

DocTalk

We need to find a cure for fake medical news

Patients who believe in false information may decline treatment or drugs, endangering their health



Tan Huay Cheem

Mr X, 60, was taking a post-dinner walk when he felt a sudden tightness in his chest. The discomfort progressively worsened in the next 10 minutes until he found it suffocating.

He started to sweat profusely in his air-conditioned room and then began to feel dizzy. Later, he told me that it felt like it was the end of the world for him.

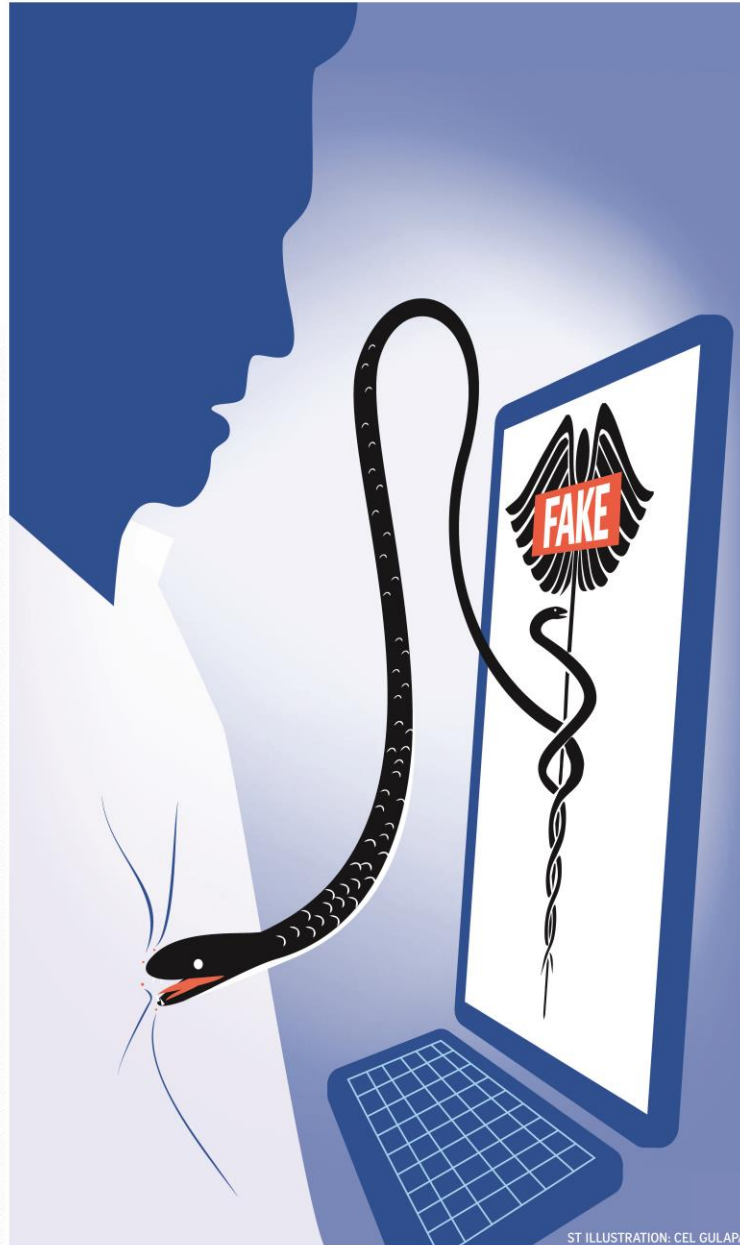
His wife was shocked to see him looking so pale and immediately called 995 for the emergency ambulance service.

Mr X was transferred to the nearest public hospital, where he was promptly diagnosed to have suffered a heart attack.

This is a condition in which there is sudden occlusion of the artery supplying blood to the heart and is caused by a blood clot forming on a ruptured coronary plaque ("fatty deposits" in the heart artery).

He then underwent a primary percutaneous coronary intervention, an emergency procedure performed with the implantation of a metallic scaffold ("stent") across the diseased segment of the artery.

Mr X's symptoms were immediately relieved and he was



ST ILLUSTRATION: CEL GULAPA

discharged three days later.

Prior to his discharge, he was prescribed statin, a cholesterol-lowering drug, and other medications. He was told that these were medicines that would help prevent another heart attack.

He took the drugs as instructed and felt well subsequently. He also kept himself updated on news related to heart attacks and their treatment and knew he was receiving the right treatment.

However, his confidence was shaken when a friend sent him a text message claiming the health authorities in the United States had removed cholesterol from its "naughty list" of foods that caused disease and that cholesterol was no longer a nutrient of concern.

Mr X did an Internet search and found articles that claimed statins

cause many serious and irreversible side effects.

All this added to his anxiety on the safety of statin therapy. And one day, without seeking medical advice, he simply decided to stop taking his statin. Ten months later, he suffered a second heart attack.

Patients with a history of heart attack are a very high-risk group of patients who need aggressive lipid lowering therapy, that is, statins.

Statin has been shown unequivocally to reduce the risk of repeat heart attacks and death by as much as 35 per cent in this group of patients. It is a "standard of care" treatment for this group of patients as a form of secondary prevention.

Even for patients without a history of heart attack or documented coronary artery disease, the use of statins has

been shown to reduce the risk of cardiovascular events.

All medicines have the potential to cause side effects and statins are no exception. The most common side effect is muscle pain. It is usually mild, but can be disabling for some. It is to be distinguished from the common aches and pains arising from musculoskeletal conditions, which are especially prevalent in elderly patients.

One has also to be wary of the nocebo effect, in which a patient with negative expectations of a medicine would experience its potential side effects at a much higher rate than he otherwise would.

Statin-related aches, which usually involve large muscle groups such as the shoulders and the thighs, are usually bilateral and

more pronounced after physical exercise.

In fact, it occurs in less than 1 per cent of patients taking the medicine and is invariably reversible with cessation of the drug. The other side effect is liver inflammation, which occurs in less than 2 per cent of patients.

No one has developed liver failure or has required a liver transplant from statin therapy. The liver inflammation is, again, reversible on stopping the drug.

Statin may cause diabetes in a few patients, but these are usually pre-diabetics who are already at risk of developing the condition.

Statin prevent heart attacks in diabetic patients and the benefit of taking statins far outweighs the small risk of developing diabetes.

In this era of information overload, we are inundated with fake medical news, which can potentially confuse the vulnerable millions of people who are less scientifically attuned.

The key features of fake news are "information fragmentation", in which patients come to the clinic armed with piecemeal so-called medical facts to challenge the doctor, and "confirmation bias", where people find and highlight biased information which conforms to their existing beliefs.

Statin has been attacked in many websites, books and documentaries which expound false information and indulge in fear-mongering.

Unfounded claims that statins cause memory loss, cataracts, pancreatic dysfunction, Lou Gehrig Disease or progressive muscle wasting disease, kidney damage and cancer are ubiquitous. They have all been found to be untrue.

Many of the websites even criticise researchers' links to "Big Pharma" companies to cast doubts on their integrity while, at the same time, promoting alternatives such as supplements, essential oils and books with little merit.

What is of concern to physicians is that patients needing statins are declining treatment because of unfounded fears about adverse effects.

In fact, according to studies in Europe, statin discontinuation by patients whenever negative news surface on the Internet can occur at rates of as high as 10 per cent, resulting in an excess of 2,000 cases of cardiovascular events over a 10-year period.

Medical experts and scientists need to rigorously prove the safety and tolerability of statins in order to combat fake medical news. There should be authoritative and reliable websites for readers to cross-check their facts.

Clinicians, professional societies and journals need to be strong vocal proponents of evidence-based medicine on social media platforms and in public discourse.

Transparency and clear communication to patients are critical in maintaining trust between medical professionals and the public.

The epidemic of fake medical news is here to stay and everyone in the medical and healthcare system has a role to play to rein it in.

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