

TESTING TREATMENTS

Chapter 12, 12.2 TESTING TREATMENTS

practice – questions that patients with a wide variety of conditions might want answered when they consult a health professional, and those that readers of this book might well pose after reading earlier chapters.

SHARED DECISION-MAKING: A CONSULTATION FOR A COMMON CONDITION

Doctor: Well, you have moderate osteoarthritis of the knees, which is common as people get older. It's often referred to as 'wear-and-tear-arthritis'. The usual course is for this condition to fluctuate – get better or worse – but with a slow progression over the years or decades. How is it currently troubling you?

Patient: Well, if I overdo things, my knees get quite painful and can stay that way for hours and make sleeping difficult. Recently, the pain has got worse, and I was worried I would need a knee replacement.

Doctor: Knee replacement is certainly an option but we usually reserve that for when simpler measures have failed.

Patient: So what else can you suggest?

Doctor: Well, simple analgesics or anti-inflammatory drugs can help manage the pain. Other than drugs, some special exercises to strengthen the muscles around the knee can help maintain function and decrease the pain. Would you like to know more about those?

Patient: Those drugs upset my stomach, so I'd like to hear more about the exercises.

Doctor: Fine. I'll give you a handout that explains some of the exercises, but also get you to see our physiotherapist. Meanwhile, you can safely take paracetamol regularly for the pain and stay active.

Patient: That's helpful, but aren't there more treatment options?

Doctor: There are further options available for severe osteoarthritis. But at this stage you could well find that you will experience a steady improvement as you build up the muscles with the exercises, sleep better because you have less pain, and can generally do more. You might

also consider going swimming, or walking the dog more often, which will not only strengthen the muscles but should also help you 'feel good', and help to keep your weight in check into the bargain! I think we can safely leave considering more drastic options until we see how you get on with the exercises and the pain relief. But don't hesitate to come back to me if you think you're disappointed with progress.

QUESTIONS ABOUT TRANSLATING RESEARCH EVIDENCE INTO PRACTICE

Question 1: Isn't anything worth trying when a patient has a life-threatening condition?

It can be tempting to want to try the latest 'wonder-drug', or follow the example of some high-profile celebrity who has made claims in the popular press about a treatment regimen that they've followed, perhaps involving 'alternative' medicine that has been well-marketed but not tested. Mainstream treatments can seem much less glamorous and promising, but most that are being used for life-threatening conditions will have been painstakingly tested to find out how effective and how safe they are. So, seeking out the best evidence at the start can save much time, heartache, and money.

Mainstream medicine, generally speaking, recognizes that there are degrees of uncertainty about the effectiveness and safety of the medicines on offer. It aims to reduce those uncertainties to an acceptable level by testing, and by constantly and systematically reviewing the evidence to improve the treatments on offer. Such improvements depend critically on the help of patients who come to see that this is the only way to make solid progress.

Understandably, patients with life-threatening conditions can be desperate to try anything, including untested 'treatments'. But it is far better for them to consider enrolling in a suitable clinical trial in which a new treatment is being compared with the current best treatment. Such a comparison will not only reveal what extra benefits the new treatment might bring, but also what harms it might cause. Life-threatening conditions can need powerful