

Where next for POM to P? Is self care the future for ill health prevention?

Steve Mann, of Mann Healthcare Ltd, was the pharmaceutical physician who led the switch from prescription-only medicine to pharmacy medicine of the first statin — simvastatin. Here he offers a personal view on one future direction for POM-to-P switching

Over the past two decades the scope of self-medication has grown far beyond the traditional realm of minor, largely self-limiting conditions. Now recurrences of many doctor-diagnosed illnesses are self-treatable and this summer people with typical migraine suitable for self-administered triptans will be identified in pharmacies.

In arguably the most controversial move of recent times, a medicine to reduce the risk of future serious illness has been available on UK pharmacy shelves for almost two years. The availability of simvastatin 10mg (to reduce the risk of heart attack in people at moderate risk)

was seen by many as heralding a possible new era in self care: when individuals would take responsibility for their future health and in doing so help address major public health problems. Is this realistic and how might self-medication develop in the future?

It is self-evident that health care systems focus more on the ill than the well. Yet enormous expenditure goes on treating illnesses that are largely preventable. Cardiovascular disease causes more premature deaths in UK males than all cancers combined and 10 times more premature deaths in females than breast cancer. The parallel epidemics of obesity and type II diabetes that are predicted to lay siege to the health economies of western nations are, likewise, largely preventable conditions.

A health care system can deliver prevention when there is an intervention (such as vaccination for communicable diseases) that it can administer to whole populations. If there were a vaccine for heart disease, do you suppose for a moment that there would be a debate about whether we should make it available for all? But in obesity and heart disease the principal means of prevention do not lie in the hands of doctors but in those of ordinary people. Much of future health care has to begin with self care.

Of course the positive maintenance of health should start as early in life as possible. There is no question that a healthy diet, exercise and the avoidance of harmful habits (eg, smoking) are critical in preventing disease. However, many people will still struggle to live a "healthy lifestyle", even if they are educated young as to what this means.

Exhorting adults to avoid things that are bad for them but which they have, nonethe-

less, learnt to enjoy, will influence some but certainly not all. People are often only motivated to take action when they reach an age or develop a condition where "lifestyle" changes alone may be too little and too late.

The switch of the first statin signalled a potential turning point in how we regard self care

In the future it will simply not be a sustainable health care strategy to wait for people to develop diseases before sending in the medical cavalry. So, to borrow a Blairism: could there perhaps be a Third Way?

Some years ago Wald and colleagues¹ intrigued many — and appalled some — by suggesting that the toll of heart disease could be massively reduced if the whole population above a certain critical age were given a "poly-pill" combining the medicines known to reduce the major risk factors. On epidemiological grounds it was difficult to fault the logic: the human and health care burden of heart disease would be slashed at the cost of a few adverse effects for some. However difficult this may have been to deliver in practice, it was at least refreshing new thinking.

This unashamedly "population-based" approach to preventable illnesses perhaps gives a clue as to how self care might develop in the future. What if, at a given age (depending on the disease in question), everyone at risk was given the opportunity to buy an evidence-based medicine that could reduce the risk of developing a disease in the future? Is that so far removed from taking a vitamin preparation to "preserve health", as so many do already? Of course this is also not too far from the statin model of self-medication already available and it depends heavily on educating the consumer to recognise risk for it to succeed. In some conditions, heart disease being one, the ignorance of our population is such that this is not a short-term proposition.

Of course not all "at risk" populations are the same. If you are obese and strongly at risk of developing type II diabetes (with all the problems that come with it) you may be highly motivated to act and a self-medication option as a supplement to lifestyle changes may be extremely attractive. In my view there are many other examples of predictable con-

ditions that could be prevented by individuals taking action before obvious disease develops.

The fact is health care systems are unlikely to fund population-based prevention based on pharmacological interventions. But where such options exist, what is wrong with offering them to people who will benefit, provided it is reasonably safe to do so?

The recent history of self care and self-medication, in particular, is fascinating. Do you remember when it was almost unthinkable that H₂-receptor antagonists could be bought from a pharmacy? Now you can buy a pack from a supermarket or garage forecourt, along with a host of other effective medicines. What was unthinkable becomes commonplace when the dire predictions of the nay-sayers (a traditional accompaniment to every switch) are shown to be groundless. Experience shows that people self-medicate sensibly on the whole and with the added safeguard of pharmacist intervention for new switches there are many drugs for long-term use that could qualify as "P".

I believe the switch of the first statin signalled a potential turning point in how we regard self care. For the first time, it was recognised that the benefit of a drug to prevent serious disease should be made available to a larger at-risk population than could be afforded within the doctor-led health service. The success of ground-breaking changes such as this may not come overnight, since that depends in part on a change in the public's perception of responsibility for health. A population-based approach to health requires individuals to understand and accept personal responsibility for their future

well-being. We may need more examples of self care interventions in disease prevention before this becomes mainstream thinking.

So will self care have a prime role in preventing disease in the future? I do not think it is affordable not to have self care as a crucial part of the future mix for health care provision. However, much will depend on the willingness of the pharmaceutical industry and, in turn, pharmacists to seize the opportunity to shape the future of self care.

Experience shows that people self-medicate sensibly

Reference

1. Wald NJ, Law MR. A strategy to reduce cardiovascular disease by more than 80%. *BMJ* 2003;326:1419–21.