Results of the recent Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT) have generated much excitement and controversy. The reported superior performance of thiazide diuretics brought the trial under scrutiny. Many investigators have reported superior performance of thiazide diuretics in both African American and non-African American individuals. However, at least two studies have suggested that the results of the ALLHAT and other trials of thiazide diuretics may have been influenced by genetic factors.1,2

African American men have the C825T polymorphism, a predisposition that confers a superior response to thiazides.3 As 35% of the subjects in the ALLHAT study were African American, the influence of this polymorphism could have skewed the results. Responses to angiotensin-converting enzyme inhibitor or calcium channel blocker vs diuretic: The Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT). JAMA. 2002;288:2981-2997.

Thus, there appear to be subgroups within subject pools that have genetic substrates that confer both preferential responses to antihypertensives and better outcomes.

Although large subject pools increase credibility, they may obscure important subgroup traits resulting from interindividual genetic differences. We anticipate a time when covariant data will include genetic variables. Such a strategy will render the practice of blanket coverage obsolete, while heralding the practice of customized coverage.

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References

Strength in Collaboration

To the Editor:
I found the article by Peter R. Przekop, Jr, DO, PhD, et al (Am J Osteopath Assoc. 2003;103:543-549) to be extremely encouraging and representative of the direction I hope osteopathic graduate medical education is headed on a national scale. Having graduated from Des Moines University, College of Osteopathic Medicine in 2001, I am completing a 5-year residency in pathology at a university-based allopathic medical center. Although I have little opportunity to use osteopathic manipulative medicine in the field of pathology, I am proud of my osteopathic medical heritage and am versed in both osteopathic medicine’s philosophy and history.

The osteopathic medical profession has experienced tremendous growth and acceptance over the past 30 to 40 years. I believe that this is due in part to collaborative efforts between osteopathic physicians and our allopathic colleagues, particularly in graduate medical education. For a variety of reasons, some of which are addressed in Dr. Przekop’s article, more and more osteopathic medical school graduates are completing residency training in allopathic medical centers. (There were few alternatives in my situation, given the lack of osteopathic medical programs in the field of pathology.)

The acceptance and integration of osteopathic physicians into allopathic medical institutions has allowed an opportunity to introduce osteopathic principles and practice to allopathic physicians and medical school students. What I hope will occur is a
Let’s Learn From the Influenza Epidemic

To the Editor:
In the editorial by M. Reza Nassiri, DSc, about severe acute respiratory syndrome (SARS), “Severe Acute Respiratory Syndrome Deserves Scientists’ and Physicians’ Full Attention” (J Am Osteopath Assoc. 2003;103:359-360), the author states that there is no treatment available for the condition.

This is the same statement made by medical leaders about the 1918 influenza epidemic; however, there is much documented information to indicate that the use of osteopathic manipulative treatment (OMT) resulted in far better survival of patients than other medical approaches.

It would seem that OMT should also be efficacious in SARS as suggested in “DOs Ponder Parallels of Flu and SARS Battles” (The DO. 2003;44:34-36), and it is of significance that the United Christian Hospital in Hong Kong has reported that young children who have SARS have fewer and milder symptoms and recover faster than adults. This was also noted in the 1918 flu epidemic when the mortality rate was highest in healthy adults between 20 and 40 years of age.

If the current outbreak of SARS is similar to the 1918 influenza, OMT may be the only effective therapy. In any event, it is worth a trial.

Martyn E. Richardson, DO
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References

Response

Dr Richardson seems to be concerned about my statement that no treatment is available for patients with severe acute respiratory syndrome (SARS). It is clear that I was referring to pharmacologic treatment. If, as Dr Richardson claims, osteopathic manipulative treatment (OMT) “should also be efficacious in SARS” (a vague statement), then why have osteopathic physicians not (to the best of my knowledge, as I routinely check SARS literature) informed the World Health Organization and the Centers for Disease Control and Prevention of such a revelation? Second, why are there no peer-reviewed data regarding use of OMT in treating patients with SARS found in medical journals?

In the same letter, Dr Richardson states that “...it is worth a trial,” acknowledging that OMT has not been used in patients with SARS, yet, he also claims there is an OMT technique for SARS. If Dr Richardson is suggesting that patients with SARS would benefit from OMT, I am happy to acknowledge such a statement, as I believe most patients with respiratory symptoms would benefit from OMT. However, the question remains: Has OMT been recently used for patients with SARS? I am afraid not. 

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Erratum

JAOA—The Journal of the American Osteopathic Association regrets the following errors:


In Table 2, the number of applications for Midwestern University’s Chicago College of Osteopathic Medicine (CCOM) and Des Moines University College of Osteopathic Medicine and Surgery (DMU/COMS) for the 2002–2003 academic year were reversed. For number of applicants, CCOM should reflect 2452; DMU/COMS should reflect 2070. In addition, first-year enrollment for the same period for CCOM should be 172; for DMU/COMS, it should be 216. Finally, the total enrollment at CCOM for this period should be listed as 643 and DMU/COMS should be listed as 802.