

EDITOR'S COMMENT

Chaos theory



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Two medical news items have caught my eye in the past couple of weeks. The first is that, in the USA at least, doctors are not adhering to guidelines in the treatment of osteoarthritis. The second is that long-term use of common anti-inflammatory drugs, including in the doses available over the counter, is not safe. These two items are related in some ways because both highlight the fact that, as a society, we now accept that there is a pill for every ill and that no amount of discomfort can be tolerated, but must be medicated away.

The survey in the USA suggesting that guidelines for treating osteoarthritis are not being followed showed that most doctors will send patients with osteoarthritis for multiple investigations, including expensive imaging such as MRI, refer for surgery and prescribe anti-inflammatories – for a non-inflammatory condition.

The guidelines recommend starting with lifestyle changes such as weight loss and increased exercise and the evidence suggests that, apart from those unfortunates who have severe and advanced disease, people with osteoarthritis benefit very little from anti-inflammatories and that expensive investigations add little to the eventual management of the condition.

This leads to the next news item, that the most-used anti-inflammatories such as ibuprofen and naproxen are not safe when used long-term and particularly not in older people with established cardiac disease. This now means that there is not a single class of anti-inflammatory that can safely be prescribed chronically – which is, of course, not how they were meant to be used in the first place. The indications for anti-inflammatories are for acute use for a few days only. How is it that they have become one of the most over-used of all classes of drugs?

To me, both these topics are symptomatic of the way in which whole populations have become dependent on medical intervention and drugs for conditions that can be managed effectively in other ways – and the medical profession and the drug companies are complicit in this – admittedly with patient pressure as I found when I was still in clinical practice.

It is simply too difficult to change established lifestyles, particularly in this age of excess, and doctors need to eat, so patient pressure is rewarded with often unnecessary intervention.

Why chaos? Yesterday a friend mentioned that he had read a popular book on chaos theory in which the author stated that there are circumstances in which interference in disease processes leads to further chaos and worse outcomes – which seems counterintuitive until you start to take a closer look at how our bodies work.

The body is a complex organism – and works in a state of homeostasis – upset one system and you upset another and another and so on. I have the unpopular view that a lot of what happens to us is simply part of the natural process of ageing, and as such, will not respond particularly well to 'treatment' with all its attendant side-effects. I am talking about the chronic diseases that are so prevalent in the world's ageing populations – hypertension, cardiac disease, even diabetes and some of the cancers (prostate springs to mind).

I did an online questionnaire recently in which I entered my age, blood pressure, cholesterol level etc. to determine my lifetime risk of cardiovascular disease. Surprise, surprise, it rises as I age! And my probability of death is 100%.

I am not saying that there should be no medical intervention at all. All I suggest is caution around the use of drugs – the anti-inflammatories mentioned in this article are not even new – they have been around for decades. How much more cautious should we be of new and untried drugs (and how many have recently been found to be unsafe once they have been in use for a few years). And, possibly more importantly, we should be cautious of what we label 'pathology', particularly in asymptomatic conditions. The heart attack that kills you in your 80s cannot be prevented entirely – and neither should it.

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