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Conflicts of interest common among panel members of guidelines that expand disease definitions

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An assessment of expert members of panels making decisions about definitions or diagnostic criteria for common conditions in the US, which were published in guidelines used by physicians and other healthcare professionals caring for patients, found that most members had ties to industry. The assessment was made in a study from Ray Moynihan of Bond University, Queensland, Australia, and colleagues published in this week's issue of *PLOS Medicine*.

Of the 16 expert panel publications appearing between 2000 and April 2013 that met the authors' criteria of changing disease definitions, 10 proposed changes widening disease definitions and one narrowed a definition. Conditions being expanded included high blood pressure, Alzheimer disease and rheumatoid arthritis. Among the 14 panels with disclosure sections, the average proportion of members with industry ties was 75%.Twelve panels were chaired by people with industry ties. For members with ties, the median number of companies to which they were tied was seven. Companies with the highest proportions of ties manufactured drugs used to treat the disease.

In 2009, a US Institute of Medicine (IOM) report recommended that professional societies and other organizations drafting clinical practice guidelines should "generally exclude as panel members individuals with conflicts of interest," and in 2011 another IOM report recommended furthermore that panel chairs should be free of conflicts. To assess the

potential impact of these recommendations, the authors compared panel publications released in 2012 with those released earlier and found no difference—guidelines published in 2012 had an average of 76% of members with ties, vs 74% before 2012.

The authors state, "This study did not investigate the merits of the proposed changes to the conditions identified. However, findings that diagnostic thresholds are being lowered by panels dominated by those with financial ties to multiple companies which may benefit directly from those decisions, raises questions about current processes of disease definition."

A limitation of the study is that the authors did not compare their results with guidelines that did not change disease definitions to determine whether industry ties were more common among panelists of guidelines that changed definitions compared with those that did not. Furthermore, the authors state, "As both [IOM] reports make clear, there are financial as well as non-financial or intellectual conflicts such as academic advancement, and there should be no assumption that having a conflict is unethical, or 'that any particular professional will necessarily let financial gain influence his or her judgment'."

More information: Moynihan RN, Cooke GP, Doust JA, Bero L, Hill S, et al. (2013) Expanding Disease Definitions in Guidelines and Expert Panel Ties to Industry: A Crosssectional Study of Common Conditions in the United States. PLoS Med 10(8): e1001500. DOI: 10.1371/journal.pmed.1001500