

Dpt. Preventive Medicine & Public Health
www.unav.es/preventiva

Universidad de Navarra

UNIV 2009

¿Cambian los descubrimientos científicos el comportamiento de las personas?

How scientific knowledge influences population behaviour

MA Martínez-González

Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009

Scientific evidence & behavior change

→ Cancer

- Nature or nurture?
- Vaccine against cancer?
- Cardiovascular prevention
 - Moderate alcohol consumption?
- Diabetes
 - Drugs or behaviour?
- Obesity
 - Anti-obesity drugs?

UNIV FORUM

www.univforum.org

Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009

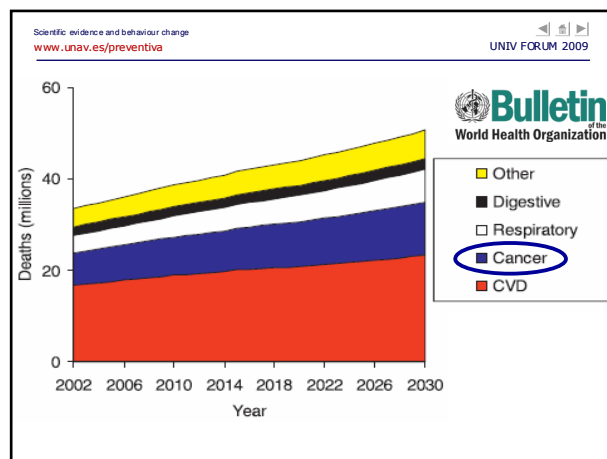
Scientific evidence & behavior change

World Health Day - 7 April 2009

Save lives.

UNIV FORUM

www.univforum.org



Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009

Conclusions

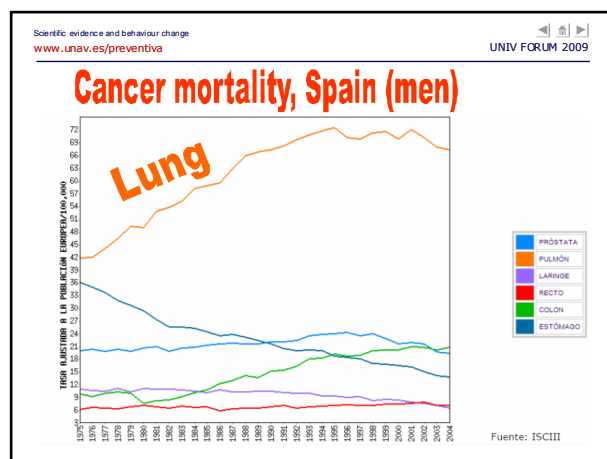
Inherited genetic factors make a minor contribution to susceptibility to most types of neoplasms. This finding indicates that the **environment** has the **principal** role in causing sporadic cancer.

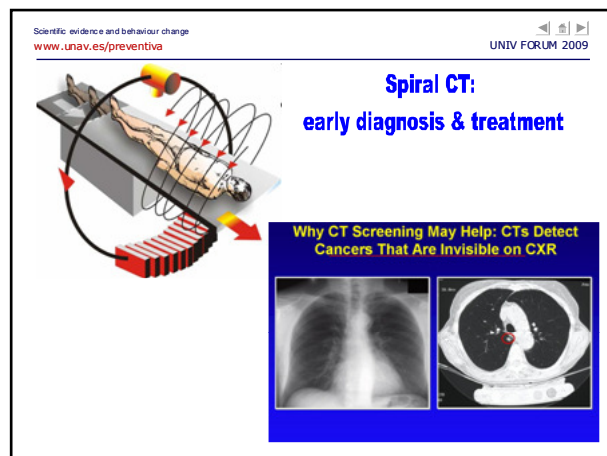
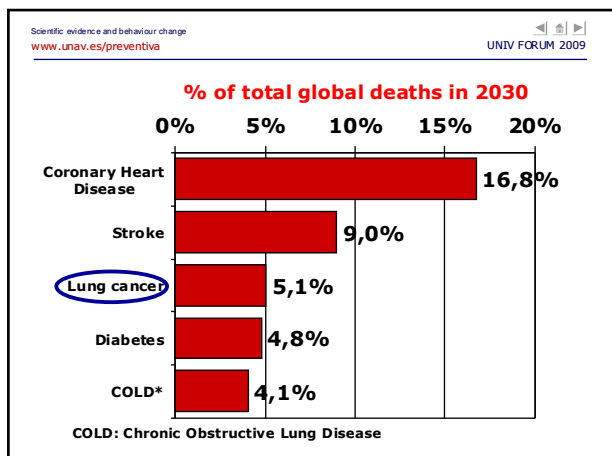
VOLUME 343 JULY 13, 2000 NUMBER 2

ENVIRONMENTAL AND HERITABLE FACTORS IN THE CAUSATION OF CANCER

Analyses of Cohorts of Twins from Sweden, Denmark, and Finland

PAUL LICHTENSTEIN, PH.D., NIELS V. HOLM, M.D., PH.D., PIA K. VERKASALO, M.D., PH.D., ANASTASIA ILIADOU, M.Sc., JAAKKO KAPRIO, M.D., PH.D., MARKKU KOSKENVUO, M.D., PH.D., EERO PUUKKALA, PH.D., AXEL SKYTTE, M.Sc., AND KARI HEMMINIKI, M.D., PH.D.





Scientific evidence and behaviour change
www.unav.es/preventiva

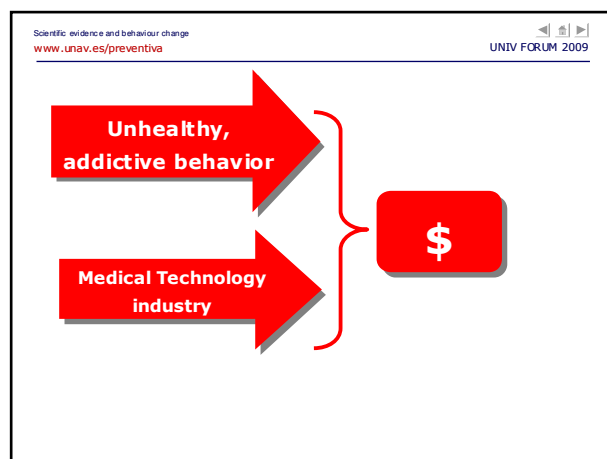
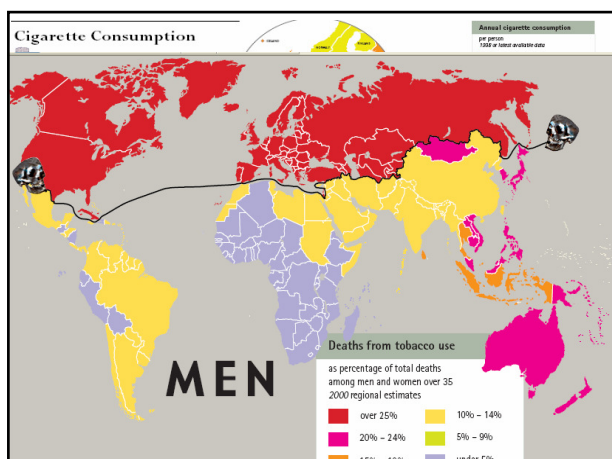
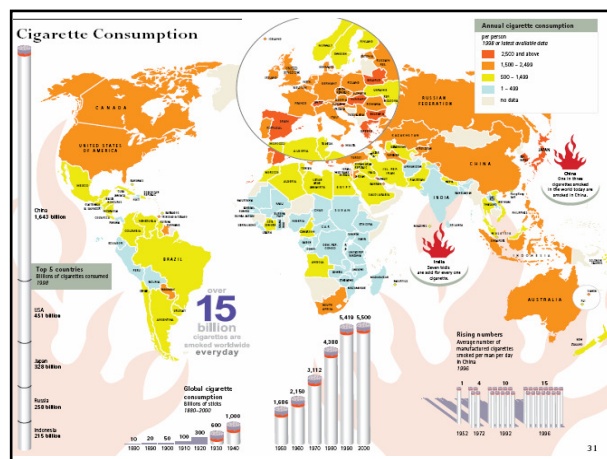
UNIV FORUM 2009

Press Release

Public being misled by marketing of medical scans: New research reveals

March 30, 2009 | National Office, BC Office | Topic(s): Health, health care system, pharmacare | Publication Type: P

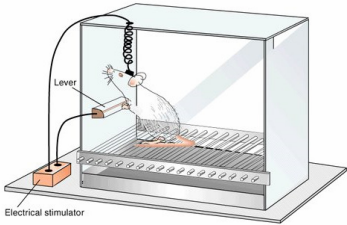
- ❑ "Screening healthy people for disease **exposes them to risks** from excessive **radiation**, and can create a flood of **false positive** findings and
- ❑ unnecessary medical tests
- ❑ which ultimately increases the workload on the public system."



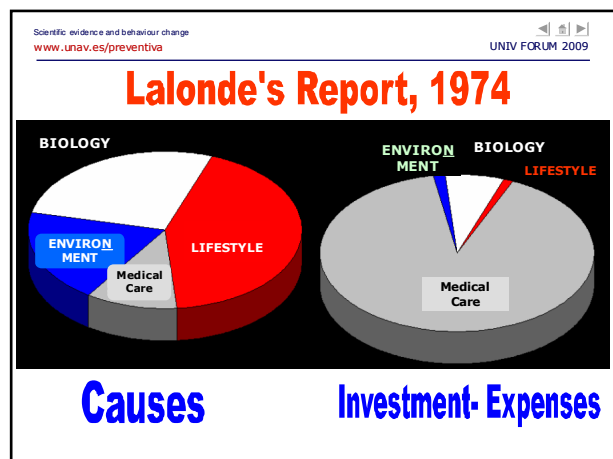
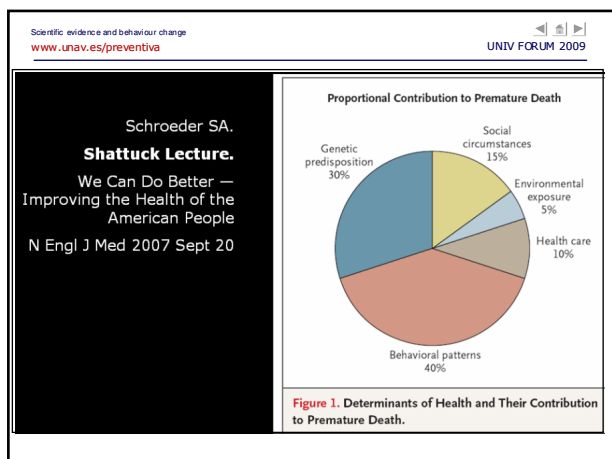
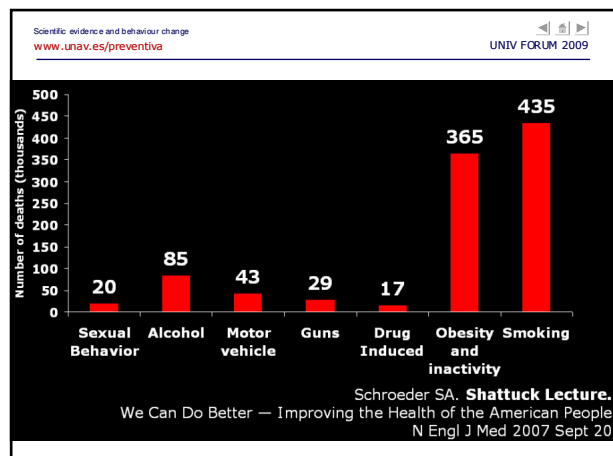
Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009

Pleasure & reward



Brain self-stimulation



Scientific evidence and behaviour change
www.unav.es/preventiva

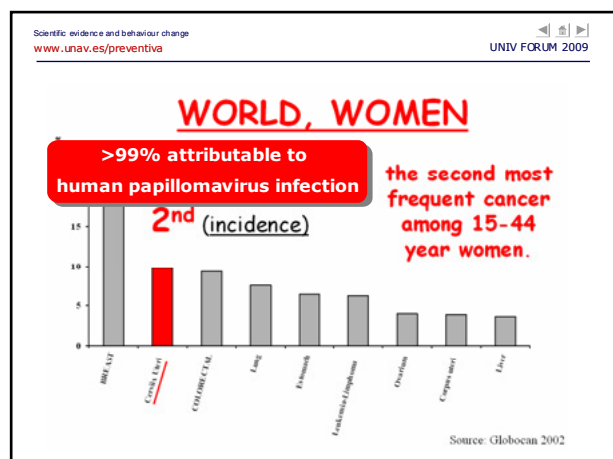
UNIV FORUM 2009

Scientific evidence & behavior change

- Cancer
 - Nature or nurture?
 - Vaccine against cancer?
- Cardiovascular prevention
 - Moderate alcohol consumption?
- Diabetes
 - Drugs or behaviour?
- Obesity
 - Anti-obesity drugs?



www.univforum.org



Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009

The New England
Journal of Medicine

Copyright © 2002 by the Massachusetts Medical Society
VOLUME 347 NOVEMBER 21, 2002 NUMBER 21

A CONTROLLED TRIAL OF A HUMAN PAPILLOMAVIRUS TYPE 16 VACCINE

LAURA A. KOUTSKY, Ph.D., KEVIN A. AULT, M.D., COLETTE M. WHEELER, Ph.D., DARREN R. BRON, M.D., ELIAS BABI, M.D., FRANCIS B. ALVAREZ, R.N., LISA M. CHACABARRA, Ph.D., and KATHLEEN U. JAVEN, Ph.D., FOR THE POBOL OF PIONEERING STUDY INVESTIGATORS

2392 young women (16 to 23 years of age) – 17.4 months

- The incidence of persistent HPV-16 infection was
 - 3.8 per 100 woman-years at risk in the placebo group
 - 0 per 100 woman-years at risk in the vaccine group
- 100 percent efficacy
(95 %CI, 90 to 100; P<0.001).
- All nine cases of HPV-16-related cervical intraepithelial neoplasia occurred among the placebo recipients.

un Universidad de Navarra www.unav.es/preventiva

Ecological niche

GARDASIL[®]
[Quadrivalent Human Papillomavirus
(Types 6, 11, 16, 18) Recombinant Vaccine]

HPV-16

HPV-18

un Universidad de Navarra www.unav.es/preventiva

Ecological niche

GARDASIL[®]
[Quadrivalent Human Papillomavirus
(Types 6, 11, 16, 18) Recombinant Vaccine]

HPV-16

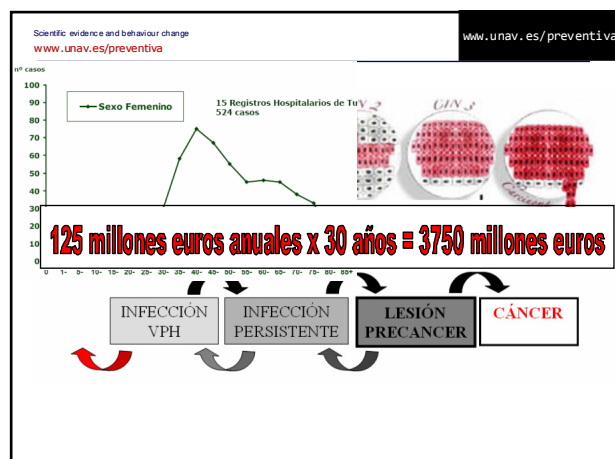
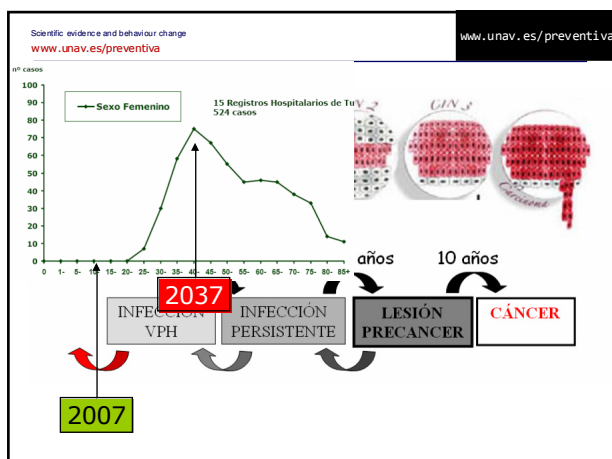
HPV-18

HPV-?

un Universidad de Navarra www.unav.es/preventiva

Ecological niche

- Types of a microorganism
 - They either coexist in a delicate balance
 - or one of them displaces others because of competition for the ecological niche
- If HPV-16 & HPV-18 are suppressed, will there be selective pressure on the remaining strains to **replace** those which were eliminated



Scientific evidence and behaviour change
www.unav.es/preventiva

El País, 6-11-2007

Posible moratoria para la vacuna del papiloma

>1 million vaccinees, 4 severe cases of seizures

El País
Barcelona

Un grupo de especialistas en salud pública han considerado una posible moratoria para posar a los médicos ante la decisión de la vacuna del virus del papiloma humano. El grupo de especialistas en salud pública han considerado una posible moratoria para posar a los médicos ante la decisión de la vacuna del virus del papiloma humano. El grupo de especialistas en salud pública han considerado una posible moratoria para posar a los médicos ante la decisión de la vacuna del virus del papiloma humano.

El grupo de especialistas en salud pública han considerado una posible moratoria para posar a los médicos ante la decisión de la vacuna del virus del papiloma humano. El grupo de especialistas en salud pública han considerado una posible moratoria para posar a los médicos ante la decisión de la vacuna del virus del papiloma humano.



Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009

ARTÍCULO ESPECIAL

Vacuna contra el virus del papiloma humano: razones para el optimismo y razones para la prudencia

Miguel Ángel Martínez-González, Silvia Carlos y Jokin de Irala

Departamento de Medicina Preventiva y Salud Pública. Facultad de Medicina-Clinica Universitaria. Universidad de Navarra. Pamplona. Navarra. España.

Univ-Forum.com Artículo 234.084

Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009

EDITORIALS

Human Papillomavirus Vaccination — Reasons for Caution

Charlotte J. Haug, M.D., Ph.D.

Despite great expectations and promising results of clinical trials, we still lack sufficient evidence of an effective vaccine against cervical cancer. Several strains of human papillomavirus (HPV) can cause cervical cancer, and two vaccines directed against the currently most important oncogenic strains (i.e., the HPV-16 and HPV-18 serotypes) have been developed. That is the good news. The bad news is that the overall effect of the vaccines on cervical cancer remains unknown. As Kim and Goldie¹ point out in this issue of the Journal, the real impact of HPV vaccination on cervical cancer will not be observable for decades.

Resolving the first essential questions will require decades of observation of large numbers of women. The last question may be answered sooner. Published reports of trials show an increasing trend of precancerous cervical lesions caused by HPV serotypes other than HPV-16 and HPV-18.^{2,4,6} The results were not statistically significant, however, possibly because there were too few clinically relevant end points in the observation periods reported. If randomized, controlled trials involving vaccinated and unvaccinated women continue for a few more years, we will most likely be able to tell whether this is a true trend. If so, there is rea-

Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009

ARTÍCULO ESPECIAL

Vacuna contra el virus del papiloma humano: razones para el optimismo y razones para la prudencia

Miguel Ángel Martínez-González, Silvia Carlos y Jokin de Irala

Departamento de Medicina Preventiva y Salud Pública. Facultad de Medicina-Clinica Universitaria. Universidad de Navarra. Pamplona. Navarra. España.

Cuestiones no resueltas sobre la vacuna contra el virus del papiloma humano

1. Se desconoce la eficacia y la seguridad de la vacuna en un plazo mayor de 5 años
2. Se ignora si deberán usarse dosis de recuerdo
3. Se desconoce el mínimo valor de anticuerpos requerido para obtener protección
4. Falta información sobre la inmunogenicidad cruzada con otros tipos de VPH
5. Se desconoce si otros VPH ocuparán el nicho ecológico del VPH-16 y VPH-18
6. En niñas de 9-14 años no hay ensayos con lesiones (neoplasia intraepitelial cervical/adeno carcinoma in situ) como resultado
7. No hay todavía evidencia científica de reducción del cáncer invasivo
8. No se ha presentado la eficacia estratificada por conducta sexual
9. No hay datos de eficacia en mujeres con más de 4-5 parejas sexuales
10. Hacen falta ensayos en mujeres mayores de 26 años
11. No se dispone de ensayos de eficacia en varones
12. No hay ensayos en lugares con mayor prevalencia, como África
13. Se ignora si la infección por el virus de la inmunodeficiencia humana, la desnutrición, etc., modifican la eficacia
14. Hay dudas sobre su prioridad frente a otras vacunas o estrategias preventivas
15. Se desconoce el impacto de la vacuna en los programas de cribado
16. Se ignora si la vacunación masiva perjudicará a los patrones de conducta
17. No está resuelta la financiación en los países que más necesitan la vacuna
18. Falta valorar mejor la aceptabilidad poblacional de la vacuna en España
19. Hay dudas al extrapolar la eficacia a un país de bajo riesgo como España
20. Se desconoce si las 2 vacunas existentes son intercambiables

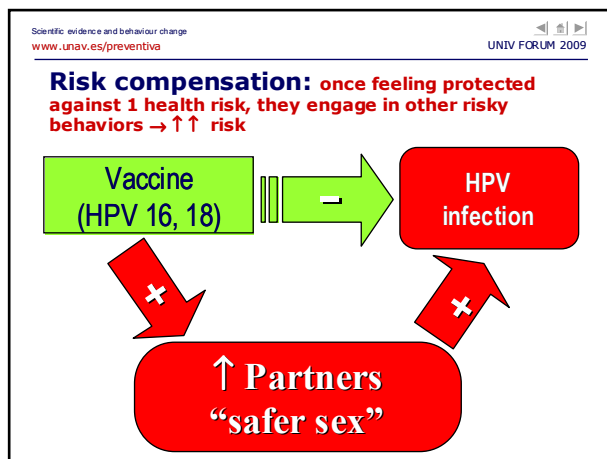
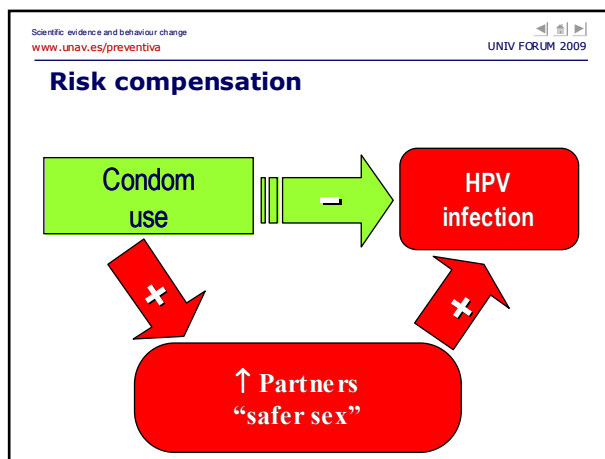
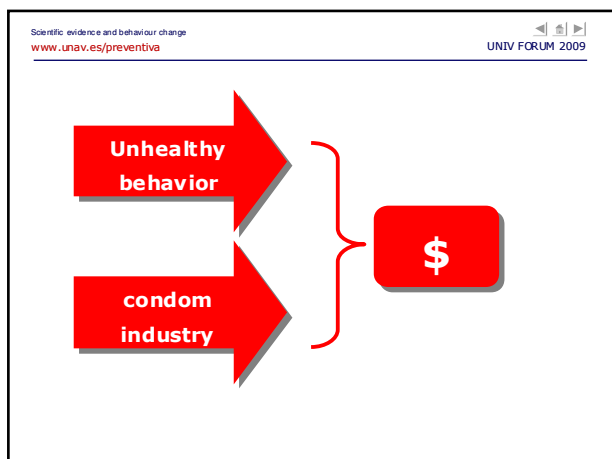
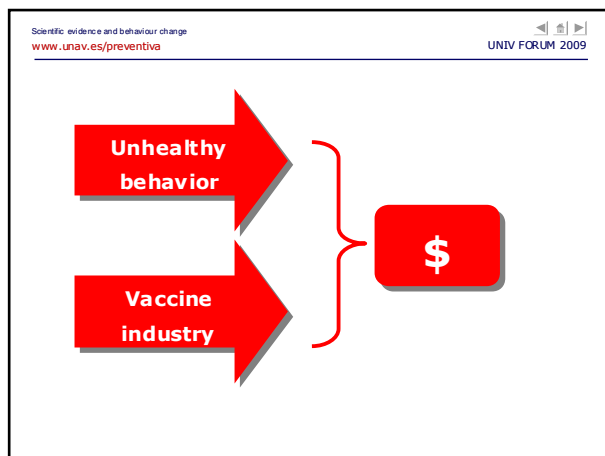


TABLE 3. Hazard ratios for the association between incident human papillomavirus infection and behavioral risk factors during the past 12 months in a population of women in Washington State, 1990–2000

Risk factor	Adjusted* HR†	95% CI†	Infections/person-years at risk
Cumulative sex partners (continuous)	1.1	1.03, 1.1	168/1,056
Condom use with new partners			
Always	0.8	0.5, 1.2	144/938
Not always	1.0		24/118
Sex partner's no. of other partners‡			
None	1.0		79/790
≥1	5.2	1.3, 21.2	80/250
Unknown	8.0	1.8, 36.5	9/18
Time having known partner before sex (months)			
≥8	1.0		58/151
<8	1.8	1.2, 2.7	110/906
Current smoker			
No			135/931
Yes			33/126
Currently using			
No			76/553
Yes			92/503

* Each adjusted for whether a new partner was reported in the last 12 months (yes/no) and for all other

- 3 MAJOR RISK FACTORS**
- Age of first sex
 - # partners
 - # Partners of the male partner



Scientific evidence and behaviour change
www.unav.es/preventiva
UNIV FORUM 2009

Director, Harvard AIDS Prevention Research Project

The Pope May Be Right, By Edward C. Green
WASHINGTON POST, Sunday, March 29, 2009

- in truth, current empirical evidence **supports** him.
- 2003: Norman Hearst and Sanny Chen (Univ. California)
 - condom effectiveness study for UNAIDS
 - **no evidence** of condoms **working** as a primary HIV-prevention measure in **Africa**.
 - UNAIDS quietly disowned the study.
- Since then, major articles in **Lancet, Science** and **BMJ** have confirmed that
 - condoms **have not worked** as a primary intervention in the population-wide epidemics of Africa
- **"Risk compensation"**:
 - when people think they're **made safe by using condoms** at least some of the time, they actually engage in **riskier sex**.

CONDOMS IN PREVENTING STIs

No magic bullet

The data from Alberta reported by Genuis (massive promotion of condoms followed by upsurges in gonorrhoea and chlamydia) are mirrored in Spain.¹

Spain, together with Greece, stands out as the European country with the highest levels of condom use among young people, with 90% of sexually active young people reporting using a condom the last time they had sexual intercourse.² Nevertheless, the rates of sexually transmitted infections (STIs) are increasing year after year, despite more than a decade of intensive official educational campaigns transmitting the message to young people that condoms and only condoms are the magic bullets to prevent all STIs and unintended pregnancies.³

BMJ
Feb 09, 2008

Scientific evidence and behaviour change
www.unav.es/preventiva
UNIV FORUM 2009

when one uses a risk-reduction 'technology' such as condoms, one often loses the benefit (reduction in risk) by '**compensating**' or taking greater chances than one would take without the risk-reduction technology

Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009

Scientific evidence & behavior change

- Cancer
 - Nature or nurture?
 - Vaccine against cancer?
- Cardiovascular prevention
 - Moderate alcohol consumption?
- Diabetes
 - Drugs or behaviour?
- Obesity
 - Anti-obesity drugs?



www.univforum.org

Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009



Vomitorium

Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009

Un 'macrobotellón' convocado por Internet reúne a miles de jóvenes en Sevilla

La policía y la Guardia Civil cortan el tráfico en el Charco de la Pava

Agentes de la policía y de la Guardia Civil han cortado esta tarde el tráfico en la zona del Charco de la Pava, a las afueras de Sevilla, debido a la presencia de miles de jóvenes que, convocados por la red social Tuenti, en Internet, celebran un **macrobotellón**. Pasadas las ocho de la tarde, el número de congregados era de 14.000, y las autoridades locales prevén que puedan alcanzar los 70.000.



Jóvenes asistentes al 'botellón' en Sevilla
- JAVIER BARBANCHO - 27-03-2009

Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009

Is not **alcohol** beneficial for your CV health?

Yes, but only in **moderate** amounts

Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009

El Doctor dijo... una copa al día solamente...



The doctor said only **one drink** a day

Available online at www.sciencedirect.com

SCIENCE @ DIRECT®

Preventive Medicine 38 (2004) 613–619

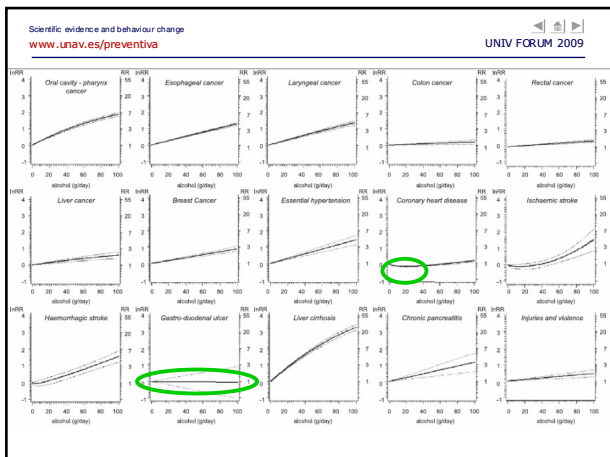
www.elsevier.com/locate/ypmed

A meta-analysis of alcohol consumption and the risk of 15 diseases

Giovanni Corrao, Ph.D.,^a Vincenzo Bagnardi, Sc.D.,^a Antonella Zambon, Sc.D.,^a and Carlo La Vecchia, M.D.^{b,c,*}

^aDipartimento di Statistica, Università di Milano-Bicocca, Milan, Italy
^bIstituto di Statistica Medica e Biometria, Università di Milano, Milan, Italy
^cIstituto di Ricerche Farmacologiche "Mario Negri", Milan, Italy

Cancer 1 Mouth-farynx 2 Esophagus 3 Larynx 4 Colon 5 Rectum 6 Liver 7 Breast	Other 1 Hypertension 2 Myocardial Inf. 3 Ischem. Stroke 4 Haemorrh. Stroke 5 G-D ulcer 6 Liver Cirrhosis 7 Pancreatitis 8 Injury
--	---



Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009

NCBI PubMed
A service of the National Library of Medicine and the National Institutes of Health

Search PubMed for

Display: AbstractPlus Show: 20 Sort by: Send to:

All: 1 Review: 0

1: Alcohol Clin Exp Res, 2005 Apr;29(4):683-91.

Early postnatal exposure to alcohol reduces the number of neurons in the occipital but not the parietal cortex of the rat.

CONSUMO MODERADO Y CONTINUO

El alcohol atrofia el cerebro

■ Pruebas de imagen a 1.839 personas muestran que la bebida mengua el encéfalo

Actualizado martes 14/10/2008 00:10 (CET)

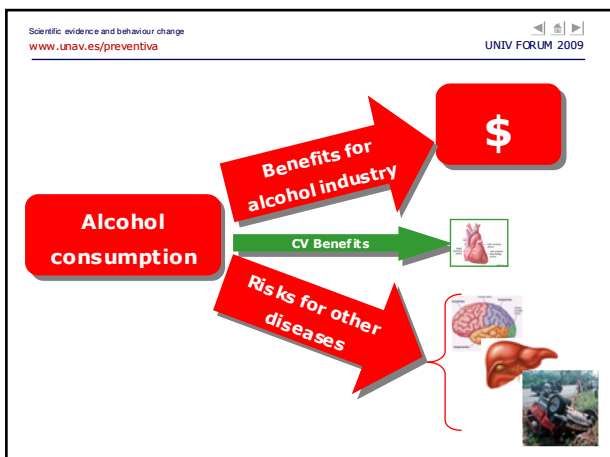
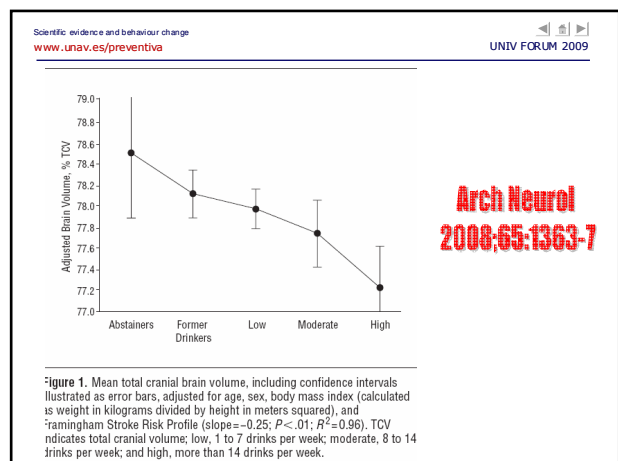
CRISTINA DE MARTOS

MADRID.- Puede que una comida sea beneficiosa para la salud, pero las bebidas alcohólicas no. Es la conclusión de un estudio que muestra que el consumo de alcohol reduce el volumen cerebral, que disminuye un 1,9% cada década, según las estimaciones de los expertos. Junto a la atrofia, aparece un creciente número de lesiones en la sustancia blanca encefálica. Las personas que padecen ciertos problemas, como las demencias, suelen acusar más ambos fenómenos.

Association of Alcohol Consumption With Brain Volume in the Framingham Study

ORIGINAL CONTRIBUTION

Por María José Martínez, PhD; Lisa Freedman, PhD; Joseph M. Massaro, PhD; Sudha Selhub, MD; Charles DeCarli, MD; Philip A. Wolf, MD



Scientific evidence and behaviour change
www.unav.es/preventiva

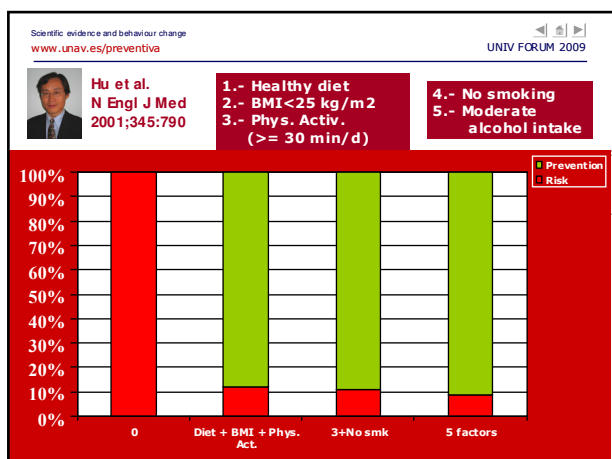
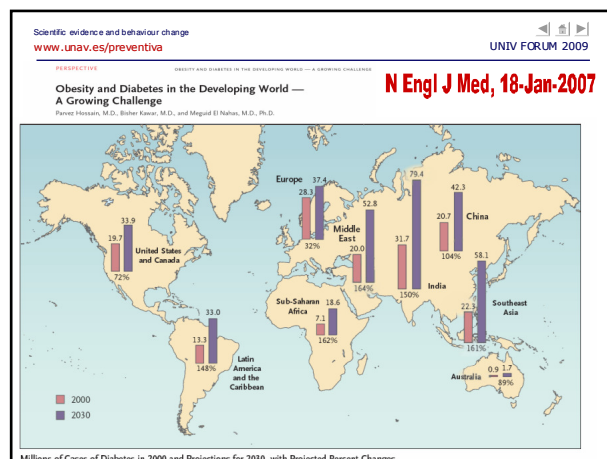
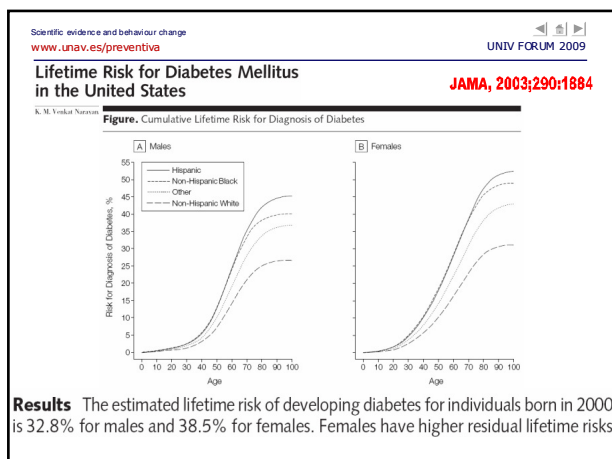
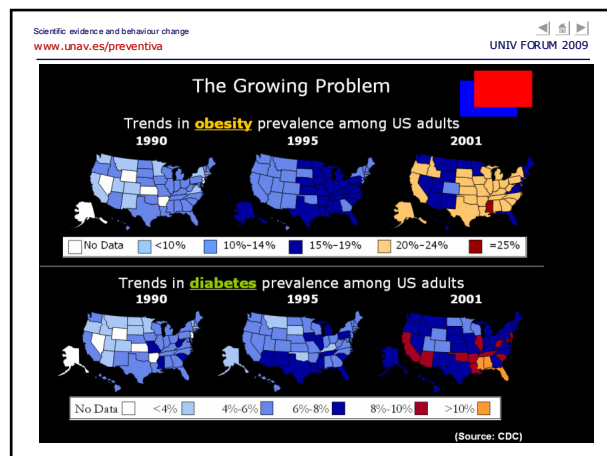
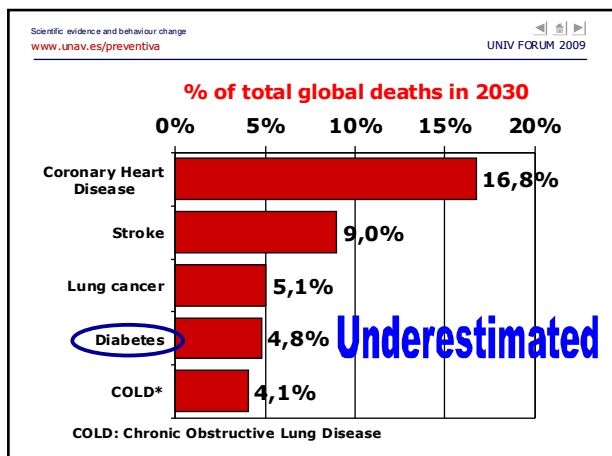
UNIV FORUM 2009

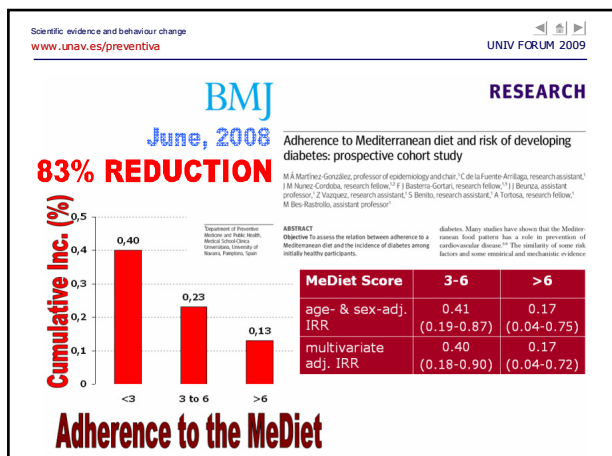
Scientific evidence & behavior change

- Cancer
 - Nature or nurture?
 - Vaccine against cancer?
- Cardiovascular prevention
 - Moderate alcohol consumption?
- Diabetes
 - Drugs or behaviour?
- Obesity
 - Anti-obesity drugs

UNIV FORUM

www.univforum.org





Scientific evidence and behaviour change
www.unav.es/preventiva

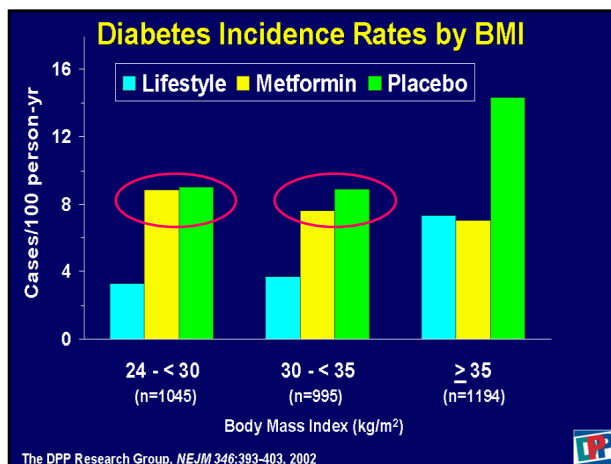
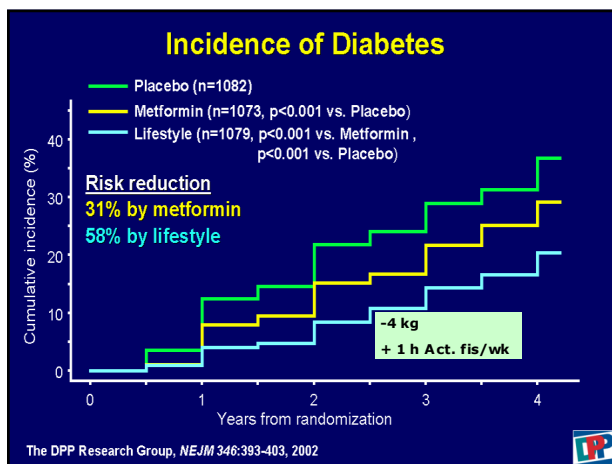
UNIV FORUM 2009

Demonstrational trials: the best evidence

(Diabetic Medicine 2007;356:214)

Study	Intervention	n	Relative risk reduction of T2DM vs. placebo (%)	Duration (years)
Malmö [23]	Lifestyle	181	63	6
Da Qing [24]	Lifestyle	577	42	6
DPS [17,25]	Lifestyle	522	58	3
DPP [18]	Lifestyle	5234	58	3
Japanese study [54]	Lifestyle	279	67	4
Indian study [28]	Lifestyle	531	28	3
DPP [18]	Metformin	3234	31	3
Indian study [28]	Metformin	531	26	3
TRIPOD [31]	Metformin + lifestyle	531	28	3
DPP [18]	Troglitazone	266	55	2.5
STOP-NIDDM [29]	Troglitazone	3234	75	1
XENDOS [34]	Acarbose	1429	25	3
DREAM [32]	Orlistat	3305	37	4
	Rosiglitazone	5269	60	3

DPP, Diabetes Prevention Program; DPS, Diabetes Prevention Study; STOP-NIDDM, Study to Prevent Non-Insulin-Dependent Diabetes Mellitus; T2DM, Type 2 diabetes mellitus; TRIPOD, Troglitazone in Prevention of Diabetes; XENDOS, XENical in the Prevention of Diabetes in Obese Subjects.



Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009

Drugs vs. lifestyle

- It is easier to provide a **pill** than to modify behaviors
- A pill enjoys the glamour of "**hi-tech**"

Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009

Drugs vs. lifestyle

- It is easier to provide a **pill** than to modify behaviors
- A pill enjoys the glamour of "**hi-tech**"

But...

- A **modest** improvement in behavior gets substantially greater benefits than "medicalized" preventive approaches
- Medicalized technologies simply **don't work** in sizeable **segments** of the population

Scientific evidence and behaviour change
www.unav.es/preventiva
UNIV FORUM 2009

Don't be naïve...

"behavior is not modifiable"

Use a hi-tech medicalized alternative

\$ for high-tech industry & addictive behaviors' industries

NAIVE®

Scientific evidence and behaviour change
www.unav.es/preventiva
UNIV FORUM 2009

Scientific evidence & behavior change

- Cancer
 - Nature or nurture?
 - Vaccine against cancer?
- Cardiovascular prevention
 - Moderate alcohol consumption?
- Diabetes
 - Drugs or behaviour?
- Obesity
 - Anti-obesity drugs?

UNIV FORUM

www.univforum.org

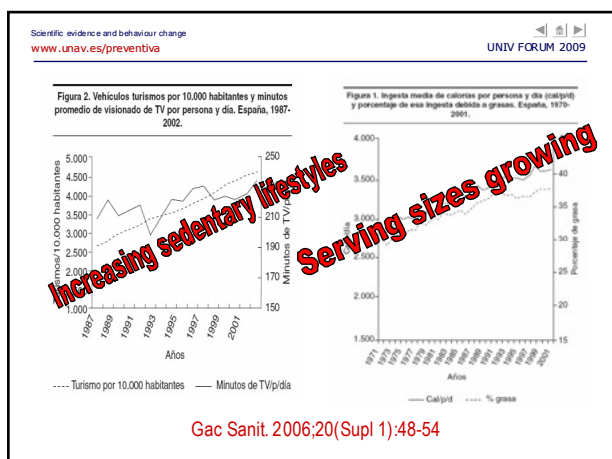
Scientific evidence and behaviour change
www.unav.es/preventiva
UNIV FORUM 2009

THE LANCET
Volume 363, Number 9411.
Lancet 2004 Mar 6;363:745.
The catastrophic failures of public health

This threat is not the emergence of new infectious diseases, such as SARS or avian influenza, and it is not the potential for exposure to chemical or biological weapons. It is much simpler and less glamorous, but arguably much more difficult to combat. People are getting fatter and less physically active, and are therefore more prone to killer chronic illnesses...

Needs = 2,200 Kcal **Sellings = 3,800 Kcal**

Scientific evidence and behaviour change
www.unav.es/preventiva
UNIV FORUM 2009



Scientific evidence and behaviour change
www.unav.es/preventiva
UNIV FORUM 2009

Portion Distortion

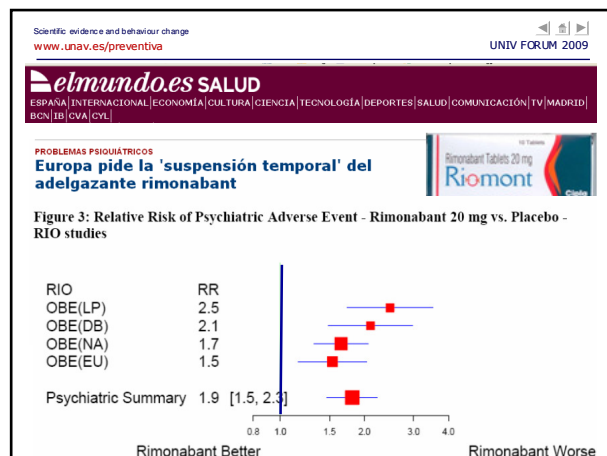
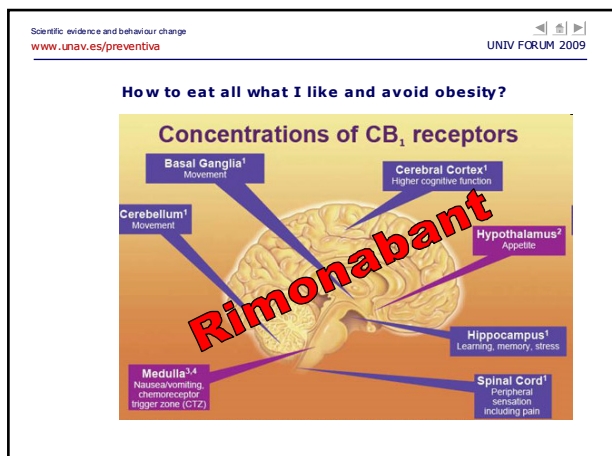
SODA

20 Years Ago **Today**

85 Calories
6.5 ounces

250 Calories
20 ounces

Calorie Difference: 165 Calories



Scientific evidence and behaviour change
www.unav.es/preventiva

Eat less!

Within each diet group, some participants achieved much better weight loss than others. Participants who lost more weight attended more counseling sessions and adhered more closely to the prescribed dietary composition. These observations led Sacks et al. to conclude that behavioral factors rather than macronutrient composition are

THE NEW ENGLAND JOURNAL OF MEDICINE

EDITORIALS

26 Febr 2009

Weight-Loss Diets for the Prevention and Treatment of Obesity
Martijn B. Katan, Ph.D.

Scientific evidence and behaviour change
www.unav.es/preventiva

UNIV FORUM 2009

It is obvious by now that weight losses among participants in diet trials will at best average 3 to 4 kg after 2 to 4 years¹⁰ and that they will be less among people who are poor or uneducated, groups that are hit hardest by obesity.⁹ We do not need another diet trial; we need a change of paradigm.

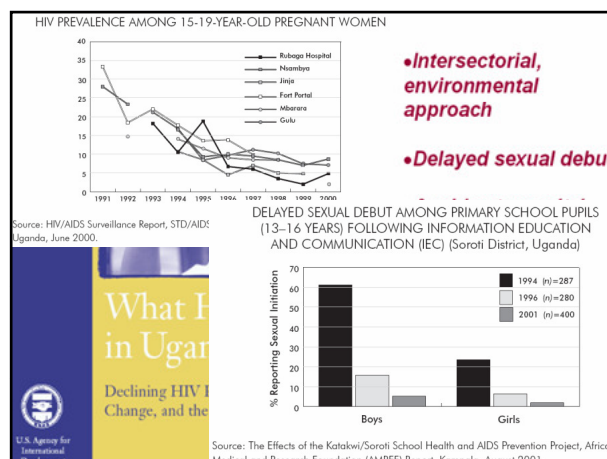
A little-noticed study in France may point the way.¹¹ A community-based effort to prevent overweight in schoolchildren began in two small towns in France in 2000. Everyone from the mayor to shop owners, schoolteachers, doctors, pharmacists, caterers, restaurant owners, sports associations, the media, scientists, and various branches of town government joined in an effort to encourage children to eat better and move around

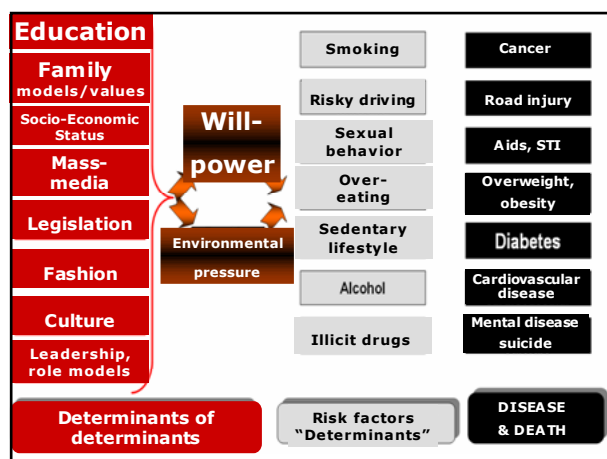
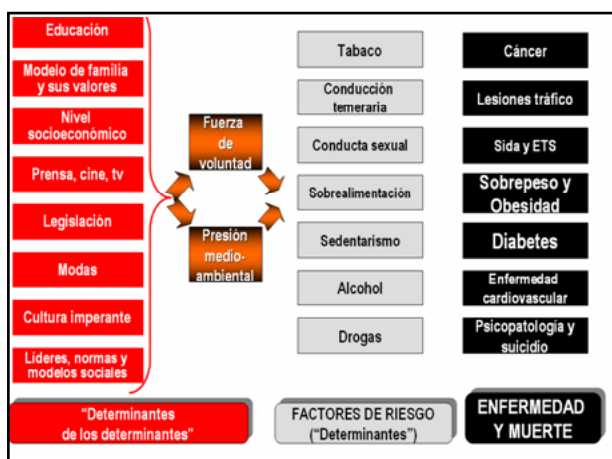
The time has come for common ground on preventing sexual transmission of HIV

Zero-grazing

consensus Lancet, Nov 2004
Lancet 2004;364:1913-5

community-based approaches involving religious organisations, women's and men's associations, care groups, youth organisations, health workers, local media, and both traditional and governmental leadership can foster new norms of sexual behaviour, as for example occurred with the successful zero-grazing strategy (fidelity and partner reduction) in Uganda.^{1,8,12,16,17}





ARTÍCULO ESPECIAL

Medicina preventiva y fracaso clamoroso de la salud pública: llegamos mal porque llegamos tarde **Med Clin (Barc) 2005;124:656-60**

Miguel A. Martínez-González y Jokin de Irala

Behavior Change

- a more **difficult** (and less glamorous) task than fashionable research in **molecular biology or genomics** (very well funded)
- But it is the most **urgent** & most **effective means to improve population health**.
- **Behavior change** is the priority.

Scientific evidence and behaviour change
www.univ.es/preventiva

UNIV FORUM 2009

U N I V
2 0 0 9

Thank you!

UNIV FORUM

www.univforum.org