UK drug regulatory body describes attempts to ensure independence

On page 834, Breckenridge and Woods from the Medicine and Healthcare Products Regulatory Agency discuss the relation between the UK drug regulatory system and the pharmaceutical industry. They describe the steps being taken to ensure that the regulatory agency is independent in its assessment even though it is funded entirely by user fees. Members of staff must disclose any potential competing interests (such as having shares in a pharmaceutical company), and other measures are used

to increase transparency while protecting commercial confidentiality and secrecy.

Adequate dietary folate may reduce alcohol related breast cancer

Adequate folate supplementation may protect against alcohol related increased risk of breast cancer. In a prospective cohort study of more than 17 000 Australian women for 10 years, Baglietto and colleagues (p 807) found that women who regularly consumed more than 40 g (5 units) a day of alcohol had a 40% greater risk of invasive breast cancer than lifetime abstainers. A daily folate intake of 400 µg in this drinking group, however, was associated with a significant reduction in risk compared with a daily intake of 200 µg (hazard ratios of 0.77 and 2.00 respectively).

POEM*

Dietary supplements for erectile dysfunction may contain sildenafil or tadalafil

Question Do dietary supplements marketed for the treatment of erectile dysfunction contain phosphodiesterase type 5 inhibitors (such as sildenafil (Viagra) or tadalafil (Cialis))?

Synopsis These investigators purchased seven different brands of dietary supplements for the treatment of erectile dysfunction, six via the internet and one from a local health food specialty store. All products underwent high performance liquid chromatography analyses for the presence of phosphodiesterase type 5 inhibitors. Individuals blinded to product brand names performed the analyses. Two products (Super-X and Stamina-RX) contained significant amounts of sildenafil (Viagra, 30 mg) and tadalafil (Cialis, 20 mg), respectively.

Bottom line At least some natural products marketed for the treatment of erectile dysfunction are adulterated with phosphodiesterase type 5 inhibitors. Many of these products claim to be free of adverse effects but may be fatal to patients concomitantly using nitrates.

Level of evidence 4 (see www.infoPOEMs.com/levels.html). Case series (and poor quality cohort and case-control studies).

Fleshner N, Harvey M, Adomat H, et al. Evidence for contamination of herbal erectile dysfunction products with phosphodiesterase type 5 inhibitors. *J Urology* 2005;174:636-41.

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

Editor's choice

Evidence not ideology

This week I am opening my GPs' new surgery. It will be a proud moment for me—there'll be a plaque and everything. I'll be taking with me this week's special issue of *Career Focus*, devoted to GP training, but I'm especially looking forward to hearing their stories of the latest policy directives and how they are getting round them. Working in the midst of a giant and rapidly moving healthcare experiment is easier if you can laugh about it while carrying on doing your best for patients.

Of course the experiment itself is no laughing matter. The world is watching, huge amounts of public money are at stake, and working lives as well as patient care are being turned upside down. And the news is not good. Consultants are retiring early because of pressure of work (p 798), one trust is saying it will have to cut consultant posts to make savings (p 797), and the BMA has warned that the new private treatment centres will have no incentive to train doctors (p 797).

Robert Lane and Alex Paton are excoriating in their criticism (p 854). They highlight the potential for greater inequity as non-NHS providers cherry pick easy cases and also the financial gain for companies involved in this latest reorganisation. "It is clear that the NHS is being taken over by big business and private healthcare teams," they say, "but markets have never yet delivered universal and equitable health care."

For those in favour of reform, the problem is not that we have gone too far but that we have not gone far enough. Jennifer Dixon (p 852) calls for full implementation of the reforms already designed (payment by results, patient choice, and provision of care by non-NHS providers), but she also wants more: key elements, such as financial incentives and effective economic regulation, are missing, she says.

In her rapid response, Allyson Pollock calls on the *BMJ* to take a position on the NHS. Neutrality on the NHS is, she says, like being neutral on the war in Iraq, female circumcision, or tobacco sales. But there are problems with this. Each side of the NHS debate accuses the other of being driven by ideology, without seeing that ideology is equally evident on both sides. Ideology makes things simple when in reality they are irretrievably complex. The private finance initiative (PFI) may have seemed ideologically sound but its lack of flexibility has stymied it in practice (p 792)—an expensive mistake. Meanwhile the new pressure group "Keep our NHS public" tends to ignore the inconvenient fact that the NHS has always worked with private practitioners.

It is equally inconvenient that some aspects of the reforms may be working. Nick Timmins reports that, although the targets in the new GP contract were probably set too low, they show promise as a means of driving up the quality of care (p 800).

Having said this, there is one position the *BMJ* will take. Since this is clearly an experiment, we should demand good evidence before new initiatives are rolled out. Lane and Paton (p 854) complain that Kaiser Permanente has been accepted as the future model for the NHS on flimsy evidence of effectiveness. They are right. This isn't good enough.

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