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Editor's choice

Diet change vs pills for better health

That rather scrumptious looking salad on our cover may help you and your patients live longer. What has come to be known as the Mediterranean diet—lots of vegetables, legumes, fruit, fish, olives, and olive oil—has been shown in several small studies to correlate with decreased mortality rates. Now comes the news (p 271), from a large international cohort study of older Europeans, that eating food very much like that in the Mediterranean diet is indeed associated with increased survival. And if you don't like olive oil, you can substitute polyunsaturated lipids and get the same effect.

But how do we get people to eat the above items and cut down on meat and dairy and other sources of saturated fats? Not so easy. Many would prefer just to take a pill. In this issue we have good and bad news on that front. The good news comes from Hippisley-Cox and Coupland, who analyzed data on more than one million patients from general practices in the United Kingdom (p 276). They found that taking the equivalent of the "polypill"—combinations of statins, aspirin, and β -blockers—improved patient survival better than single-drug regimens. Admittedly, this was in people diagnosed with ischemic heart disease, not all elderly patients, but it does provide some validation for the modeling studies done for the original polypill papers published in September 2003.

The bad news comes from Iona Heath, a veteran British general practitioner who asks (p 304) what's all the fuss about preventive medicine. She sees a lot of people who are basically healthy and miserable. She'd rather that money be spent treating the ill, both at home and abroad, rather than persuading people that "they need to take action to remain healthy by being screened and taking preventive medicine[s]." *BMJ USA* associate editor Paul Frame, famous for his quote "an ounce of prevention is ... a hell of a lot of work," comments (p 306) that this is an apples and oranges comparison. No one should support unproven preventive services, but it doesn't make much sense to reduce funds for appropriate preventive care to pay for needed medical care in developing countries. Why pick on preventive care? Why not divert funds from highways, or agricultural subsidies, or tobacco taxes?

It is hard to deny that we are wasting lots of money on ineffective pills and elixirs for prevention of all manner of ills. We seem to prefer spending money trying to find medications to counter the effects of our bad habits, rather than changing the habits. Maybe we all need a little more olive oil and a little less snake oil. ♦

—Douglas Kamerow, editor