



Synergy Forum

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Synergistic effects - is it possible to make “the devil an angel”?

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The Book of Revelation describes a war between angels led by the Archangel Michael against those led by "the devil". Therefore, in principle, the “devil” must have been an “angel” in advance. Comparing this picture with the treatment of diseases, the “devil” can be regarded as the negative effects of medicines in combination treatment. Textbooks are full of always the same negative interactions, but due to lack of ethic to make RTCs, mainly discovered by chance. The result over years, common knowledge of classical pharmacology is: “Avoid Combination!”

Even in therapy with chemically defined medicine, we are reaching borders.

A major argument was that different ingredients of a fixed combination could have different courses or durations of action, e.g. the synchronization of the bioavailability of the substances. However, this is only convincing, in the mode of action is needed simultaneously, not, if there are different targets etc. First: There are serious diseases, from which since a long time, is known that they can't sufficiently be influenced (or cured) with one drug alone, e.g. tuberculosis. And in the last years the disease needing combination-therapy increased: E.g. Human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) or helicobacter pylori eradication. Second: The ageing society brings up more and more “multi-morbidity” patients needing polypharmacy where the influences of different drugs to each other are mainly unknown but the combination is unavoidable, caused by the severity of the diseases. “Normal” parameters, such as renal and heart functions, decline with advancing age for biological reasons. Therefore, a “basic (combi-) medication” of an ageing person is quite common. If this will be accompanied by “acute medications” in cases of severe illness with often unknown perspectives of interaction. In the case of longtime-treatment, the interaction often cause no clinical problems, because normally the physician “doses on clinical effects”. It's typical that problems arises, when new or additional medicines are needed, or different physicians, not knowing from each other prescription, prescribe different drugs. That is why we have to strengthen our efforts on interactionresearch.

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