Global coalition builds research capacity in Africa

JEAN-MARC BOUJU/AP

An innovative global partnership is helping build up medical research in Africa. The Ptolemy project, named after the general who built the great library in Alexandria housing the written corpus of the ancient Mediterranean and Middle Eastern worlds, makes surgeons in East Africa research affiliates to the University of Toronto. Beveridge and colleagues (p 790) describe their development of the project, in which African scholars are granted access to the full-text resources of the university and become members of an electronic research community. Even though Ptolemy is a small project, it has the potential to be widely reproduced, say the authors.

POEM*

Paroxetine may help with hot flushes

Question Is paroxetine useful in the treatment of menopausal hot flushes?

Synopsis Many women—and their clinicians—are now reluctant to use hormone replacement therapy. As a result, other effective alternative treatments for menopausal symptoms, especially hot flushes, are needed. A total of 165 menopausal women, 18 years or older, experiencing significant hot flushes were enrolled. After a one week placebo run-in phase to screen out high responders to placebo, participants were randomised (uncertain concealment of allocation assignment) to receive 12.5 mg per day or 25 mg per day of paroxetine controlled release or placebo for six weeks. Study participants were blinded to their treatment group assignment and recorded hot flushes daily in a diary. No patients were lost to follow up at six weeks, but five were not included in the efficacy analysis because of non-adherence to the protocol. Mean daily number of hot flushes decreased from 7.1 to 3.9 (mean reduction 3.3) for patients in the 12.5 mg per day group and from 6.4 to 3.2 (mean reduction 3.2) in the 25 mg per day group, and from 6.6 to 4.8 (mean reduction 1.8) for those in the placebo group. Women taking paroxetine were more likely to report at least a 50% reduction in frequency and severity of hot flushes (58% with 12.5 mg/day and 63% with 25 mg/day) compared with those taking placebo (43%; $P = 0.02$ compared with 25 mg/day dose; number needed to treat = 5). Improvements in hot flushes were independent of any significant changes in mood or anxiety symptoms. Adverse events were mild. Other studies using fluoxetine and venlafaxine have shown similar results.

Bottom line Paroxetine may be a useful alternative to hormone replacement therapy for menopausal women with significant hot flushes. Other selective serotonin reuptake inhibitors are likely to be similarly effective. There was minimal difference in response between the 12.5 mg per day dose and the 25 mg per day dose.

Level of evidence 1b (see www.infopoems.com/resources/levels.html); individual randomised controlled trials (with narrow confidence interval).

Stearns V, Beebe KL, Iyengar M, Dube E. Paroxetine controlled release in the treatment of menopausal hot flashes. A randomized controlled trial. *JAMA* 2003;289:2827-34.

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* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

Editor's choice

Polypill may be available in two years

Light the blue touch paper and retreat 5 metres. That's what we did when we published a series of papers suggesting that if everybody started taking a pill containing six ingredients at the age of 55 then deaths from heart disease and stroke would be reduced by 80%. The pill would contain aspirin, a statin, folic acid, and three antihypertensives at half dose. Versions of all the drugs are now off patent, and the pill could be produced for pence. Wild with enthusiasm, I suggested that the issue of the *BMJ* that published the articles might be the most important for 50 years and become a collector's item.

I've no idea how many readers have stored away that issue like a vintage bottle of claret, but clearly many readers thought that this illustrated my woeful lack of judgment and the general decline in the *BMJ*. A "preposterous Polypill panacea" wrote one lover of alliteration. Letters in response to the issue were mostly scornful (p 807). But could this be medical conservatism?

Readers of the *BMJ* may have been more taken aback than excited, but a search on Google shows that 2960 sites have mentioned the Polypill. We at the *BMJ* might flatter ourselves that this illustrates our worldwide impact, but much of what we publish disappears, as my predecessor would say, "like a doughnut into the North Sea." The world is interested in the Polypill, and a poll on the CNN website showed that 95% of its viewers would take the pill.

The question that interests me is whether the Polypill will make it on to the market. Research based pharmaceutical companies have tended not to be interested because their business model is to sell expensive drugs at a high margin to recoup the high cost of research. The Polypill will need to be cheap to be accessible, and it may reduce markets for their existing drugs. Generic companies, many of them from India, make their money from selling large volumes of drugs at low margin. But they don't tend to spend much on marketing, and the Polypill will need extensive marketing. Somebody at the press conference to launch the articles pointed out that the answer might be a company selling "over the counter" drugs. These companies have high volume, low margin businesses, and are also adept at marketing.

In fact several major companies are interested in the Polypill, and it could be on the market within a couple of years. It could even be a drug that would be available over the counter prescribed by pharmacists. A trial will probably be needed to confirm that the Polypill does reduce the risk factors—and that the drugs don't cancel each other out, though this is not seriously in doubt. But it might be that the pill could go on to the market before it would be necessary to do a major trial to show reduction in events such as heart attacks and stroke. It could be available for me to take on my 55th birthday on 11 March 2007 (no cards, please).

Richard Smith *editor* rsmith@bmj.com

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