



Prevention 'may not help elderly'

Use of medicines to prevent disease may not prolong or improve life in elderly people, say doctors.

Drugs such as statins, prescribed to combat heart disease, may simply switch the cause of death to cancer or dementia in older people, they warn.

Writing in the British Medical Journal they said fear of discrimination meant doctors were offering preventive treatment regardless of age.

Experts agreed more evidence on such treatments in the elderly was needed.

Statins are the mainstay of the government's goal to cut rates of heart disease by 40% by 2010.

Around 40 million statins are prescribed annually in the UK, a figure that is rising.

GPs are offered financial incentives through their contract to prescribe them to as many high-risk patients as possible.

But Dr Dee Mangin, a GP in New Zealand, and London GP Dr Iona Heath said it was worrying that there was no upper age limit for assessing the risk of heart disease.

And if the aim is to prevent untimely death, what effect is it having in people who have already lived longer than the average, they questioned.

Cause of death

One large study of statins in people aged 70-82 years old found that illness and deaths from heart disease fell in those treated with pravastatin but overall there was no difference in mortality as rates of cancer illness and death increased.

Changing the cause of death without the patient's informed consent, is unethical, they argue.

Dr Heath said: "If you said I can give you this drug and it will reduce your risk of dying from a heart attack, people would have a different reaction to if you said I can give you this drug which will reduce your risk of a heart attack but increase the risk of you being diagnosed with cancer or dementia."

She said previous research had shown people were much more afraid of dying from cancer because of the pain or dementia because of the indignity than from heart disease.

"You have to die of something," she added.

Instead, she argued, money should be spent on interventions which genuinely relieve suffering such as cataract operations, joint replacement surgery and personal care for people with dementia.

But Professor Peter Weissberg, medical director at the British Heart Foundation, said prescription of statins in the elderly should be driven by clinical judgement and patient consent rather than by targets.

"When treating older people, quality of life may be more important than quantity.

"The BHF agrees that there should be more research into the benefits of preventative treatments for the elderly."

But he added: "Statins reduce heart attacks and strokes, even in the elderly.

"Since the consequences of either can be devastating the BHF believes that elderly patients should be offered the benefits of statins."

A spokesperson for Age Concern said people should receive the treatment they needed regardless of age.

"What's most important is that skilled clinicians give a thorough assessment of the patient and take a holistic approach to take account of all other conditions and medications."

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