# Editorial

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## If You Want Treatment Options, Have a Common Disease!

As an endocrinologist, I've really been pleased by the recent proliferation of new therapeutic options for managing diabetes mellitus. As recently as 1995 we had but a single class of oral agents—the sulfonylureas—available in this country to lower blood glucose levels. Now we have six major classes of oral agents, with several additional ones likely to come on the market in the next few years. But it occurs to me that this cornucopia of therapeutic options is actually a marker for a very unfortunate state of affairs. It may be beyond obvious to say it, but we wouldn't have such a wealth of antihyperglycemic drug choices were it not for the worldwide epidemic of diabetes.

And, indeed, it is an epidemic. Since the time of my endocrine fellowship training in the late 1970s, the prevalence of diabetes in Western nations has quadrupled. That's right, diabetes is now four times as common as it was just a generation ago. The culprits are well known: obesity, the sedentary lifestyle, larger restaurant portions, more widespread use of high-fructose corn syrup in food products, cable television, video games, computers, etc. Nonetheless, the flip side of this disastrous epidemic is that it has led to a virtual explosion of new therapeutic modalities. Clearly recognizing the legions of potential customers out there for new antidiabetes drugs, the pharmaceutical manufacturers are more than willing to pony up big bucks to finance their development.

Now contrast this therapeutic feast with the far more meager fare available to those unfortunate patients who have much less prevalent diseases. My wife, sadly, is one of these, and she has graciously allowed me to report to you on her medical history in order to make my point. In addition to bearing five children, she has endured a panoply of autoimmune disorders, including Hashimoto's thyroiditis, pernicious anemia, recurrent urticaria, alopecia, and vitiligo. Her most recent addition to this grievous list, Sjögren syndrome, has been one of the most unpleasant entities for her, and it has compelled me to learn much more about this autoimmune rheumatologic condition.

The most common manifestations of Sjögren syndrome, of course, are dry eyes and dry mouth. While annoying, the former generally does not limit quality of life excessively, as long as appropriate eye drops are used. But the dry mouth is truly something else. My poor spouse has difficulty chewing, swallowing, and enjoying her meals because of a severe shortage of the moistening saliva that the rest of us take for granted. She has to plan carefully what foods she will attempt to eat and then engage in multiple efforts to generate enough saliva to get the food down.

So here's a disease that causes significant discomfort and disability—and is crying out for a pharmacologic intervention. Sugar free candies meant to stimulate saliva don't really work very well (the candies and gums need to be sugar free because of the very high prevalence of dental cavities in Sjögren syndrome). Pilocarpine is approved to treat dry mouth in patients with this syndrome, but the drug has lots of nasty cholinergic adverse effects, such as tachycardia. Perhaps the best of the few available treatments is an obscure medication called cevimilene. This agent does stimulate some reasonable amounts of saliva, but it demands its pound of flesh in the form of terrible sweats and perspiration.

You get the picture. Folks like my wife, who have relatively uncommon but nonetheless disabling diseases like Sjögren syndrome, get very short shrift from the pharmaceutical industry, simply because there are relatively few potential patients out there to purchase new products that might be developed. If a large audience were to hear my wife's impassioned description of her chewing and swallowing difficulties, there wouldn't be a dry eye in the house (sorry, pun intended). Yet there simply aren't new drugs coming to her rescue. The only thing I can recommend to her is that she try to get a much more common disease—like diabetes—the next time she plans to manifest a new ailment. That way, at least she would have a wealth of therapeutic options available to her! ●

*Author disclosures*
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