

## Advances too rarely implemented

Clinical evaluations sometimes provide convincing evidence that a particular strategy offers tangible benefits for patients. To what degree do patients benefit from these advances?

**Convincing evidence not translated into practice.** The independent clinical trial ALLHAT, which compared various antihypertensive drugs in more than 40 000 patients followed for over 5 years, showed that the first-choice drug for hypertension is a thiazide diuretic (1). Yet the significant impact on prescribing in the short term was not sustained (2).

An independent trial published in 1991 showed that taking *folic acid* one month before conception and during the first trimester of pregnancy reduces the risk of neural tube defects in the unborn child (3,4). In the United States and Canada, the addition of folic acid to staple foods, including flour, led to a decline in the frequency of these defects from 11 to 6 cases per 10 000 pregnancies (3,5). In Europe, on the other hand, data from 18 European countries showed that, between 1991 and 2011, the prevalence of neural tube defects remained stable at 9 cases per 10 000 pregnancies (births, fetal deaths and terminations of pregnancy) (3). The authors of this observation concluded that, 20 years after publication of the trial, Europe had failed to translate the benefits of folic acid supple-

mentation into practice. They urged Europe to implement the North American strategy.

**Difficult to apply?** Some encouraging examples exist. After the independent WHI study was published, and the public became better informed about the risk of breast cancer linked to postmenopausal hormone replacement therapy, the use of this treatment fell markedly (6).

Robust data are rare. It takes time to disseminate and put them into practice. Major financial interests are sometimes at stake. A variety of reasons lie behind the failures: shortcomings in the quality and independence of healthcare professionals' initial and continuing education, dilution of the message by contradictory lower-level evidence, insufficient dissemination of the results, the perception that data become obsolete over time.

Yet patients and healthcare professionals have much to gain by singling out the robust evidence, and latching onto it to build quality care.

**Prescrire**

.....  
**Selected references from Prescrire's literature search.**

- 1- Prescrire Rédaction "Hypertension artérielle: diurétique en première ligne. Confirmation par un grand essai" *Rev Prescrire* 2003; **23** (238): 299-301.
- 2- Stafford RS et al. "Impact of the ALLHAT/JNC7 dissemination project on thiazide-type diuretic use" *Arch Intern Med* 2010; **170** (10): 851-858.
- 3- Khoshnood B et al. "Long term trends in prevalence of neural tube defects in Europe: population based study" *BMJ* 2015; **351**: h5949.
- 4- Prescrire Rédaction "Supplémenter en acide folique dès avant la grossesse" *Rev Prescrire* 2003; **23** (237): 220.
- 5- Prescrire Rédaction "Enrichissement alimentaire en acide folique" *Rev Prescrire* 2003; **23** (244): 775.
- 6- Ruggli M "Essais cliniques indépendants: des réponses pour mieux soigner" *Rev Prescrire* 2012; **32** (343): 390-392.