

The danger of misinterpreting studies

PARTHA KAR

The NHS stands at a juxtaposition – balancing the need to modernise with the ever increasing complexity of the population in a confined financial environment. The role of specialists thus comes into ever-increasing focus as they juggle their multiple commitments with trying to be the advocate of patients in their area of expertise. In this environment of a complex cocktail, it becomes critically important that messages are crystal clear when they are specifically of relevance to payers and could directly impact on patient care.

The REPOSE (Relative Effectiveness of Pumps Over Structured Education) trial recently published in the *BMJ* is one such example, where the trial itself is of high scientific value and a core message of the importance of education but runs the risk of being reduced to a simplistic explanation that ‘pumps are no better than injections’.¹ A case in point is how it has been reported in widely read outlets such as Medscape (<http://www.medscape.com/viewarticle/855508>) and how it can be interpreted in non-specialist circles, especially amongst payers. The impact could be far-reaching in crunched financial environments such as the NHS where efficiency drive is sometimes restricted to yearly financial sheets and thereby interpreted as cost savings by reducing perceived ‘expensive’ investments such as insulin pumps, while the case for long-term financial savings in appropriate patients has been made and is clarified in

relevant NICE guidelines. Thus, some patients who may benefit from insulin pump therapy may be denied the treatment.

It is therefore encouraging to see the authors make a clarifying statement, while the view from the Insulin Pump Network UK (IPN-UK) is also timely as well as necessary, keeping in mind everyone’s role as patient advocates. The role of the scientific community needs to be more than simply doing research and also perhaps extending beyond the bubble of academia, assessing the impact on the wider population as well as making clear the message that is transmitted.

We need to remember – for good or bad – that we now live in the era of Twitter and Snapchat where messages are condensed into short sharp viewpoints rather than long discourses. We, as a specialist community, have a responsibility to be aware of that and perhaps adapt to the times, as the audience is not our own bubble but a wider arena of patients, public and payers.

The message from REPOSE is simple, especially for the payer:

- Use insulin pumps as per NICE guidelines
- Irrespective of pumps or injections, education is paramount and should be a core of type 1 diabetes treatment

Hopefully, the rejoinders from the research group and IPN-UK will help get this short and simple message across.

Conflict of interest The author is Associate National Clinical Director for Diabetes for NHS England and thus involved in policymaking within the NHS.

Reference

1. REPOSE Study Group. Relative effectiveness of insulin pump treatment over multiple daily injections and structured education during flexible intensive insulin treatment for type 1 diabetes: cluster randomised trial (REPOSE). *BMJ* 2017;**356**:j1285. <http://dx.doi.org/10.1136/bmj.j1285>

Address for correspondence: Dr Partha Kar

Consultant Endocrinologist, Portsmouth Hospitals NHS Trust, Queen Alexandra Hospital Southwick Hill Road Cosham, PO6 3LYUK.
E-mail: partha.kar@porthosp.nhs.uk

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