S

toma care is big business: in 2012, £228m (£269m; $363m) worth of ostomy bags and accessories were dispensed in England alone. But this market performs poorly and fails patients and the NHS. The NHS buys excessive quantities of appliances, and patients routinely receive equipment that isn’t needed.

Stoma care is the support of patients after stoma surgery, typically for a colostomy, ileostomy, or urostomy, in which the bowel or bladder is diverted outside the abdomen—this is known as a stoma. More than 102 000 people in the UK have a stoma and will wear a stoma bag either temporarily or for the rest of their life. People with stomas are cared for by specialist stoma care nurses, who make sure they can look after their stoma when they go home and advise them which products to use.

However, a recent BBC Radio 4 You and Yours investigation found that 75% of stoma nurses in England, Wales, and Northern Ireland are sponsored by the companies that manufacture ostomy supplies, with NHS hospitals receiving money to discharge people with stomas as customers of that company. There are no generics in this market.

After discharge, ostomy supplies are delivered by the sponsor company’s own dispensing appliance contractor, which requests prescriptions directly from the general practitioner. As most general practitioners have limited knowledge of stoma care they rely on the company and the patient to write the prescription. This effectively means that the clinical professional expert, the stoma care nurse, is absent from the decision making process.

Even though people with stomas in the UK have free access to a great range of advanced ostomy products, they are often unaware of the choices available to them. They find it difficult to navigate the smoke and mirrors of the market.

Stoma care nurses do a great job, and their patients value them highly. However, when company sponsorship affects their advice and care it’s not surprising that patients aren’t always aware of the full range of products available to them. Scotland ended sponsorship of stoma care nurses in 2006.

Conservative MP Jonathan Evans last year raised the issue in parliament: “It’s clear that if you have someone that is a health professional
Bad medicine: gabapentin and pregabalin

People have died from the drugs I have prescribed. I rationalised that these drugs were prescribed in good faith, in line with guidelines, and deaths were the result of misuse. But this offers no comfort to my sense of guilt.

Prescription drug misuse is a problem, especially psychoactive drugs such as opioids and benzodiazepines. And there is an iatrogenic epidemic of harm in the US, with nearly 15 000 deaths annually from prescribed painkillers. This is the tiny tip of an abuse iceberg, with an estimated 12 million Americans misusing these drugs recreationally.  We have a social and professional responsibility to be cautious in how we prescribe psychoactive drugs. Increasingly, I confront drug seeking behaviours for different drugs—gabapentin and pregabalin. Could it be that these seemingly harmless epilepsy drugs are being misused?

Gabapentin and pregabalin are in fact also licensed for neuropathic pain, and pregabalin for general anxiety disorder. These are common and chronic conditions, together affecting 20% to 40% of the population.  Their prescribing is anointed by Cochrane reviews  and a NICE guideline: gold plated evidence of benefit. Gabapentin and pregabalin are being prescribed freely and rapid dose up titration is recommended. Pregabalin prescribing has increased by 350% in just five years, to 2.7 million scripts. Likewise gabapentin prescribing has increased 150% in five years, with 3.5 million scripts. This stellar prescribing growth seems set to continue. And this is big business too, with combined sales worth £200m a year.  But a word of caution: pain and anxiety symptoms are subjective, with wide variation in reported prevalence.  The longest neuropathic pain study lasted a mere 13 weeks,  and highly psychoactive drugs are difficult to compare with placebo.

And there is increasing published evidence of concern about the abuse of pregabalin and gabapentin,  and these drugs are now commonly being detected in toxicology in autopsies after drug overdoses.  So what is the motivation to misuse these drugs? Users describe the effects as the “ideal psychoactive drug,” “great euphoria,” “disassociation,” and “opiate buzz,” and are achieving these effects by taking large quantities as a single dose.  Accordingly there is a growing black market, and these drugs are being bought through online pharmacies.

The US recognises the problems associated with pregabalin, which has now become a scheduled drug under the Controlled Substance Act.  Is the UK ignoring the misuse of pregabalin and gabapentin? Should we re-examine the so called evidence for gabapentin and pregabalin and consider alternatives?  For the risk from iatrogenic harm is bad medicine indeed. Time to tackle the rise and rise of prescription drug misuse.

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References are in the version on bmj.com.
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A conversation with great doctors

We stand on the shoulders of giants, but it can be an uncomfortable perch.

“This will help your cough,” I said firmly, summoning up all the authority of our ancient profession, of our eternal battle against superstition and ignorance, of titans like Harvey and Lister and Semmelweiss and Pasteur, and of the sacrifices they made often in the face of persecution and ridicule.

“Simple linctus 10 mL qid,” I wrote, and then there was all this ‘I am Spartacus!’ shit.”

“Sometimes there’s no right thing to do, just the least wrong thing; that’s real medicine for you”

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