

Popped a BiDil and I'm
sweatin' (woo)

- not the Trinidad James song



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Race in a Bottle [Preview]

Drugmakers are eager to develop medicines targeted at ethnic groups, but so far they have made poor choices based on unsound science

By Jonathan Kahn

Two years ago, on June 23, 2005, the U.S. Food and Drug Administration approved the first “ethnic” drug. Called BiDil (pronounced “bye-dill”), it was intended to treat congestive heart failure—the progressive weakening of the heart muscle to the point where it can no longer pump blood efficiently—in African-Americans only. The approval was widely declared to be a significant step toward a new era of personalized medicine, an era in which pharmaceuticals would be specifically designed to work with an individual’s particular genetic makeup. Known as pharmacogenomics, this approach to drug development promises to reduce the cost and increase the safety and efficacy of new therapies. BiDil was also hailed as a means

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APPROVAL of BiDil as a treatment for congestive heart failure in African-Americans has encouraged drugmakers to consider developing other medicines targeted at racial or ethnic groups. But most scientists agree that these categories are not useful for predicting drug responses, because the genetic variation among individuals in the same race is

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Abstract

- June 23, 2005
- BiDil (*bye-dill*) treats congestive heart failure (weakening heart muscles)
- Exclusive to African-Americans

Implications

- Personalized medicine « Pharmacogenomics »
- Goal: reduce costs, increase safety and efficiency of therapy

Discussion 1

- In pairs, think of the advantages and disadvantages to racial medicines

Limitations

- BiDil is a combination of two generic drugs in a single pill
 - Hydralazine
 - Isosorbide nitrate
 - Both of these drugs have been used to treat heart failure in people of all races
- Drug mechanism not fully understood
- FDA approval of BiDil based on clinical trials of 49 self-identified African-Americans

Discussion

- Based on this study, should BiDil have been considered a racial drug?

Analysis

- Inconclusive studies
- Commercial motives
- Some medical professionals and policy experts use BiDil as proof of ‘genetic differences to explain health disparity’

Repercussions

- Some pharmaceutical companies use this argument to pursue other treatments targeted at various ethnic groups
- Segregation of medicine while increasing profits of drug makers without addressing the underlying medical issues