the journals upon which we depend for accurate and objective information.

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To the Editor: I read with some uneasiness the latest report from the Clinical Experience Network (CEN) on low HDL cholesterol and other risk factors.[1] The way I see it, this paper, like their two previous reports,[2,3] walks a thin line between advertising and science.

This network, a nationwide affiliation of family physicians, organized and led by five former presidents of the American Academy of Family Physicians or American Board of Family Practice, provides the opportunity for family physicians to engage in clinical investigation and learn from their experience in a systematic and scientific manner. Their stated goals include the enhancement of the practice of medicine and creation of educational opportunities. Based on their first three reports, I think we would have to add the promotion of marketing material for the pharmaceutical industry supporting the research as an additional goal.

Briefly, let me comment on the three reports and my experience with them:

The first report, "Managing Hypertension in Family Practice,"[2] was a prospective, nonexperimental study meant to examine the ways in which family physicians select from among four antihypertensive agents for their patients and provide an overall prospective on how these agents perform in the management of hypertension. We are told that patients were not preassigned to drugs randomly. Physicians could assign patients to receive any one of the four study drugs at their discretion. All drugs produced similar results in predetermined efficacy and toxicity rating systems. More than 3500 total patients were initially treated with atenolol (564 patients), enalapril (677 patients), hydrochlorothiazide-triamterene (506 patients), or verapamil, sustained release (1861 patients). Am I being too skeptical when I notice that twice as many patients were randomized to verapamil and then read the study was conducted under an educational grant from G.D. Searle and Company? My local Searle pharmaceutical sales representative (PSR) presented me with a reprint of the paper emphasizing that family physicians choose verapamil 2:1 over other first-step antihypertensive agents.

The second report, "A Large-Scale, Office-Based Study Evaluates the Use of a New Class of Nonsedating Antihistamines,"[3] meets the requirements of a postmarketing surveillance (phase IV) study. The two newest agents in the class of nonsedating antihistamines, terfenadine and astemizole, were studied in typical family practice patients. No clinically significant differences were seen between treatments. It was unfortunate that there were no comparisons versus the classical, much less expensive, H_1-antihistamine receptor antagonists. So 141 family physicians were taught to treat 1485 patients with expensive, nonsedating, second-line antihistamines. Again, I am not surprised to find that the study was conducted through an educational grant from Janssen Pharmaceutica, Inc. My local Janssen PSR tried to use the piece on me to sell the product.

Finally, the latest report, "Low High-Density Lipoprotein Cholesterol and Other Coronary Heart Disease Risk Factors,"[1] analyzes the demography of a large population of dyslipidemic patients. The report pushes HDL as an additional risk factor and alludes, unnecessarily, to a treatment arm of the study (presumably to be published later) utilizing gemfibrozil, a drug known to increase HDL cholesterol. The report was supported by an educational grant from Parke-Davis, makers of gemfibrozil.

The common denominator in all three of these reports is that the "research" appears to have been designed more as a way to promote certain medications rather than as a way to improve the care of patients. Drug advertising-promotion is big business. The industry spent $10 billion ($1 billion more than the amount spent on research) last year. Most physicians are appropriately skeptical of slick, "Madison Avenue," advertising pieces distributed by PSRs. The pharmaceutical industry is eager to camouflage its promotional material by disguising it as research. The problem is compounded when a reputable scientific journal publishes the material, without ensuring itself of the independence and objectivity of the authors and researchers.

I would suggest that all of us involved in the design, analysis, and publication of research maintain the highest possible vigilance to prevent commercial intrusion into the scientific enterprise. Those practitioners who participate in this type of study should ask themselves what are the motives of the sponsors of the study, what assurances are there that the study designs will answer key clinical questions, and who stands to benefit from publication of the results. Those who organize the studies and are involved in the writing should examine their own motives for participation. Referees, editors, and publishers should ensure that conflicts of interest do not distort the papers they select for publication.

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References

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