Prospective Medical Studies in the Armed Forces

Dear Editor,

The guest article in MJAFI Jan 2006 “Unstable or High Risk Plaque: How Do We Approach?” by Dr Mehta and Dr Shah made an interesting reading. However, one observation that stands out starkly is the absence of even a single Indian reference being cited in the article. There are two inferences that can be drawn from this. Firstly, there is a lack of indigenous data on such subjects, ie. we do not have any big trials/prospective studies that can be cited as ‘evidence based medicine’ for any disease. Second, if such studies have been carried out, either they are not worthy of being cited or they are not easily accessible. I feel reasonably confident in concluding that the first explanation is more plausible.

A survey of medical and aeromedical literature will reveal some studies that fall in the category of landmark studies. Prominent example in medical literature is the Framingham study whereas in the aeromedical literature “The West Point Study - 40 years of follow up” can be considered equivalent. Such studies are essential to develop any meaningful long-term intervention programs that target the entire population or a special subset of that population. Similarly, drug trials usually bearing fancy acronyms are the output of western medical research.

Search for published national medical and aeromedical literature in our country does not reveal any attempts being made towards generating such data and Armed Forces Medical Services is no different. This is surprising because the armed forces provides a unique subset of population that is taken care by a highly organized and structured medical services. This makes long-term collection of data over an extended period not only possible, but also promises

a high level of reliability.

If we assume that such a study is accepted, the logical question would be the logistics of a project of such magnitude. The decision and support for such a study has to come from the highest echelons of the armed forces. Next, the subpopulation for such a study needs to be identified. It could be officers from all streams from three to four consecutive courses and personnel below officer rank from different trades. Exhaustive questionnaire and study protocol will have to be designed to ensure that relevant data is collected and all ethical considerations are respected. Maintaining follow up of the subject population will require effort on the part of project managers. Medical services at various bases could collect relevant information during the annual medical examination of these personnel. The information could then be collated and analysed at a centralized location eg. Med-7 at Air Headquarters. Periodic analysis of such data will ensure that significant trends are identified at the earliest stages. The above is a very simple outline of what could be a difficult, though not impossible project.

Any takers?

Reference

1. Mehta AB, Shah S. Unstable or High Risk Plaque: How Do We Approach? MJAFI 2006; 62: 2-7.

Wg Cdr N Taneja*

*Classified Specialist (Aviation Medicine) Institute of Aerospace Medicine, Bangalore-17.

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