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Flu drug benefit “debatable”

Study casts doubt on evidence base for giving antiviral drugs to people at risk of severe flu



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Treatment with Tamiflu and Relenza can give relief from seasonal flu symptoms up to a day earlier than would be expected without use of the antiviral drugs, according to a systematic review and analysis of clinical trials published today in *Lancet Infectious Diseases*. Although this could soften the economic impact of a flu epidemic by preventing working days lost, it may not be the best way to combat an outbreak, suggest the authors.

“Recommending the use of antiviral drugs for the treatment of people presenting with symptoms is unlikely to be the most appropriate course of action,” write Jane Burch, from the University of York in the UK, and colleagues.

The benefit from drug treatment appears similar between healthy people and those at risk for severe influenza, according to the study. This raises questions about official endorsement of antiviral drugs for high-risk groups in the UK and elsewhere. “The difference between these populations in terms of this recommendation warrants further discussion,” write the authors. But giving antiviral drugs to patients as a precaution is “reasonable”, they add.

Only data from seasonal outbreaks of influenza were included in the study. But the authors say the findings have a bearing on decisions made during the current pandemic of swine-origin influenza.

The review was commissioned by the UK National Institute for Health and Clinical Excellence (NICE), an organisation responsible for setting the country’s health-care guidelines. The full set of results and a cost-effectiveness analysis are due to be published in a forthcoming publication.

According to the summary of key findings published today, Burch and colleagues analysed data from 13 randomised clinical trials for each drug to examine effectiveness and any complications in people who took them. They found that compared with people who took a placebo, healthy adults got some relief from flu symptoms 0.57 days earlier on average when treated with Relenza, and 0.55 days earlier when treated with Tamiflu. People at risk for severe illness got better 0.98 days and 0.74 days earlier when given each drug, respectively.

“Despite the statistical significance of the results, the clinical value of reducing symptom duration by between half a day and 1 day is debatable, particularly in otherwise healthy adults,” say the authors. But they note that treatment could be more effective if begun early — within 12 hours of the patient feeling ill.

Whether either drug can reduce how often influenza leads to complications remains an open question, according to Burch and colleagues, because the available data are too limited for any conclusions to be drawn.

All things considered, including the potential for a positive economic effect from gaining a working day, the authors question whether antiviral-drug treatment can help to control seasonal flu. Although every strategy has pros and cons, other ways of tackling flu epidemics could work better at less cost, they suggest. These include vaccination, **rapid diagnostic tests**, and using antiviral drugs to prevent illness in people exposed to the virus.

Of these options, vaccination appears to be the most promising, according to Burch and colleagues. “Extension of the vaccination policy might be a more appropriate choice for healthy adults, and an assessment of cost-effectiveness that includes societal costs of extending the UK vaccination policy to all working-age adults seems desirable.”

Reference and links

1. Burch J, Corbett M, Stock C, Nicholson K, Elliot AJ, Duffy S, *et al*. Prescription of anti-influenza drugs for healthy adults: a systematic review and meta-analysis. *Lancet Infect Dis* 2009. doi: [10.1016/S1473-3099\(09\)70199-9](https://doi.org/10.1016/S1473-3099(09)70199-9)

[US Food and Drug Administration information](#) on influenza (flu) antiviral drugs and related information

[UK Health Protection Agency information](#) on antiviral drugs for influenza

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