

Kids: the new guinea pigs of Big Pharma

[Source: <http://www.anhcampaign.org/news/kids-guinea-pigs-big-pharma>]

Statins for 8-year-olds?

In the mind of many doctors faced with an overweight kid in their clinic, the view of the American Academy of Pediatrics is going to be influential in determining their treatment protocol. On 7 July, the Academy published guidelines that told doctors it was a good idea to prescribe cholesterol-lowering drugs like statins to kids as young as eight years old, because there was more evidence showing that our journey towards heart disease starts at a tenderer age than was previously thought.

While this advice may be causing a bit of a furore in some medical circles, are we really going to see the American Academy of Pediatrics changing its position? Unlikely, we would say.

UK medical writer Jerome Burne, expressed the concerns of a number of leading UK medics clearly in the *Daily Mail*. Further concerns have been [expressed in the USA](#).

Here are the ANH's 10 key concerns:

1. Kids require a lot more cholesterol than adults for brain development, so could cholesterol lowering drugs provide another, unknown source of risk?
2. Is cholesterol really a major risk factor in heart disease? Recent evidence would suggest this is not consistently the case, and that cholesterol—even so-called 'bad' LDL cholesterol—serves many beneficial functions in the body. Check out Mike Adam's layperson's account on this at [Natural News](#).
3. Many scientists and doctors suggest that apolipoproteins, particularly the apo B:apo A-I ratio, may be a much more accurate risk factor than total cholesterol or even cholesterol ratios. See [Nature Clinical Practice Cardiovascular Medicine \(2008\) 5, 18-19](#), for a recent discussion of the relevance of apolipoprotein ratios as a measure of risk.
4. Most drugs have been tested on adults not kids, so their safety to kids is not known.
5. We know nothing about the effects of staying on a drug regimen for, say, 50 or more years.

6. Given that [statins suppress the body's natural production of coenzyme Q-10](#), there are additional risks, especially for kids. Will your doctor know to prescribe a natural product like co-enzyme Q-10. Most won't.
7. It is [recognised that statins may cause birth defects](#) if taken by pregnant women. Are we prepared to put children on statins with no real knowledge of what the long-term outcomes might be, to them or their offspring?
8. If you put a child on statins, will they really adjust other lifestyle factors such as fruit and vegetable intake and exercise—or will they think they can do as they please because they're taking a drug?!
9. How much training has your doctor had on dietary manipulation to help reduce heart disease risk? In the vast majority of cases, the answer would be precious little.
10. Has your doctor been trained in delivering fitness and exercise regimens for children—or even adults—who are obese and might be at high risk of suffering a heart attack, asthma attack or other serious problem?

Popping a pill—or a statin capsule—might work wonders for the bank balances of the pharmaceutical manufacturer and its supply chain, but it raises some very serious concerns about the long-term risks. We see it as a classic example of unsustainable, orthodox, short-sighted healthcare at work. Have a look at our White Paper on [sustainable healthcare](#), and get behind the move to transition towards biologically-compatible approaches [based on natural foods](#), [natural products](#) and lifestyle-based approaches to healthcare.

What about off-label prescription risks to kids?

Kids are being targeted from all angles. Let's bear in mind that a study in the *Archives of Internal Medicine* ([Radley DC, Finkelstein SN, Stafford RS. Off-label prescribing among office-based physicians. Arch Intern Med. 2006; 166\(9\): 1021-6](#)) recently showed that one-fifth of all drugs used in the US are off-label. This means that they are used for a purpose that is not specifically listed on the label, and for which clinical trials have not been undertaken for the purposes of getting the drug approved by the likes of the FDA. The study, even more remarkably, showed that around 70% of the off-label usage was not based on any strong scientific evidence! Read more about this issue in an excellent article entitled [Dangerous Practices by Jerome Burne in the Independent](#).

But, adding insult to injury, the [FDA is telling doctors not to worry and that off-label prescription is just fine!](#) In the UK, the medicines regulator, the Medicines and

Healthcare products Regulatory Agency (MHRA), [reckons it's powerless](#) and can't do anything as doctors can prescribe what they want. Ummmm.....

Looking again at the situation with regard to kids—it's extremely worrying to say the least. There are generally absolutely no relevant data for off-label use on children. Are we prepared to let our kids be used as guinea pigs, just to deepen the cash reserves of Big Pharma?

Let's look after our kids properly

This is an absurd situation, in our view, and, most likely, in the view of anyone who recognises the role of diet, nutrition and exercise in heart disease and other complex diseases. Like the World Health Organization, for example? Check out the [WHO's Global Strategy on Diet, Physical Activity and Health](#). It was developed because of the recognition that diet and physical activity are two of the most important factors contributing to the biggest burden on healthcare systems around the world, from the Big 5 chronic diseases, namely heart disease, cancer, obesity, diabetes and osteoporosis.

Big Pharma clearly sees these diseases as its biggest market—but more and more people are waking up to the fact that most drugs are not only comparatively ineffective—they can also be downright dangerous!

So— will you let your kids be prescribed statins or off-label drugs?

Or will you use food, exercise and common sense in place of drugs?

See [ANH Food4Health campaign](#) for further information.