Editor's Comment

Defining disease

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An article in this week's *British Medical Journal*[1] caught my eye – I quote: 'With our new-found fondness for preventing disease and premature death we're redefining more and more of the healthy as sick, and then prescribing our new patients lifelong pharmaceutical solutions to reduce their risks. One recent analysis suggests that the definitions of common conditions have broadened so much that virtually the entire older adult population is now classified as having at least one chronic disease.' So says Ray Moynihan from the University of Newcastle, UK.

The article also points out that the new definition of gestational diabetes has taken the blood glucose levels so low that, according to this new definition, roughly one in five pregnant women would land up with the diagnosis.

The risks of over-treating people are well known, particularly if their so-called 'risk' from disease is low. The question that Moynihan tackles in this article is 'who is now defining disease?' Apparently among the 12 members of the panel that created the controversial diagnostic category 'pre-hypertension' in 2003, 11 received money from drug companies and half of those people declared extensive ties to more than 10 companies each. If 'pre-hypertension' were widely adopted nearly 60% of the adult population of the USA would land up with the diagnosis – and, of course, the treatment.

Similarly, 11 of the 12 authors of a 2009 statement on type 2 diabetes were heavily conflicted, with authors working as consultants, speakers or researchers for an average of 9 companies each. The panel recommended a contentiously low blood glucose target and explicitly defended the use of rosiglitazone – which has since been suspended from the European market because of its adverse side-effects.

However, one of the best known examples of conflicted panels widening disease definitions comes from the *Diagnostic and Statistical Manual of Mental Disorders.* Among the panel who produced its fourth edition, 56% had ties to drug companies, and for some panels including that for mood disorders, the figure was 100%. And in spite of a new American Psychiatric Association policy aimed at reducing conflicts, 56% of the panel for the fifth edition had financial relationships with pharmaceutical companies. The chair of the fourth edition believes that this edition was responsible for an 'explosion in unnecessary diagnoses in the areas of attention deficit, autism and bipolar disorder'. He has warned that the forthcoming DSM-V could unleash new 'false-positive epidemics' where common experiences including binge eating and temper problems are mistaken for the 'symptoms' of new disorders.

It is apparently relatively difficult to find experts who are not conflicted, because in America it would seem that most leading experts do paid work for drug or device companies. However, the 2008 FDA guidelines have strongly discouraged doctors with major financial conflicts taking part in powerful panels advising on which new drugs should be approved. And in 2009, the Institute of Medicine recommended that committees that write clinical practice guidelines should exclude individuals with conflicts of interest. There is an argument that the same rules should apply to panels that define disease and that create the cut-offs for treatment.

Quite apart from the content of the article in terms of over-diagnosis and overtreatment (two of my hobby-horses), what struck me was the fact that so many major experts are associated with drug companies at all. Makes you think – just how much of the treatment of many chronic diseases, particularly those associated with old age, is of any real value?

1. Moynihan R. BMJ 2011; 342:d2548.

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