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A ‘Polypill’ May Be the Next Big Preventive Fix

Polypills—at least in one configuration—battle heart disease, diabetes and other illnesses all at the same time. Should everyone over 50 be taking them?

One pill for all that ails you? ILLUSTRATION: KEITH A. WEBB/THE WALL STREET JOURNAL; PHOTO: ISTOCK

By MELVIN KONNER

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When it comes to health, I’m skeptical of willpower. Sure, I talk to my students about personal responsibility, but when it comes to the health of populations, I look for big fixes more than for small acts of will.

That’s why my ears perked up when I heard that two old physician friends had decided to start taking, as a preventive measure, some of the medications often included in what the field has dubbed the “polypill.” My friends are both top doctors in their 60s, with good diet and lifestyle, and this is now part of their personal health regimen.

A polypill might include any of several things: a baby aspirin, a statin to rebalance cholesterol, a drug to control blood pressure and one to lower blood sugar. (A version less comprehensive than this is available online with a doctor’s prescription at Polypill.com.) Whatever the combination, the doses are low, so it’s relatively safe. It’s like a multivitamin, but with serious medications. Some public-health advocates now argue that everyone over 50 should be on one.

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You
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everyone. If we had perfectly healthy lifestyles, these drugs would not be needed, but we don't. And even if we did, the drugs might add further protection.

One review of the research on polypills comes from Melvin Lafeber and his colleagues at the University Medical Center Utrecht (Netherlands). Writing in *Current Hypertension Reports* in April, they found reason to think that treatment might help higher-risk individuals and urged more clinical trials. If moderate- and high-risk people benefit, “the idea of offering treatment to everybody older than 50 years might raise widespread interest,” they wrote. The polypill, they concluded, “could be an important tool to reduce the risk of cardiovascular disease” and make it more likely that patients take the necessary drugs.

Critics worry about medicalizing whole populations, predicting that the pill would encourage bad habits and worsen health disparities. A fixed-dose combination pill is one-size-fits-all, which doctors don't usually regard as the best medicine. But polypills might solve real problems. The drugs in them are cheap and target illnesses that afflict many millions around the world, and even patients with tailored prescriptions often fail to keep up with the various medicines.

Some of the component drugs are now being evaluated for use with lower-risk populations—that is, people who don't already have serious problems with their blood pressure, blood sugar or cholesterol. Though not a polypill experiment per se, a study published in May in the *New England Journal of Medicine* involved 12,000 people over five years. One group got two drugs to lower blood pressure and cholesterol, the other got placebos. In the group taking both drugs, 3.6% died or had health crises; in the placebo group, 5% did. The doses were low, so the adverse effects were modest.

This doesn't mean that we should all be on the polypill, but some sensible experts, including my two doctor friends, are moving toward this sort of preventive approach for people who aren't ill or at high risk. After all, many of us are already taking low-dose

aspirin, which is possibly the riskiest of these drugs.

A single pill for what ails you, and maybe for what doesn't ail you yet.

I tend to favor this sort of blunt, comprehensive approach to public health. Much as I like menacing cigarette-package warnings, urging personal responsibility, I like cigarette taxes more (despite their regressive impact). I love “Drive Carefully” signs, but I like seat belts better. And I like air bags best: No judgment, no decision, no defiant will. As for driving under the influence, breathalyzer tests and taking keys away beat the heck out of admonitions to be sober and find a designated driver.

Human nature is not our ally in maintaining health. With heart disease and stroke, many millions of lives are at stake, and for me it comes down to this: Will popping a polypill work better than willpower? I suspect that the answer may turn out to be yes.

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