

Translated from *Rev Prescrire* June 2008; 28 (296): 405

## Thanks, but no thanks...

Many ills can be at least partly alleviated by drugs, and many people rely on drugs to help them feel better.

But drugs are not always the best solution. Drug and medical device companies, and sometimes healthcare authorities as well, are doing patients a disservice by encouraging the over-medication of human existence. This is especially true of psychotropic drugs.

Take ramelteon, for example (see this issue page 183), which hastens sleep onset by a few minutes compared with placebo, but exposes to endocrine disorders and perhaps cancer.

Likewise with fluoxetine (see this issue page 186). This drug is approved as an antidepressant for children, yet there is no evidence that it is better than placebo at relieving their mental suffering. In contrast, there is good evidence that fluoxetine increases the risk of suicidal behaviour and mood disorders, that it can

slow growth, and possibly cause endocrine disorders.

Another example is inhaled insulin (Exubera<sup>o</sup>, in the end never marketed in France). The glycaemic control it provides is not particularly potent, but it exposes patients to a risk of lung cancer. Likewise, growth hormone therapy for children with unexplained small stature may provide a few extra centimetres in adulthood, but it doesn't improve these patients' subjective quality of life, while it carries a risk of diabetes and cancer.

And the list goes on...

In all these situations, drug therapy must be put in its place. Patients and healthcare professionals should simply say "Thanks, but no thanks: I see nothing to justify taking the associated risks."

©Prescrire