

June 2014

Dear :

Here's a recap of blog posts and other news from the past month.

If you haven't already, I urge you to read <u>When is enough, enough?</u>, a recent post by Dr. Dee Mangin (our Chief Medical Officer) on the problems of polyphamacy and drug cascades.

Given that most older adults in developed countries are taking, on average, seven prescription drugs and that they are likely to have three or more coexisting conditions, the risk of adverse drug events is higher than ever. This is one of the most important global safety issues surrounding prescription drug use.

Also this month you will see a series of posts by me on why access to individual patient data is essential for assessing the safety of medicines and why no one is popping the champagne cork on recent European Medicine Agency's announcements - as the devil is in the details, and the details are yet to come.

Thank you for your support.

Your feedback, as always, is greatly appreciated.

and

David Healy, MD

RxISK stories

Polypharmacy: When is enough, enough?

Could you be on too many drugs? by Dr. Derelie (Dee) Mangin David Braley and Nancy Gordon Chair in Family Medicine McMaster University The scenario is familiar: you or your mother or father has multiple pills to take at multiple times ... [Read More...]...»

GSK and Catch 22

This post by Johanna Ryan notes a significant legal development for anyone taking a generic drug. Its also a testament to the ability of motivated women to make a difference to the landscape. We're posting this interview with Wendy ... [Read More...]...»

Nobel Prize, Jackpot Winner or just Savior?

RxISK is not all about bad news. We ask anyone who is having a problem on a drug to think of a possible use to which this problem could be put. We also want people to keep alert to anything ... [Read More...]...»



From David's blog...

Sense about Science: Follow the Lawsuit This is a third in a series of posts about

Sense about Science and Access to Clinical Trial Data that began with Follow the Rhetoric and followed up with First Admit no Harm. There are some facts in the last few posts. There are also some extrapolations that may not be right. Tracey Brown [...]...»

Sense about Science: First Admit no Harm

This is a second post exploring Sense about Science. The first post Follow the Rhetoric is here. Anyone interested in Pharma will know about its ability to Astroturf - to create patient organizations whose role is to promote an illness or subvert an existing one. Creating awareness of conditions sells drugs. On a [...]...»

Sense about Science: Follow the Rhetoric

This is the first of four posts about the link between Sense about Science and AllTrials triggered by the post Fucked and comments afterward by Ben Goldacre, Tracey Brown and others which raised these links. My first contact with Sense about Science was linked to the Simon Singh affair. Singh had made some [...]...» <u>Trudo Lemmens of the University of Toronto critiques the recently</u> <u>distributed draft EMA Clinical Trials Data Release Policy</u> Things were looking good recently in Europe for data transparency, a necessary, albeit not sufficient, tool to promote integrity of pharmaceutical data. The European Court's Vice-President overturned in November 2013 two lower court interim suspensions of EMA's data access decision in relation to [...]...»

Motivational Interviewing

Motivational interviewing began as a technique to help opiate or nicotine addicts or alcoholics. The idea was to move them through contemplation of the possibility of change, to having an action plan and then acting. It recognized that there was no point just arguing that addiction was wrong - you had to understand [...]...»

Fucked

Apologies for the Language A year and a half ago this blog ran a series of posts about access to clinical trial data - reporting on how industry were going to engineer the appearances of transparency. See Won't get Fooled Again, Access to Clinical Trial Data, and The Data Access Wars. Do Academics [...]...»



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