for.” Dr Eric Siemers, a neurologist with the drug company, Eli Lilly, says: “But we did find in a sub-group of patients that just had mild dementia, it did appear that there was an effect of the drug. And that gave us some encouragement.” So they tested the drug on people with mild dementia only and Dr Eric tells us that “Based on the currently available data, the rate of decline is slowed by 34 per cent. In other words, for individual patients they don't get improve, they don't get better than they were when they started the drug, but it slows the rate of decline.”

The US pharmaceutical company behind the study says more research needs to be done, but the results have met with cautious optimism. Whilst we are still in the early stages of the journey towards making the drug available to the public, this is the first 'disease modifying drug' that has been found ... so the carers of those with Alzheimer's don't want to wait for 'due process' ... they want the drug NOW!

## BEHIND THE SCENES

Those of you who are taking medication may have noticed that your GP is regularly being asked to swap the 'brand' of medication you are taking in a feverish attempt to make the inadequate budget 'enjoyed' by those living in Mid Essex go a little further. If Poundland ever starts selling prescription drugs, the NHS will be all over 'em like a rash.

One example ... You may have been taking co-codamol for pain, then you were changed to Zapain (a cheaper brand) ... and then you'll get changed back to co-codamol again as the prices change.

But who makes the decisions on which drugs you take? A disturbing story in the Telegraph tells us that: “Senior health staff who help decide which drugs are used by GPs and hospitals are being paid to work as consultants for pharmaceutical companies who want the National Health Service to “switch” to medicines they produce. An undercover investigation has found that some NHS staff charge up to £15,000 to organise “advisory board” meetings for drugs companies.”

The article goes on to say: “Many of the meetings take place in five-star hotels around the world, with some attendees telling this newspaper that they were taken to “flashy” restaurants and paid large sums while considering whether to 'switch' drugs.” “Health officials who decide which drugs are used by GPs and hospitals “play” with multi-million pound budgets of “virtual money” from the public purse.” Those involved were videoed by undercover reporters. It's not quite as gripping as the Lord Sewel video – but disturbing nevertheless!

As well as knowing how the people who make decisions are tempted by the drug companies, I would like to know how 'pharmaceutical advisers' are rewarded by the NHS itself – how many, for example, are on bonuses related to bringing costs down? Moreover, as is always the case in Woodham, I'd like to know how the discriminatory practices beloved of the NHS are brought into play. How come your next-door neighbour may enjoy a significantly higher share of the drug budget than you even though s/he is no older, poorer, or sicker than you? It's a question we've put to NHS England several times – but we've yet to receive an answer.

## **LIGHTENING CONDUCTORS**

The big story of the past week is that three men were injured by a lightning strike on America's biggest nude beach. Two men were hospitalised – and one was treated at a local trauma centre. There has been much speculation as to why only male sun lovers were injured. One commentator has the answer: "Elementary physics tells us that lightning strikes at the most pointed parts of an object" adding: "I expect a few of them were expecting a flash today, but possibly not all were expecting a bang."

## **SEVEN DAY WORKING**

I did a BBC Essex interview on Monday morning. MP James Cleverly is a nice enough chap – but he thinks the way to run the NHS is (a) to have a pipe dream and (b) to announce it without having any idea how you are going to bring it to fruition. You may have noticed that in primary care we GPs are struggling to provide a 5 day a week service ... some of us have inadequate budgets even for this, and some have grossly inadequate budgets. Senior (highly experienced) GPs are leaving the NHS in droves ... and young doctors don't want to replace them because general practice is in such a mess. This week we've heard from the boss of Addenbrooke's Hospital of his frustration at having to constantly try to recruit nurses from overseas.

Whilst universal seven day availability has its attractions, we are in a situation whereby we are constantly robbing Peter to pay Paul – so what has to go before we can take on anything new?

The rest of us work in a different way to Mr Cleverly. Here in the real world we look at the available resources, make the best possible guesstimate about what will change over the time period in question, and then work out how best to use those resources. On Planet Westminster, however, they rely on magic. Harry Potter is sitting by the phone waiting for the call that will come any minute now.

**Dr John Cormack**