LETTERS

Benefits vs. Risks in Use of COX-2 Inhibitors

While I agree with many of the points made by Dr. Angell ("Merck Downplayed Risks of Its Vioxx," Letters to the Editor, Oct. 7), one point is potentially misleading: her statement that COX-2 inhibitors are no better than over-the-counter drugs for relieving arthritis symptoms.

On a statistical basis, she is correct. However, as a wise professor once told me, "Statistics apply to populations; but physicians treat individuals." That is, a given individual either experiences or does not experience a significant side effect or benefit. The good physician balances the statistical probabilities of benefits and risks when prescribing for a given patient, including when selecting the initial drug to alleviate arthritis symptoms. He or she should consider the well-established NSAIDs, including over-the-counter drugs such as ibuprofen and naproxen for most patients before resorting to pricier COX-2 inhibitors.

Nevertheless, any experienced physician can tell of patients who failed multiple NSAIDs, but who finally obtained relief with a specific COX-2 inhibitor. Even if 80% of a population responds well to each of five different drugs, the group of individuals who comprise the responders to each drug may not be identical. For a selected individual who obtains major relief from a specific drug, but not from other drugs in the same class, the loss of that drug may cause a drastic reduction in quality of life. The benefit to such individuals is lost in the economic and medical calculus that we apply to the population as a whole.

It is a pity that, because of the high costs of litigation and our imperfect system of discerning and sharing knowledge about risks of treatment, we cannot accommodate the individuals who truly benefit from such drugs. Ironically, we readily accept the value of certain chemotherapy drugs that have nearly 100% chance of significant adverse effects, while providing less than a 50% improvement in five-year survival. To a severely afflicted arthritis sufferer, doubling the chance of a heart attack or stroke (say, from 5% to 10%) may seem a reasonable trade-off for the improved quality of life, especially if that individual's other risk factors for vascular disease are low.

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Prescription Black Market Could Force Price Leveling

In response to Roger Pilon's Oct. 11 editorial-page commentary "The Reimportation Blues":

Mr. Pilon makes the drug reimportation debate more complex than it actually is. The only market the U.S. can make free is our own, and we should do it right