

Magazine Watchdogs

Amelia Beltramini, Focus magazine, Italy

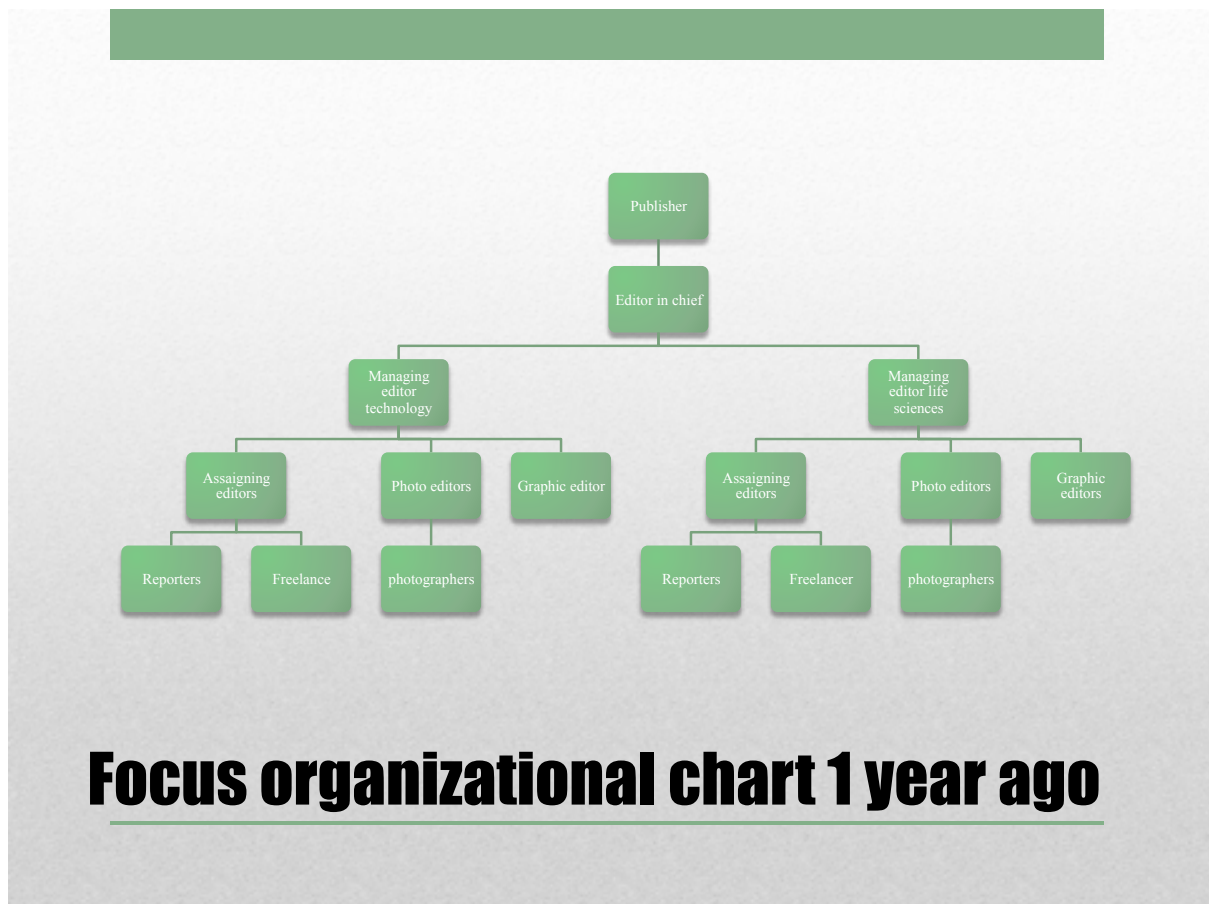


Figure 1

Figure 1 shows the organisation chart of our magazine 1 year ago. As you can see, we have a publisher, an editor in chief, two managing editors, one for life sciences and I was that, and one for technology.

It's a popular magazine. You had something like this in the UK, which we exported.

SPECIAL ARTICLE

Myths, Presumptions, and Facts about Obesity

Krista Casazza, Ph.D., R.D., Kevin R. Fontaine, Ph.D., Arne Astrup, M.D., Ph.D.,
Leann L. Birch, Ph.D., Andrew W. Brown, Ph.D., Michelle M. Bohan Brown, Ph.D.,
Nefertiti Durant, M.D., M.P.H., Gareth Dutton, Ph.D., E. Michael Foster, Ph.D.,
Steven B. Heymsfield, M.D., Kerry McIver, M.S., Tapan Mehta, M.S.,
Nir Menachemi, Ph.D., P.K. Newby, Sc.D., M.P.H., Russell Pate, Ph.D.,
Barbara J. Rolls, Ph.D., Bisakha Sen, Ph.D., Daniel L. Smith, Jr., Ph.D.,
Diana M. Thomas, Ph.D., and David B. Allison, Ph.D.

N ENGL J MED 368;5 NEJM.ORG JANUARY 31, 2013

Figure 2

Figure 2 shows an article which was published in the *New England Journal of Medicine*. I was coming back from my holidays and we had newsroom meeting. A colleague of mine, a young reporter, proposed this subject. It seemed perfect because at the end of January we have usually put on some pounds so the subject was very good. She told the newsroom meeting that the study was funded by the National Institute of Health, that it was published in the NEJM. This has 600,000 readers a week, the highest amongst general medical journals. The publisher is the Massachusetts Medical Society.


What did it say? It said that there are lots on myths (Figure 3).

- 1. Small sustained changes in **energy intake or expenditure** will produce large, long-term weight changes
- 2. Setting realistic goals for weight loss is important, because otherwise patients will become frustrated and lose less weight
- 3. Large, rapid weight loss is associated with poorer long-term weight-loss outcomes, as compared with slow, gradual weight loss
- 4. It is important to assess the stage of change or diet readiness in order to help patients who request weight-loss treatment
- 5. Physical-education classes, in their current form, play an important role in reducing or preventing childhood obesity
- 6. **Breast-feeding** is protective against obesity
- 7. A bout of **sexual activity** burns 100 to 300 kcal for each participant

What about these myths

Figure 3

For example, on energy intake and expenditure. It was against what these myths were saying, eg it is not important to assess the state of changes in diet, and so on.

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- 1. Regularly eating (versus skipping) breakfast is protective against obesity.
 - 2. Early childhood is the period in which we learn exercise and eating habits that influence our weight throughout life
 - 3. Eating more fruits and vegetables will result in weight loss or less weight gain, regardless of whether any other changes to one's behavior or environment are made
 - 4. Weight cycling (i.e yo-yo dieting) is associated with increasing mortality
 - 5. Snacking contributes to weight gain and obesity
 - 6. The built environment, in terms of sidewalk and park availability, influences the incidence or prevalence of obesity

What about presumptions

Figure 4

There was also a presumption (Figure 4) which was against common sense. Skipping breakfast was not protecting against obesity, and so on. It was so weird when I read it, I asked if there were any conflicts of interest in this. They told me no.

This was the first problem, because my colleague had not read the paper, had read only a short communication. We don't have access to all publications. You have to ask the colleague if they have read the study. If you don't read the study you can't understand beyond what you read in the summary.

The same study had been reported in lots of papers and everyone underlined a lot of things, such as that having a lot of sex is not enough to lose weight. But as you know, the devil is in the detail.

FEB
5
2013

Should We Trust the NEJM Obesity Mythbusters?

Posted by Gary Schwitzer in [Conflicts of interest](#), [Journal practices](#)

11 COMMENTS

The following is a guest post by Kevin Lomangino, one of our story reviewers on [HealthNewsReview.org](#). He is an independent medical journalist and editor who is currently Editor-in-Chief of [Clinical Nutrition Insight](#), a monthly evidence-based newsletter which reviews the scientific literature on nutrition for physicians and dietitians. He tweets as [@Klomangino](#).



HEALTHNEWSREVIEW.ORG
INDEPENDENT EXPERT REVIEWS OF NEWS STORIES


Figure 5

Five days later, Gary Schwitzer's blog published the column shown in Figure 5. It said that of the three interventions that the authors describe a tutored clinical setting in the facts section of the paper which was also mentioned in the list of financial disclosure. It was curious that they didn't think it was wise to discuss the benefits of intensive weight-loss counselling. Why was this not important? If you look at the longer conflicts of interest (Figures 6-8), you see it's very long.

- **Dr. Astrup** reports receiving payment for board membership from the Global Dairy Platform, Kraft Foods, Knowledge Institute for Beer, McDonald's Global Advisory Council, Arena Pharmaceuticals, Basic Research, Novo Nordisk, Pathway Genomics, Jenny Craig, and Vivus; receiving lecture fees from the Global Dairy Platform, Novo Nordisk, Danish Brewers Association, GlaxoSmithKline, Danish Dairy Association, International Dairy Foundation, European Dairy Foundation, and AstraZeneca; owning stock in Mobile Fitness; holding patents regarding the use of flaxseed mucilage or its active component for suppression of hunger and reduction of prospective consumption holding patents regarding the use of an alginate for the preparation of an aqueous dietary product for the treatment or prevention of overweight and obesity and holding a patent regarding a method for regulating energy balance for body-weight management

Is COI an explanation?

Figure 6



Drs. Brown and Bohan Brown report receiving grant support from the Coca-Cola Foundation through their institution.

Dr. Mehta reports receiving grant support from Kraft Foods.

Dr. Newby reports receiving grant support from General Mills
Bell Institute of
Health and Nutrition.

Dr. Pate reports receiving consulting fees from Kraft Foods.

Dr. Rolls reports having a licensing agreement for the Volumetrics trademark with Jenny Craig.

Dr. Thomas reports receiving consulting fees from Jenny Craig.

Dr. Allison reports serving as an unpaid board member for the International Life Sciences Institute of North America; receiving payment for board membership from Kraft Foods;

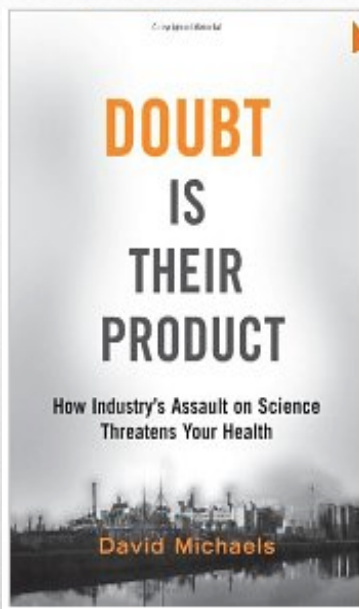
Figure 7

...receiving consulting fees from Vivus, Ulmer and Berne, Paul, Weiss, Rifkind, Wharton, Garrison, Chandler Chicco, Arena Pharmaceuticals, Pfizer, National Cattlemen's Association, Mead Johnson Nutrition, Frontiers Foundation, Orexigen Therapeutics, and Jason Pharmaceuticals; receiving lecture fees from Porter Novelli and the Almond Board of California; receiving payment for manuscript preparation from Vivus; receiving travel reimbursement from International Life Sciences Institute of North America; receiving other support from the United Soybean Board and the Northarvest Bean Growers Association; receiving grant support through his institution from Wrigley, Kraft Foods, Coca-Cola, Vivus, Jason Pharmaceuticals, Aetna Foundation, and McNeil Nutritionals; and receiving other funding through his institution from the Coca-Cola Foundation, Coca-Cola, PepsiCo, Red Bull, World Sugar Research Organisation, Archer Daniels Midland, Mars, Eli Lilly and Company, and Merck.

No other potential conflict of interest relevant to this article was reported.

Figure 8

It's also strange that no other conflict of interest was reported. How many others were there? It's not enough to have a good paper, a good source, the most important thing to look at is conflicts of interest.



Interests are getting ever more organized...

It is not only a problem of tobacco, or asbestos and environmental chemicals, as demonstrated in *Doubt is their product* by David Michaels.

Industry's assault is now on science of diet, of secondary prevention, on disease mongering and so on.

Doubts....

Figure 9

Some years ago, *Doubt is Their Product* (Figure 9) was published. I found it very interesting. It was on how producers of tobacco, asbestos and other environmentally damaging chemicals had tried to undermine all the decisions of welfare organisations. Always they published works in very good journals, destroying the conclusions on cancer research.

This assault is not confined to tobacco, asbestos and environmental chemicals. We find it in the science of diet. We find it in secondary prevention. Now there are lots of studies published against mammographic screening and there are lots of pressures on producers of mammograms and so on against this kind of study.

The Problem in Italy

1. Academia reputation has come into question, marred by fraud, conflicts of interests and scandals.

2. Health professional societies (160 in Italy) are often pharm funded and their guidelines and congresses corrupted.

3. Patients groups too are often funded by Pharma



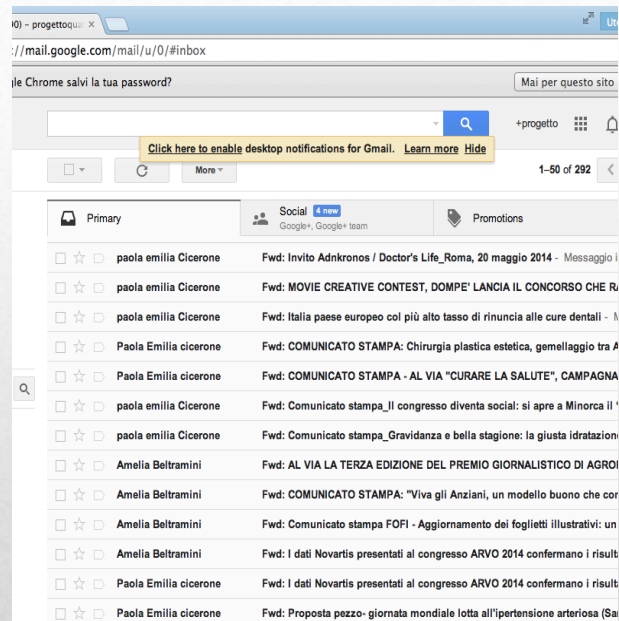
Ever more difficult...

Figure 10

The problem for a managing editor is that academic information has come in to question (Figure 10). We also have a problem with the health professional societies. There are 160 of them in Italy. Why? Who puts the money there? And why so many patients' groups? When you look at them you find that they are founded by firms.

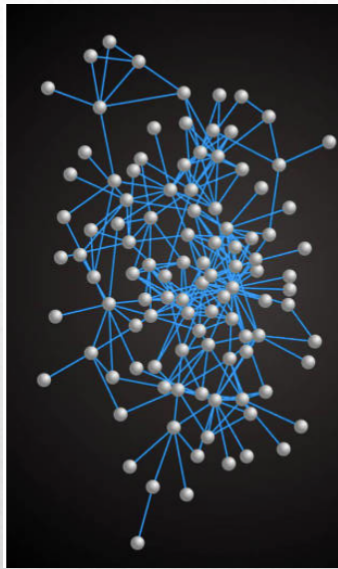
...and the Solution

An Italian important weakness is the choice of sources: too often they are Opinion Leaders. And often we don't know it. The problem is we rely on their own interests these statements. They often declare none. And we as managing editor have to research this subject and usually we find a lot of them. So we began a project: we are building a database of press releases coming from industry



Our Project

Figure 11



- And a nerd-friend is creating a semantic program which learns the meaning and context of words/sentences and connects researchers, patients groups, health professional memberships and universities with pharma, public relations and politicians in a searchable influence network.

Free help from nerds

Figure 12

We have decided to study this problem (Figures 11 and 12). Public-relations departments decided not to send their press releases to us any more because they know that I publish them on my blog and I criticise them. So I asked friends to request them. We also asked a colleague to develop a semantics program which would ensure any association of the patient organisations with PR communication from Pfizer would be detected, as would similar associations for groups of doctors, to have the best possible picture of the situation. This research is continuing and we will publicise the findings.