

SMALL PARENT INVESTMENT

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Avandia Advice: Talk to Your Doctor. (But What About?)

We couldn't help but notice that a lot of the official statements that followed an [FDA advisory committee's vote](#) on the diabetes drug Avandia contained some similar advice: Patients should talk to their physician.

This seems to be a common directive for sticky medical issues that aren't easily deciphered. But how, exactly, is that conversation supposed to go, given the inherent uncertainty?

The Avandia case is particularly tricky, because the FDA panel's vote can [be interpreted in so many ways](#). "You can't just send people to doctors without giving [physicians] some assistance," Yale cardiologist Harlan Krumholz tells the Health Blog. "They need some kind of interpretation, distillation or synthesis of the evidence."

Ralph Brindis, president of the American College of Cardiology, tells the H.B. that's why his group posted information on its professional education site within several hours of the FDA panel's vote. It will fill the gap until there's an FDA decision on the drug or some other information that can eventually be distilled into clinical practice guidelines.

Given the limited information, then it becomes a discussion about the potential risks and benefits of staying on Avandia or moving to an alternative, Brindis says, adding that his personal leaning would be to work with a patient to find an alternative.

But there are risks to switching to something new — it might not be as effective for a given person, or might have interactions with other drugs being taken, says Robert Vigersky, immediate past president of the Endocrine Society. In a case where someone has been successfully taking the drug for a year or more without any problems, it might be worth it to stay on it rather than switch, he tells the H.B.. (And patients should [never stop taking the drug](#) or skip doses on their own.)

As long as the uncertainty lingers, there will be a need for this kind of discussion about risks vs. benefits. "There's lots of data showing that there should be concern," says Russell White, a professor in the department of community and family medicine at the University of Missouri-Kansas City. "But it's still on the market, and so we have to make a judgment call with the individual patient."

(One more piece of advice from Brindis: "The role of a professional is that if they don't understand the answer, they should be able to say, 'I don't know, and I'm going to go look for that information and get back to you.'" If you don't feel like your communication with your doctor is good, it may be time to look for another one.)

Doctors, do you feel equipped to handle the questions from patients that spring from the advice to "talk to your physician" about medical controversies?

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