

THE BMJ – DOING THE RIGHT THING

Once again, the British Medical Journal (BMJ) has shown the way in publication ethics. It has cut the Gordian knot tying industry and clinical medicine. In an astonishingly brave and commendable move, the BMJ has decided that from 2015 all its clinical education articles will be authored by writers with no financial links to the industry. The BMJ was one of the pioneers who insisted that authors must declare financial and non-financial competing interests. But they have realized that transparency is not the panacea they had imagined. In an editorial ‘Medical journals and industry ties – zero tolerance on education articles with financial links to industry’, the editors explain that it has been clearly shown that biased information can harm. Internal company documents revealed during litigation has revealed myriad practices by companies to influence clinical decision making.

The BMJ’s goal is to change the culture of medicine. Their move will provide more visibility to authors without financial ties. Guideline summaries and practice articles detailing step-by-step clinical management are most often accessed by clinicians to make day-to-day clinical decisions. They realize it may not be easy to find the appropriate authors in all fields. However, they are willing to forego a few articles to be able to stick to their principles. Their definition of industry includes companies producing drugs, devices, or tests; medical education companies; or other companies with an interest in the topic of the article. By making these clear guidelines, the BMJ has taken a critical decision – to do the right thing because it is right. (*BMJ 7 December 2014*)

GLOBAL TUBERCULOSIS REPORT 2014

This recently published report is based on intensive efforts by the WHO to improve the accuracy of estimates of the global burden of tuberculosis. The mortality rate due to tuberculosis has fallen by 45% since 1990. Its incidence is declining by an annual rate of 1.5% but it still remains the second commonest cause of death from a single infectious agent. In 2013, 3.5% of all people diagnosed with tuberculosis had multi drug-resistant (MDR) tuberculosis, and extensively drug-resistant (XDR) tuberculosis is now reported from 100 countries around the world. Since 2009, due to an increase in availability of testing facilities, there has been a tripling of diagnosis of MDR tuberculosis; in 2013 only 48% of them survived. Lessons have to be learnt from Estonia and Latvia where – due to universal availability of diagnosis and treatment – the incidence of

MDR tuberculosis has declined. What is commendable is the increasing availability of Xpert MTB/Rif for diagnosis and the two new drugs – bedaquiline and delamanid. (*WHO Media Centre 22 October 2014; <http://www.who.int/mediacentre/news/notes/2014/global-tuberculosis-report/en/>*)

METFORMIN AS ADJUNCT ANTITUBERCULAR THERAPY

Researchers from Singapore have published interesting data about the use of metformin as adjunctive therapy in tuberculosis. Their recently published study showed that metformin – an oral hypoglycemic agent – inhibited the intracellular growth of *Mycobacterium tuberculosis*. This occurred due to the activation of the body’s innate system to produce reactive oxygen species which is often suppressed by the mycobacterium. After testing it on cell lines, its effect was tested on mice with tuberculosis. When given with INH and ethionamide, metformin reduced the disease-induced acute and chronic inflammation. Further, they retrospectively analyzed the data on patients with diabetics having tuberculosis who were either receiving or not receiving metformin. Those who received metformin had fewer cavities as compared to those who did not, and overall mortality also was lower. Diabetics on metformin were less likely to develop tuberculosis compared to those who were not. It appears that many of the gene pathways affected by tuberculosis were reversed by metformin. (*Sci Transl Med 19 November 2014, The Hindu 20 November 2014*)

POLIO IN PAKISTAN

Between January to September 2014, polio has increased 5-fold in Pakistan while it has reduced 7-fold in the rest of the world. From Pakistan, the disease has spread to Afghanistan, Syria and Iraq. Eighty percent of the world’s polio is now in Pakistan. It is now present in every province in the country. Less than 25% of the vaccination campaigns met the target of 80% coverage. What is shocking is that the virus is now been circulating in a metropolis like Lahore. According to the Independent Monitoring Board, the Pakistan Polio Program is a disaster. It is being recommended that the National Disaster Management Agency which has shown great leadership in managing natural disasters be asked to oversee the operations. But the lackluster and anemic response by the government is not encouraging. (*The Hindu 6 November 2014*)

GOURI RAO PASSI
gouripassi@hotmail.com