

Health

When the best remedy is nothing, why is it so hard to accept?

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The recent warning from the U.S. Food and Drug Administration regarding kids' cough and cold medicines unveils a trend that is all too common in medicine these days: Demand and marketing, rather than effectiveness, are driving the health-care industry.

Companies relentlessly market drugs for conditions that we all have: insomnia, heartburn, the imperfect sex life, cough, pain and headache. Patients come to me asking for the "purple pill." They don't even know what it's for, but they're pretty sure they should be taking it.

In our hyper-connected world of health information and choices, it can be very difficult to resist doing something when you or someone you love is ill.

Earlier this month, a panel of advisers to the U.S. government recommended that popular over-the-counter cold and cough medicines not be used for children who are two to five years old. Reports of potentially dangerous side effects had already led pharmaceutical companies to pull products for children under 2 off the shelves.

These cold medicines, the committee concluded, have no effective use in children.

But the shelves are filled with them. Parents in my clinic will admit with horror, "I use them on my kids all the time!" Some confess to having doubled up the dose when their kid was distressed.

One consumer health group estimates that 95 million packages of children's cold medicines are sold in the United States each year for a total of \$311-million (U.S.).

Our desire to take these medicines may be tied more to the quick fixes that are marketed to us than to a real understanding of what our health issues are.

The health-care products industry takes something that happens everyday and makes it abnormal. Kids getting coughs and colds fits the bill. Young children get a cold six to eight times a year. It is normal and, in fact, a cough is usually healthy. Most cases are self-limited, with a small percentage ending up with something more serious such as asthma, pneumonia or croup.

Once the everyday becomes abnormal, then it needs to be fixed; drug marketing sends us the message that if you don't fix the symptom, you are irresponsible. Parents are especially

vulnerable to this messaging. If you don't give medicine, or many other things, then you might actually not be a very good parent.

Deep down, much of society can't quite accept that for all our medical wizardry, we don't have a better antidote for the common cold than chicken soup. This concept doesn't fit with our jam-packed schedules and general acceleration of healing. Lately, I have been wondering if periodic illness isn't really just nature's way of throwing on the brakes.

Will we learn anything from the cold-and-cough saga? Will we keep buying products, despite the lack of evidence?

Drug marketers have three built-in advantages from the get-go: The first is the placebo effect. Thirty per cent of their customers are going to be cured by the therapy even if it is just an empty pill case.

Secondly, marketers can cash in on the tincture of time. Most colds - 95 per cent of them - will get better in 10 days regardless of what you take.

Finally, there is the anecdotal evidence: Patients and parents develop strong hypotheses about cause and effect based on their personal experiences.

I got a message last week from an old friend who is susceptible to sinus infections, wondering about a prescription for antibiotics before the weekend, as "this is what has always made the difference before." He even gave me the exact name and dose.

Experience and anecdotes are stickier than evidence. As Chip and Dan Heath illuminate so well in their book, *Made to Stick: Why Some Ideas Survive and Others Die*, when people are given information they draw conclusions; when given emotions they act. Stories trump data.

For parents, watching little Johnny be miserable one day, and then back to his normal super-cute self the next day, is the story. It's hard to recognize that he would have gotten better anyway.

The decision gets even more complicated when the truth is not black and white. Let's take a kid over 2 with an ear infection. It used to be our storyline that antibiotics were a must for kids with ear infections. Research now tells us that the benefits of antibiotics are modest for childhood ear infections. One in 15 benefits, and one in 17 has an adverse reaction.

Both the doctor and the parent struggle with this new evidence, and more work is being done to figure out how to predict who will benefit from drugs and who won't.

Interestingly, doctors tend to overestimate their patients' desire for antibiotics. But many patients do feel that they need a better plan than just fluids and pain relievers.

A delayed prescription, to be filled at the pharmacy if things get worse, is often the path chosen these days, and the data reflect this: Only 38 per cent cash it in.

Journalist Walter Cronkite said, "In seeking truth you have to get both sides of a story." Cough medicines have "worked" for years, but in truth they haven't.

In medicine, if we want both sides to get out, we need to get better at telling stories based on the evidence.

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