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A con trick

For several months the media have been trumpeting the arrival of rimonabant, a drug presented as simultaneously able to treat obesity, the 'metabolic syndrome' (see page 140), and nicotine dependency.

Yet a close look at the clinical data in the cold light of day shows that the pharmaceutical industry and its bloated publicity machine have once again come up short-handed: rimonabant provides only limited and temporary weight loss, and its adverse effects are largely unknown (see pages 123-126).

What a contrast between the dazzling headlines and the lack of hard clinical evidence! What a con!

Do Sanofi-Aventis really think prescribers and patients are that stupid? Or are they just trying to boost their share value and make a quick killing on the stock market?

How many patients, like moths drawn to a flame, will try this new wonder drug, only to find the kilos return when they stop taking it? How many will be led to believe they can forget about the necessary, dietary and lifestyle measures?

And what adverse effects can we expect to emerge once this psychotropic drug has been sold to hundreds of thousands of people who are unaware of the potential risks involved?

Pharmacodynamic effects do not always translate into tangible clinical benefits, but virtually all drugs have significant adverse effects. 'New' does not always mean 'better': the potential benefits must be balanced against known and unknown adverse effects.

The medical profession and, increasingly, patients are constantly bombarded with outlandish claims relayed through the media.

In every sector of society, the public is fighting for public access to data, honest and thorough analysis, and impartial disclosure of existing evidence. That such a battle is occurring in health care is shocking to many.

Society must no longer naively swallow what the pharmaceutical industry serves up, whether it be drugs or data. What we need instead is access to the full evidence, devoid of puffery.

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