

# blogs site:www.theheart.org of joseph chemplavil on heartwire

HYPERTENSION

## **EMA to review ARBs and cancer, infuriating experts, who point to missing data and adverse consequences**

JUNE 25, 2010 | Lisa Nainggolan

June 25, 2010 07:17 (EDT) Joseph Chemplavil

### **CLINICAL TRIALS and META-ANALYSIS- Help or Harm the Clinician and the Public?**

I apologize for expressing my feelings so bluntly in this public forum, showing how furious I am, reading this report. This is a confession of a confused doctor caring for patients with hypertension, diabetes and hyperlipidemia for the last 32 years.

I have been doing some critical review of all these clinical trials and meta-analysis published in reputable journals from both sides of the Atlantic. Many of these evidence generating studies belong to what one would call flawed, frivolous, falsified, if not fraudulent (4F) studies. This is one more example of meta-analysis results showing conflicting and contradictory outcomes, confusing the physicians, taking care of their patients.

Medical industry and health care practice and delivery are not insulated from and immune to waste, fraud and abuse. One would wonder now, whether clinical medical research is getting to be out of touch, outdated, inherently flawed or self-serving and needs a total overhaul!

“Do you really believe that between two and four years after taking a tablet you will have a full-size lung cancer?” “or atherosclerosis leading to a CV event.

Of course there are egotism, jealousy and rivalry among clinical trial investigators and experts in Europe and US and east cost and west cost that are not so obviously publicized in the last few decades.

Of course clinical research is multi-billion dollar business producing thousands of studies like a mill, every year. It is time to ask whether studies like this help the research industry or hurt my poor patient. Regulatory agencies are in a catch 22 situation between the scientists and the consumer, like the infamous saga of rosiglitazone causing CV events being reviewed by FDA and now EMA review of ARB and cancer, both based on highly controversial meta-analysis studies. Is this an outcome of genuine statistical analysis or statistical gimmickry?

"They need to do some more studies to see if this is a true finding. But you cannot ignore that they have found it, so you have to respond [to] it in some way." This quote from the expert is quite revealing and we see this in almost all clinical trial conclusions. Of course, one can't blame the experts from both sides of the aisle trying to preserve, promote and profit. Sorry folks, I vented enough, but couldn't help it!

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## **INTERSTROKE presented at WCC** - Jun 18, 2010

June 25, 2010 02:46 (EDT) Joseph Chemplavil

### **ATHEROGENE? Is there science to support it?**

One should take issue with the lead investigators statement that "some people believe that about 30% of stroke isn't explained and have been pursuing all sorts of other markers, genetics, and so on." This clinical practitioner after 32 years of practice still is one of those 'some people'.

We should not forget that the result of the latest clinical study is not the last word on any subject in medicine.

"We've gone through phases where we've thought the risk factors for heart disease and stroke were different, or where we thought they were the same." Stay tuned for the next phase!

One would wonder as the editorialist did, how difficult, reliable and flawed the data collections were?

Atherosclerosis is a disease with genetic, phenotypical and pathophysiological heterogeneity and in genetic itself there is loci and allelic heterogeneity. Can we call it atherogene?

Of course, hypertension is a major risk factor for hemorrhagic stroke more than for ischemic stroke.

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HYPERTENSION

## **ACCORD BP: Intensive BP lowering futile in diabetics**

MARCH 14, 2010 | Lisa Nainggolan

March 14, 2010 12:26 (EDT) Joseph Chemplavil

### **Silos mentality of clinical trial investigators?**

"It's now probably reasonable to forget all about the 130-mm-Hg goal [in diabetics]". Statements like this from investigators based on one study with so many limitations are disturbing and confusing to the clinicians who treat patients and not just their CV risks. It is worth mentioning the study just published on March 13, 2010 in the Lancet showing the importance of increased variability, instability and episodic hypertension will be an additional confounding factor in the risk of vascular events. This is another example of the silos mentality of clinical trial experts in modern medicine.

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PREVENTION

## **Aspirin's US REACH: 25% of secondary-prevention patients not treated**

FEBRUARY 9, 2010 | Shelley Wood

February 12, 2010 02:19 (EST) Joseph Chemplavil

### **Anti -establishment attitude towards guidelines?**

Just like the recent surge of anti-incumbent sentiment of the American public to the elected officials in Washington, there seems to be a lot of confusion and frustration developing among the practicing physicians and the patients alike, as regards the numerous conflicting and contradictory clinical trial results that came out during the last few decades in medicine.

The under utilization and non-adherence of aspirin and other similar findings in a wide range of prescription drugs used for CVD prevention may partly be arising due to this confusion if not chaos, in the minds of patients and physicians. One would hope that the mistrust in many of these so called 'evidence generating' clinical trials, will not lead to an attitude of "throwing the baby out with the bath water".

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LIPID/METABOLIC

## **New UK data support ACCORD findings, emphasize need for individualization of blood glucose control**

JANUARY 26, 2010 | [Lisa Nainggolan](#)

January 29, 2010 01:38 (EST) Joseph Chemplavil

### **Customized Common sense CARE**

The foremost treatment of type 2 DM should be aggressive management of hypertension and dyslipidemia more than the glucocentric approach of diabetes care, especially for macrovascular disease prevention.

We need to achieve global risk reduction using customized and common sense care.

I can't help but use the sarcastic comment that we should try hard not to kill the patient to prevent chronic complications in diabetics.

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## **New data prompt renewed calls for public-health initiative to cut salt in US diet**

JANUARY 20, 2010 | [Lisa Nainggolan](#)

January 22, 2010 12:03 (EST) Joseph Chemplavil

### **Beyond salt !**

This is for the attention of Institute of Medicine, FDA and the U.S. government. In addition to reducing salt intake, we need to pay immediate attention to implement society wide incentives and measures to reduce our excess fat and refined starch consumption.

Food label changes: (1) sugar should include all monosaccharides, not just cane sugar; (2) all packages should have total calories in big bold letters, for the whole contents, not just for the serving size; (3) color coded boxed bar with 3 columns, each for sugar, salt and fat– Red (avoid if possible), Yellow (consume with caution), and Green (may consume without restriction).

Teach low sugar, low salt and low fat cooking at all culinary schools and encourage the same in cookbooks.

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## **US healthcare reform bills inspire fear and hope in cardiologists**

JANUARY 15, 2010 | [Reed Miller](#)

January 15, 2010 05:07 (EST) Joseph Chemplavil

### **Health care reform- Will the cure be worse than the disease for our future?**

Extending coverage and improving quality of care, without worrying about costs might be an achievable goal; but making quality health coverage more affordable will be difficult, if not impossible without raising cost or rationing care. Then it will be like robbing Peter to pay Paul.

We routinely use expensive and constantly changing technologies in our health care interventions, especially in cardiology to get more quality adjusted life years. As our aging population increases and continues to be susceptible to more diseases, it is unlikely that even the major changes in health care delivery can have any cost saving, unless we ration our health care benefits.

We need to remain on guard and vigilant for the unintended adverse consequences of any newly implemented reform in health care. Health of the patients and the economy is too important to be subjected to political ideologies. The cure should not be worse than the disease for our present health care crisis!

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CLINICAL CARDIOLOGY

## **Sen Grassley asks medical journals about ghostwriting**

JULY 8, 2009 | Michael O'Riordan

July 8, 2009 08:55 (EDT) Joseph Chemplavil

### **Medical journals profiting or protecting the public?**

This is a step in the right direction because our major medical journals and prominent and academically affiliated physicians are probably no exception to our societal mantra of preserve, promote and profit.

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PREVENTION

## **Meta-analysis questions use of aspirin in primary prevention**

JUNE 3, 2009 | Sue Hughes

June 4, 2009 07:53 (EDT) Joseph Chemplavil

### **To trust or not to trust, and what to do now is the question?**

To trust or not to trust these studies, whether they are clinical trials or meta analysis, is the question now? "Very well-done" with "robust" findings, is not an unusual comment made by experts at the time of publication of many studies in the last few decades. This is one more example of clinical research results showing conflicting and contradictory outcomes, confusing the physicians, taking care of their patients. One would wonder now, whether clinical medical research is getting to be out of touch, outdated, inherently flawed or self-serving and needs a total overhaul!

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