

GUEST EDITORIAL



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Health and Harmony: Teamwork is the Key

Om! May He protect us both together; may He nourish us both together;

May we work conjointly with great energy,

May our study be vigorous and effective;

May we not hate any.

Om! Let there be Peace in me!

Let there be Peace in my environment!

Let there be Peace in the forces that act on me!

—Taittiriya Upanishad

THE PARADOX OF HEALTH

Good health is a paradox. As we bask in justified pride about our increasing life expectancy and longevity, we cannot ignore the rapid increase in human suffering, quantified as disability-adjusted life years (DALYs)¹. Neither can we trivialize the low levels of public satisfaction with health care professionals, despite tremendous advances in diagnostics and therapeutics.

The changing burden of disease, characterized by an epidemic of noncommunicable illness, calls for a relook at our approach to the optimization of health. This is especially true in persons living with chronic, metabolic or psychological diseases, where the focus is on 'healthy living with the disease'. In fact, recent commentators have highlighted the need to include 'sustainable' and 'optimized' well-being as part of the definition of health².

THE COMPLEXITY OF HEALTH CARE

One added complexity in today's world is the existence of multiple comorbidities and the usage of multiple concomitant medications. While the words 'multimorbidity' is used frequently, a case can be built for the concept of 'grand-multimorbidity'. Taking guidance from the definition of grand multipara in obstetrics, grand-multimorbidity can be used to refer to a clinical state where 5, or more than 5, disease states are present. Similarly, a grand-comedication prescription may be an apt descriptor for a treatment, which includes ≥ 5 drugs. Our method of management must take these inescapable challenges of today's medical praxis, into account.

Yet another layer of complexity is added by the patronage of alternative schools of medicine. While the word 'alternative' suggests a binary, 'this or that' attitude, using the complementary adjective offers a more inclusive view of current health care³. Many persons living with chronic disease use both modern and traditional medications in varying proportions, at different times in their lifespan. This fluidity of choice needs to be respected as well.

THE NEED FOR TEAMWORK

The multifactorial nature of disease, and multifaceted options for treatment, calls for a multidimensional style of management. No single health care system, service or professional can claim to manage all aspects

of an individual's or society's health. It is necessary therefore, to work as a team, in order to ensure optimal therapeutic outcomes^{4,5}.

Teamwork has its own challenges. An able leader or manager, who can lead a motivated group of professionals, united in their aim to achieve better health for all, is required. Even more importantly, the person living with chronic disease should view himself or herself as an integral part of the team. This means not only understanding one's rights, but shouldering one's responsibilities as well⁶.

As health care professionals, we must understand our primary objective that of ensuring health and work as part of an efficient, effective team, to accomplish this goal. Apart from professional expertise, therefore, we should learn team dynamics and kinetics. We should respect and be responsive to the requirements, strengths and limitations of other team members.

Identification of an appropriate team leader or manager is also important. In obesity or diabetes, for example, the team leader may be an endocrinologist. In a person with obesity or diabetes and multimorbidity, such as seizure disorders or tuberculosis, however, an internist may be better placed to serve as team leader.

SCIENTIFIC SATYAGRAHA

We understand that this is easier said than done. Teamwork requires a balance between confidence competence and expressive empathy, and between an individualistic and team-based collaborative style. We should

be able to avoid the feeling of intellectual arrogance, and replace it with a scientific search for greater knowledge. This can be termed 'scientific satyagraha', or a Gandhian search for the truth. Once we incorporate this in our thoughts and behavior, a robust and resilient foundation for better health will be ready.

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Study Links Gabapentinoids Prescription to Higher Risks of Drug Misuse and Trauma

A recent study published in the journal *Pain* revealed a concerning link between the prescription of gabapentinoids and heightened risks of drug misuse, overdose, and significant trauma among patients prescribed these medications.

For the study, researchers collected data from anonymized GP records. They compared the rates of adverse events—including substance misuse, overdose, and significant injury—between patients prescribed gabapentinoids and those who were not.

The findings showed that patients prescribed gabapentinoids faced elevated risks of adverse events if they exhibited certain predisposing factors. For instance, smokers, individuals with a history of substance misuse or overdose, or those grappling with mental health conditions were particularly vulnerable. Furthermore, the risk intensified for patients concurrently prescribed other drugs impacting the central nervous system, indicating potential interactions amplifying these risks.

(Source: <https://medicalxpress.com/news/2024-04-patients-gabapentinoids-drug-misuse-overdose.html>)