Cases of liver failure linked to "fat-burning" supplement

In late 2013, there were 45 cases of acute liver failure (ALF) in Hawaii, and 29 of those people reported taking OxyELITE Pro (an herbal dietary supplement marketed for weight reduction and "fat-burning") 60 days before illness onset. Of 8 initial cases, 2 patients needed urgent liver transplants, one died, and 5 eventually recovered.[1] The manufacturer of OxyELITE Pro voluntarily recalled the product after receiving a warning letter from the US Food and Drug Administration (FDA).

One way to prevent situations like this from occurring might be to ban the sale of weight loss or sports enhancement supplements unless they are rigorously tested and approved by the FDA. Voluntary reporting to the FDA is time-consuming and it takes time for the FDA to follow up on these reports.

As primary care physicians, we need to consistently ask patients about their use of supplements, educate them about the potential dangers, and identify those who are experiencing adverse reactions. While we can't put a stop to the harm that some herbal dietary supplements might inflict on a public eager to embrace quick fixes for weight loss and improved strength, we can be the best first responders.

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1. Centers for Disease Control and Prevention (CDC). Notes from the field: acute hepatitis and liver failure following the use of a dietary supplement intended for weight loss or muscle building—May-October 2013. *MMWR Morb Mortal Wkly Rep*. 2013;62:817-819.

Examine the patient, not just the evidence

Dr. Hickner's editorial "Let's talk about the evidence" (*J Fam Pract*. 2015;64:337) struck a chord with me. I am very supportive of evidence-based medicine (EBM), but am often dismayed by the lack of humility expressed by EBM leaders, including the US Preventive Services Task Force. We have so little evidence about much of what we do in family medicine, and most evidence comes from studies that are narrow by nature (reductionist research).

For example, doing a physical exam is part of "laying on of hands" that is part of the art of medicine. Abraham Verghese, MD, MACP, has written and spoken about the importance of examining the patient and not just depending on data.[1] Yet elements of the physical exam, such as the pelvic exam example Dr. Hickner mentioned in his editorial, do not stand up well in EBM due to a lack of diagnostic accuracy. I'll ask this: Who has studied the harm that may be caused by not examining our patients?

My physical exam "ritual" takes less than 10 minutes, and the value in the relationship I have with patients is more than a diagnostic exercise. Increasingly, I see patients become annoyed and critical of physicians who do not examine them.

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1. TED Talks. Abraham Verghese: A Doctor's Touch. TED Web site. Available at: http://www.ted.com/talks/abraham_verghese_a_doctor_s_touch. Accessed July 20, 2015.

Author's response:

Dr. Scherger makes an excellent point about the importance of physical touch for the doctor-patient relationship. The question is: What touching is appropriate? In my own experience, I have noticed that most—but not all—of the women I see are quite relieved that they don't need yearly pelvic exams, and women I see for pap smears do not seem put off if I do not do a bimanual exam. The data are actually quite strong that routine pelvic exams in asymptomatic women lead to more harm than good. They uncover way too many false positives and almost no true positive findings, leading to unnecessary testing and treatment.[1,2]

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1. Ebell MH, Culp M, Lastinger K, et al. A systematic review of the bimanual examination as a test for ovarian cancer. *Am J Prev Med*. 2015;48:350–356.
2. Well-woman visit. Committee Opinion No. 534. American College of Obstetricians and Gynecologists. *Obstet Gynecol*. 2012;120:421-424.

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