

The Future of Pharma

Patients, Prevention & Medicine

Meeting the challenge of
healthcare demand



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Purpose

The panel met to address the challenges of increasing calls for prevention in healthcare delivery and to explore how the research-based pharmaceutical companies can contribute in appropriate ways. The perspectives on functional/physical disease were contrasted with the impact of the same calls on the exponential growth in problems of mental health.

The meeting took place in London in June 2024, supported by the Adelphi Group as part of its mission to explore emerging areas of challenge for pharma, patients and medicine under the Renaissance Forum series.



Calls to Action

1

Five Steps

1. In prevention, people, patients and their advocates are a fundamental contributor to successful outcomes

The lived experience of people, patients and their advocates should be a central foundation of any pharma venture into prevention.

People, who are not patients, need to be engaged in novel ways and in places away from healthcare settings.

Prevention will require individuals with different skills and who can actively engage with communities.

2. Prevention is a major strategic decision for biopharmaceutical companies

Shifting to prevention has profound implications for how organisations invest and operate and that may not be appropriate for every company.

Where prevention is a focus, different corporate structures and new missions may be needed.

Prevention requires greater boldness, innovative disruption and risk management.

3. Pharmaceutical and digital prevention need innovative and sustainable commercial models and a strong evidence base.

Complementary sources of funding for development and reimbursement may be needed.

Prevention initiatives require a long-term commitment, which is more easily maintained in collaborations with, possibly, other pharmaceutical companies.

Prevention strategies are an investment that provides social impact and social return in a measurable way.

Pharmaceutical companies need to be better at collecting and sharing evidence of the full benefit of prevention to avoid criticism.

4. Mental health is a fast-growing and complex health burden where prevention could make a big impact on demand and outcomes.

The complexities and the subjectivity of diagnosis present more difficult challenges.

Many physical conditions have clear and direct links with poor mental health, and a more holistic and cross-discipline approach is needed.

The size of the demand means that a broad range of solutions are needed, delivered in new ways.

New sources of treatment are needed which may require innovation in administration and peripheral care.

5. In prevention, pharma must move away from the competitive and independent mindset towards a more collaborative and inclusive approach.

Collaboration, including greater engagement with patients and public health, is critical.

Significant issues of public trust in biopharma remain and need to be challenged with evidence of effectiveness in prevention.

Robust, independently initiated, and generated evidence of patient benefit is critical to restore trust by separately confirming that the efforts of pharmaceutical companies deliver long-term benefits to people and society.



The Call for Prevention

2

The biopharmaceutical industry continues to make remarkable advances in the achievements of new therapies. However, successful advances in healthcare overall mean people are living longer but with greater individual healthcare needs. Scientific and technological advances are producing greater awareness of disease risk and there is generally much higher availability of healthcare information. In parallel, patient advocacy groups are professionalising and are highly active contributors to healthcare outcomes. Patients and their carers are far more able to take more personal action on their own health.

With finite resources in healthcare systems, and increasing demand, there is a growing interest from governments and healthcare providers in prevention to maintain wellness and allow healthcare systems to focus on advancing medical care. Patient groups are often at the forefront of this movement, acting to put prevention, at all levels, on the agenda of all stakeholders. What does this desired shift to prevention mean for the biopharmaceutical industry in terms of how it engages with

stakeholders or even more strategically for corporate and development strategy?

The target is to release healthcare capacity from its current focus on acute and serious chronic illness to provide products and services that improve and maintain wellness. That will need elevated levels of trust and collaboration, requiring significant institutional process change, a bold mindset and a longer-term vision.

We convened a panel of experts to provide fresh insight into prevention in healthcare and to explore how research-based pharmaceutical companies can contribute and catalyse change across physical conditions and the exponential growth in problems of mental health.

The panel's insights, derived from broad aspects of healthcare, signpost the need for innovative thinking, bold strategies and creating alchemy from existing expertise, scientific and medical advances and digital potential, alongside cross-party political commitment, engagement of the general public, and sustainable funding to enable long-term impact.



'We convened a panel of experts to provide fresh insight into prevention in healthcare and to explore how research-based pharmaceutical companies can contribute...'

Definitions of Prevention

Primary Prevention

Primary prevention consists of measures aimed at a susceptible population or individual. The purpose of primary prevention is to prevent a disease from ever occurring. Thus, its target population is healthy individuals. It commonly institutes activities that limit risk exposure or increase the immunity of individuals at risk to prevent a disease from progressing in a susceptible individual to subclinical disease. For example, immunisations are a form of primary prevention.

Secondary Prevention

Secondary prevention emphasises early disease detection, and its target is healthy-appearing individuals with subclinical forms of the disease. The subclinical disease consists of pathological changes but no overt symptoms that are diagnosable during a doctor's visit. Secondary prevention often occurs in the form of screenings. For example, a Papanicolaou (Pap) smear is a form of secondary prevention aimed to diagnose cervical cancer in its subclinical state before progression.

Tertiary Prevention

Tertiary prevention targets both the clinical and outcome stages of a disease. It is implemented in symptomatic patients and aims to reduce the severity of the disease as well as any associated sequelae. While secondary prevention seeks to prevent the onset of illness, tertiary prevention aims to reduce the effects of the disease once established in an individual. Forms of tertiary prevention are commonly rehabilitation efforts.

Source:

Lisa A. Kislring; Joe M. Das. Prevention Strategies, StatPearls. www.statpearls.com/point-of-care/27736 (2023).

The New Public Health (Third Edition). Academic Press, Chapter 2, Box 2.6. <http://www.sciencedirect.com/book/9780124157668/thenew-public-health> (2014).



The Power of Patients and Partnerships

Patients and their advocates have emerged as fundamental partners with healthcare professionals in achieving successful outcomes across healthcare. Their impact on the ability to generate evidence and to effectively lobby and catalyse collaborative action on access to better healthcare, including better medicines, is peerless.

The impact on the lived experience of individual people, patients and carers is increasingly seen as a critical contribution to the value of new medicines, to healthcare systems and to society. Collaborations in prevention where

people may not yet be patients and are not fully engaged in a healthcare setting are critical to achieving better outcomes. While patient centricity has been a growing theme through drug discovery, clinical research and medicine delivery for many years, its application has been largely focused on improving internal operations and has not yet realised the potential of actively including patients on a continuous basis. Engaging in prevention means being open and receptive to even more significant levels of challenge and change from the people whose lives we are aiming to improve.



'...the lived experience of individual people, patients and carers is increasingly seen as a critical contribution to the value of new medicines.'

The Power of Patient Advocacy

The motivation for change is coming increasingly from patient groups who want bold action to ensure that improved early detection and diagnosis, and improved quality of life, are essential elements of healthcare delivery. For example, in colorectal cancer (CRC), there is around a 90% chance of a cure if it is spotted early, while that drops to approximately 15% if diagnosed at a later stage 4.¹ Myeloma patients face severe renal damage and poor quality of life if the disease is diagnosed late or is allowed to progress.

For a charity that places patient advocacy at its core, Myeloma UK, this translates into a new strategy where two of their three pillars are directed at primary and secondary prevention. Significant advances in drug treatment for myeloma have produced marked improvements in survival over the last 25 years, quadrupling survival from an expected 1–2 years to 4–8 years today. Despite these advances, myeloma still has one of the longest times to diagnosis in oncology, which means many patients present with significant organ and tissue damage.

Three Strategic Pillars for Myeloma UK

Myeloma UK is focused on three core areas



PREVENTING MYELOMA

Focusing on precursor conditions and earlier diagnosis to radically reduce the proportion of people living with myeloma



TREATING MYELOMA

Driving cutting-edge treatments, policies and care standards so that more people can control their diagnosis and move into remission



LIVING WELL WITH MYELOMA

Supporting everyone living with myeloma to live a full life after diagnosis, regardless of treatment, background or relationship to the disease

Myeloma UK is therefore examining how to move diagnosis 'upstream' and is bringing together clinical expertise to explore the potential for diagnostic tools and screening programmes. Myeloma often has a vague collection of symptoms, and diagnosis is not easy for primary care physicians, where

most patients initially present. Myeloma is a rare cancer, encountered only infrequently by general practitioners. However, in the future, research on those populations defined at greater risk may make this more efficient, introducing some degree of stratification.^{2,3}

Source:

<https://www.myeloma.org.uk/about-us/our-strategy/>
(Accessed August 2024)



The bolder ambition for Myeloma UK, however, is to identify people early with precursor conditions monoclonal gammopathy of undetermined significance (MGUS) and smouldering myeloma. Such moves to capture the condition earlier should significantly improve outcomes and quality of life for people if their condition progresses to myeloma, and make it easier to investigate preventative measures.

While recalibrating drug design and directing products more astutely is a key part of prevention, there is a potentially tougher task of connecting with people who are not patients. Reaching them requires going to where they are, which is mostly in non-healthcare settings. That requires different thinking and a closer understanding of how ordinary people who may be at risk can be actively and successfully engaged.

Steve Clark, an 11-year cancer survivor, pharma veteran and a highly active patient advocate, is one of a growing number of people now

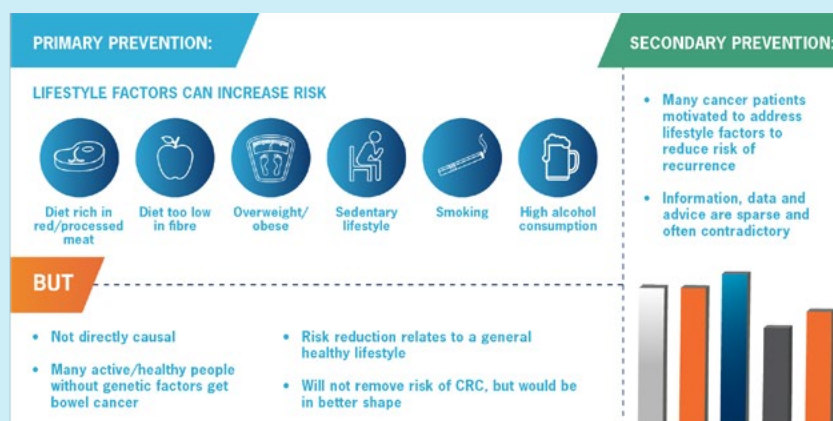
‘living well’ with stage 4 CRC over an extended number of years. Survival and cure rates in CRC are very good if the disease is caught early enough. While screening programmes and risk stratification have contributed to this success, they are not perfect and significant improvement is still needed.⁴

Steve’s experience of continuing to live well on maintenance chemotherapy illustrates the need to continue to care for people beyond initial treatment. Maintenance therapy was not widely adopted when he was diagnosed and is still not always a routine and well-documented pathway for all tumour types. Part of this change may come with a change in how we think about cancer. Society has to move from a curable/incurable mindset to a treatable/maintenance framing. From Steve’s advocacy and charity work, he knows most patients want to stop their treated cancers from returning.



‘We need a new understanding of the many social and behavioural factors that influence attitudes towards prevention.’

Prevention Messages Too Vague in Colorectal Cancer



Source:

Steve Clark, Strive for Five and Beyond. (2024).

However, Steve cautioned that the connection of lifestyle factors to some conditions is not always based on evidence, making it harder to land prevention messaging. ‘One of the problems that we have faced in prevention for many diseases is that actually there is no specific trigger,’ he observes. That fact makes communication and motivating ‘well’ people to adopt lifestyle changes difficult, even though general fitness and good health will immediately improve the outcomes and recovery from surgery and what is often aggressive chemotherapy. Some see this also as a wider cultural problem of seeing healthcare as focused on what happens when someone becomes ill, without lifelong promotion of wellness.

We need a new understanding of the many social and behavioural factors that influence attitudes towards prevention. For many healthcare organisations, including biopharmaceutical companies, their teams must have broader social, behavioural and communication skills than are usually found in their clinical, value and science-based cultures.



The Pharma–Patient Partnership

Viiv Healthcare is an independent specialist pharmaceutical company, 100% focused on HIV, that was borne out of a partnership between GSK and Pfizer in 2009, with Shionogi joining in 2012. Viiv is committed to developing and delivering innovative new medicines for the care and treatment of people globally, living with HIV. Viiv has achieved significant success from embedding engagement with the communities they serve through the development and delivery of their medicines. Its strong alliances have been forged by recognising and seeking to understand the diversity of the populations impacted by HIV globally, and the breadth of issues that impact their experiences living with HIV – not just the clinical ones.

Careful and thoughtful use of language has been a key consideration when trying to improve engagement with at-risk communities on the topic of prevention as well as in supporting people living with HIV to stay in care. For example, while the concept of ‘risk’ is widely understood and used among healthcare providers, the concept is poorly understood by most in the general population. Talking about individual risk does not draw people to prevention campaigns. In addition, taking care to use non-judgemental language with highly diverse audiences to reduce stigma and discrimination is another critical learning. This is not just in HIV, as it has also been seen in cancer, where a well-meaning campaign on cancer risk with obesity was seen as shaming, and backfired.⁵

What Viiv has also learnt is that partnering with those communities who will benefit from

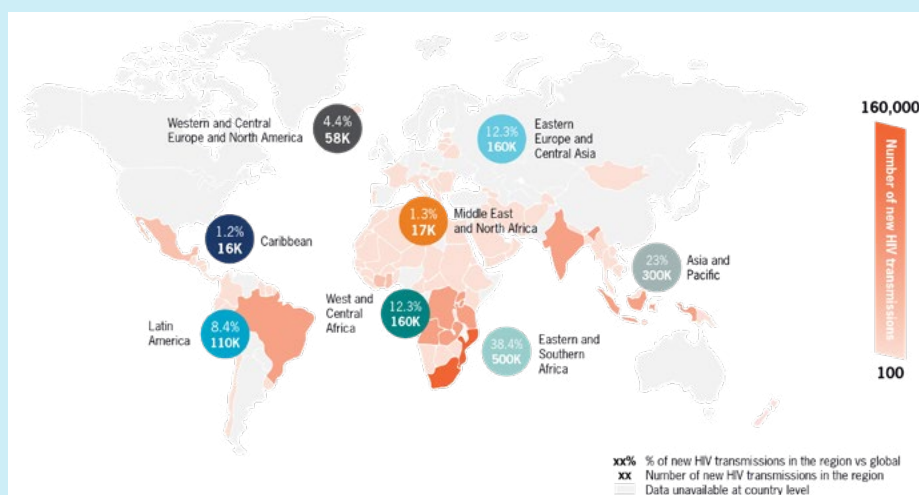
prevention efforts is arguably even more critical than in treatment. The HIV community is a critical partner in driving advocacy, promoting the prevention agenda, and piloting solutions – bringing a community voice to focus on the economic and human impacts of prevention technologies.

Despite the significant treatment advances, HIV remains a significant burden on healthcare, with 40 million people, globally, living with the infection.⁶ Furthermore, rates are still rising. In 2022, 1.3 million people were newly diagnosed with HIV, lagging the 2025 global HIV prevention target of fewer than 370,000 new HIV transmissions annually. Investment and availability of HIV prevention services are lagging behind where they need to be to end the epidemic as a public health threat by 2030, as per SDG3 and UNAIDS goals. The need for adequate funding, political commitment and healthcare system adoption of creative prevention strategies, in addition to continuing to expand treatment coverage, is key if we are to deliver on this achievable target.

The prevention challenge is, therefore, to constantly innovate and confront conventional thinking and to broaden horizons about what can be achieved through partnerships, collaborations and working with community groups and representatives. If that is to be achieved by biopharmaceutical teams, significant changes from the normal way medicines are introduced and made available will be needed.

High Infection Rates Continue in HIV Despite Available Treatments

New HIV transmissions by region (2022)



Source:

UNAIDS. (2022).



New Challenges

3

Shifting attention and resources to prevention is a huge ask for all healthcare organisations, especially biopharmaceutical companies with a long heritage in scientific R&D and highly regulated development practices. It has profound implications for investment, operational strategies and commercial models and, therefore, may not always be appropriate for every pharmaceutical company, or every disease area.

Why Prevention Now

There are significant drivers that are motivating change. The technological advances revolutionising our consumer lives are raising expectations of more personalised and proactive healthcare services. As consumer devices increasingly provide healthcare-related data, there is more precise awareness of our physical ‘symptoms’ and that is extending our expectations of preventing illness or maintaining

wellness. Further, the predictive ability of data analytics is beginning to raise awareness of future disease risk – for example, as recently seen for Parkinson’s disease and ovarian cancer.^{7,8} With a parallel increase in awareness of our genetic risks, expectations of maintaining wellness mean far more people are taking personal action and adopting preventative interventions than in previous generations.

Spotlight on Pharma

The biopharmaceutical industry has made major contributions to maintaining wellness and preventing illness in the past through secondary prevention of cardiovascular disease and primary prevention including vaccination, most notably the enormous efforts during COVID-19. However, the previous actions of bad actors to ‘over-medicalise’ or even ‘pharmaceuticalise’ very limited medical need have created public suspicion that biopharmaceutical companies are sometimes driven purely by profit motives. Those motives will be even more closely examined in prevention and especially when framed as wellness.

The scrutiny and challenge can be met by an absolute focus on delivering meaningful outcomes, and by demonstrating the effectiveness of medicines on the things that matter to people and patients. It is also critical to demonstrate value to society. The same rigorous validation of that evidence through regulatory approval and peer-review publication will continue to apply to prevention measures as it does to treatment interventions. However, that evidence should, as far as possible, be independently generated, or at the very least, verified given ongoing suspicion of pharma’s best efforts, even when it is developing treatments.

We should also remember that prevention is not solely about medical intervention. Behaviour, environmental and societal factors, often beyond the influence of single organisations, are huge determinants of better health outcomes, possibly by as much as 80%.⁹ Companies must critically examine what full value they are providing when they go beyond the important tasks of discovering, developing and providing effective medicines to treat disease. For example, in cardiovascular disease, there are significant behavioural and environmental contributions to annual deaths; therefore, companies have a careful decision to make beyond medicinal intervention about where they can lean into prevention and make an impact, and where they cannot or should not.



‘We should also remember that prevention is not solely about medical intervention. Behaviour, environmental and societal factors, often beyond the influence of single organisations, are huge determinants...’



Modifiable Risk Factors That Contributed to CVD Deaths in 2021



Source:

World Heart Report 2023: Confronting the World's Number One Killer. Geneva, Switzerland. World Heart Federation. (2023).

Pharmaceutical drugs have made enormous contributions to improving outcomes in CVD¹⁰, but significant burden of illness remains, and companies in this sector must decide on where their efforts are best applied.

Achieving engagement and compliance will also be more difficult in prevention than in a treatment context. Several cognitive biases are immediately apparent. Behavioural scientist Chris Harvey notes that people naturally focus on the here and now and are less motivated by what may happen in the future – Present Bias.¹¹ They also do not assess or respond predictably to uncertainty. Some will disengage with 'possible' health challenges, believing they 'won't happen to me' (over-confidence¹²), while others will disengage by 'burying their heads in the sand' due to an overheightened sense of fear (deliberate ignorance¹³).

Clear messages of the painful consequences of acquiring disease are stronger motivators but must be framed carefully and without implying blame. In HIV, industry has learnt from the community that an absence of shame and non-judgemental language are critical if communication is to be received well. Moreover, even when strong motivation exists to take preventative actions, people's capability and opportunity to act also have to be addressed (having the time, place and resources).

For biopharmaceutical teams, acquiring those communication and behavioural skills will involve cultural and structural modifications with increased emphasis on using positive framing, promoting wellness and acting holistically, rather than just being focused on a single intervention or product. Therefore, companies need to make honest assessments of their ability, capacity and desire to commit to driving more holistic health prevention strategies, and for some, the commitment needed may be a step too far.

For these reasons, prevention cannot be a bolt-on and must be aligned with the corporate mission, which could need the development of new commercial structures, funding and resources. Any new endeavour might be empowered from the creation of separate corporate ventures – or business units – with ringfenced resources to allow the greater boldness, innovative disruption and risk management needed in the prevention area.



Committing to the Long Haul

Prevention often also requires longer-term investment to produce benefits to health. Those timelines may extend beyond the funding supported by a single product life cycle, so collaborative and multi-partner commitment will be needed, unless they are part of a larger portfolio strategy or even, as in the case of some companies, the corporate mission. Patient Advocacy Groups welcome collaborations with pharmaceutical companies but to underscore the need for lasting commitments to prevention, they want partners to be by their side for the long haul, not just

episodic encounters that spike around product development, health technology assessments and product launches.

More recently, the rapid turnover of pharmaceutical staff has been identified as a source of fracturing relationships by patient groups and the loss of ‘champions’ who have built up an understanding of, and rapport with, communities. This could be addressed with more permanent, dedicated advocacy roles within companies with responsibilities that foster long-term engagement.

The Prevention Matrix

4

If the biopharmaceutical industry is to contribute to durable shifts towards prevention, then widespread and long-term collaborations with other public and private stakeholders are essential. Opening up freely to these types of relationships is new territory for some companies and stakeholders alike.

It should also be noted that even healthcare systems have yet to fully form their own preventative strategies and the wider relationships needed. While spend on prevention is growing, it is still less than 10% of many healthcare budgets. Healthcare systems are still focused on treating sickness and short-termism, despite the continued rise in an ageing population that is putting ever greater inflationary pressures on healthcare budgets. Therefore, calls for industry to reprogramme its approach need to accompany promotion of similar changes at apolitical, regulatory, not-for-profit and healthcare system level.

Technology Companies as New Partners

While prevention represents a challenging shift, it is becoming easier to implement by advances in digital technology and precision medicine. However, there is distance to travel. For example, some 95% of hospital-derived data go unused, according to an address by John Halamaka, president of the Mayo Clinic Platform, at the HIMSS23 Executive Summit session Putting Data to Work for Innovation Healthcare. He observed: ‘Every day I see new buried treasure on a registry.’¹⁴ Liberating that data for prevention is a high-ranking task that will require coordinated effort and commitment across the pharmaceutical industry and healthcare systems.

Indeed, if pharmaceutical companies fail to bolster their ability to collect data and share evidence, then technology companies could fill the void, building on their already significant involvement in health through digital tools and

wearables. They are much more nimble, able and willing to engage with a public, increasingly dominated by digital natives, and build relationships across swathes of healthcare engagement.

Technology companies have further advantages in the ease with which they can acquire and hold the personal or health-related information that can augment maintenance of wellness, earlier diagnosis and identification of future risk. On the other hand, pharmaceutical companies have a greater understanding of the need for more rigorous data standards, suggesting the need for major collaboration between government, regulators, industry and technology companies to streamline and standardise the effective collection of data, and to unlock their potential in driving and supporting preventative strategies.



‘...if pharmaceutical companies fail to bolster their ability to collect data and share evidence, then technology companies could fill the void...’



Partnerships Drive New Models

As prevention initiatives require long-term funding commitments, they are more easily maintained in collaborations with external parties including, possibly, pharmaceutical companies. In addition, new funding and reimbursement streams will need transparent negotiations with local health systems, charities and philanthropists, and to tailor revenue models across countries and patient populations.

Moving into prevention may take major philosophical and practical steps that would not be easy in any sector, let alone a highly regulated field, but the case and pace for change is quickening. The PwC report, 'The Future of Pharma', emphasises the huge potential to fuse science and society, stating: 'By 2035, Healthcare will be centred around patient needs and will be personalised, digitalised and preventative, with healthcare solutions seamlessly integrated into daily life.'¹⁵

Critically, prevention must be measured and presented as an investment, rather than a cost, needing the generation and communication of evidence in different ways at individual, system and governmental levels. That should be coupled with strong arguments for the broader social impact of prevention, a relatively new area where more development of metrics and standardisation is needed.

Stronger support and funding for prevention can be achieved where there is alignment with political targets. ViiV is bringing to life how

prevention achieves the stated public health goals at a macro government level including impacts on GDP and productivity. What has helped is that ending HIV as a public health threat is part of the sustainable development goals that most governments have signed up to. This is critical, as many countries believe HIV has already been dealt with; therefore, the funding and system capacity for prevention does not necessarily exist.

In prevention, several interested partners can come together to work in concert to produce a pattern of research, services and interventions that, combined, advance much better outcomes than a single actor alone can achieve. These relationships can access new sources of funding for individual components of the combined effort. An example is the increasing use of social impact bonds to fund better public health outcomes in public health.

Making investment decisions about prevention will be founded on the relationships between companies and the communities they serve, and the value that can be delivered to all stakeholders. In some areas of medicine, the demands and the problems are so great that collective, proactive action will be needed to ensure that new prevention measures, including new medicines, can be fully adopted by healthcare organisations and accessed by those intended to benefit.



'...partners can come together to work in concert to produce a pattern of research, services and interventions that, combined, advance much better outcomes...'

Social Impact Bonds

Leveraging private investments to develop public health services or interventions.

Innovative pay-for-success financing is a formal agreement between a payer, such as a government or health insurance company and a provider, where investors providing funds are repaid if the goal is reached.



The Mental Health Paradox

5

Mental health is the fastest-growing global health burden – around one billion people are currently living with a mental health disorder; and, although all 194 WHO member states are signed up to a pledge to transform stigma, services and treatment by 2030, progress is patchy.¹⁶

Radical New Approaches

Part of the paradox in mental health is the small advances in the effectiveness of treatment over a generation, with a recent paper in the journal *Nature* stating: ‘The vast majority of currently prescribed drugs to treat schizophrenia, mood and anxiety disorders are arguably no more effective than the first generation of psychiatric drugs introduced well over 50 years ago.’¹⁷ Current therapies for moderate or severe depression may only improve symptoms in 20% of patients.¹⁸ Many believe it is time to examine traditional treatments that have been around for thousands of years, but which have not been fully researched, scientifically.

For instance, psychedelics can have a dramatic benefit to patients with serious trauma such as

PTSD. However, the experience of taking these drugs is profound, and they have to be delivered with pre- and post-psychotherapy. This has slowed down understanding of how they might be administered safely.

Therefore, new treatment models are needed, but they are extremely challenging for healthcare systems historically constructed to treat acute disease. Innovative approaches to managing mental health conditions will require input from patients and providers as part of an open debate about how holistic interventions can help realise better, longer-lasting outcomes for the person, rather than just the patient.

A Complex Conundrum

Mental health is the ultimate medical conundrum, with conflicting, intertwined causes that even highly trained clinicians concede are wreathed with subjectivity and very high inter-rater variability. Unlike physical diseases such as cancer or cardiovascular disease, mental health disorders do not have clear objective biomarkers. Advocating for prevention in this sector of rapidly increasing demands and limited healthcare capacity will take a radical reappraisal of how we view mental health to frame effective responses. For many, that now means considering the whole patient and their lifetime experiences.

The case of just one 17-year-old is indicative of the complexities and shortcomings of mental health. He was initially diagnosed with depression and prescribed antidepressants that did not work. His suffering continued for four years, as he remained caught in a trap of no clear disease causality and with an absence of biomarkers for mental health – no clear treatment pathway. After passing through several physicians, he was eventually diagnosed with schizophrenia and received the correct treatment.

Mental health is increasingly seen as a whole-body issue, even with a metabolic or mitochondrial cause.¹⁹ There is now a more unifying theory of mental health with immunological, neurological drivers and not as a disorder of a single origin, the brain. Mental health also has clear connections with poor physical health, and it is clear that, notwithstanding the complexities around diagnosis and treatment, prevention has the potential for significant impact on individual outcomes, healthcare capacity and social wellbeing.

The imperative to address mental health through prevention is also underscored by epidemiological research that draws links between nutrition and wellbeing and a range of conditions. Patients with obesity and diabetes are vulnerable to depression and anxiety, while healthy diets are associated with a reduced risk of depression. Social networks and environment also have a huge influence on mental health and these behavioural connections need further investigation.



‘...untreated mental health problems total 13% of the global burden of disease and, by 2030, are expected to be the leading cause of mortality and morbidity...’



Holistic Thinking

A range of psychological and physical factors are involved in many conditions, and they need to be treated as a whole, rather than separate entities, particularly as untreated mental health problems total 13% of the global burden of disease and, by 2030, are expected to be the leading cause of mortality and morbidity, according to the World Health Organization.²⁰

Some biopharmaceutical companies are already taking this wider view. Angelini Pharma, an international company which is part of the privately owned Angelini Industries, is collaborating with external organisations on identifying at least the causation of the rapid rise in mental health disorders. In order to contribute effectively to preventative efforts, Angelini is analysing the full mental health ecosystem to identify those factors with the most impact on outcomes. For companies dedicated to mental health, these efforts often go beyond the development timeline for individual medicines to collaborations on those broader factors that contribute to mental health decline and identify

support for much wider interventions that address the fundamental genesis of the mental health epidemic.

The Headway initiative is a prime example of how partnerships and an open analysis of factors can create a knowledge and expertise base to launch effective prevention programmes. It aligns efforts across Europe under the banner 'A new roadmap in mental health' and its mission statement reveals the breadth of its ambition: 'The initiative aims at sharing knowledge and know-how to prevent, diagnose, manage and find solutions for people with mental disorders and epilepsy, not only in the healthcare sector, but also in workplaces, schools and society in general.'

Launched in 2017 by The European House – Ambrosetti (an Italian Think Tank) – in partnership with Angelini Pharma, the initiative is now in its eighth year, underscoring the efficacy of long-term commitment, and it shares its evidence across European organisations and countries to create policies and action plans for brain health.



'...with increasing awareness and incidence of mental health disorders, only technology has the potential scale to deal with the demand.'

Interconnections between Mental Health, Determinants and Response Factors



Headway Mental Health Index 3.0

The 'Headway Mental Health Index 3.0' a multidimensional picture on Mental Health across EU-27+UK.

Measuring defined indicators of Mental Health

The 'Headway Mental Health Index 3.0' consists of:
4 sub-indices and
54 different KPIs



Source:

The European House - Ambrosetti on Eurobarometer data, (2024).

The benefits of taking a more holistic view could have much wider impact than the immediate specific mental health diagnosis. For example, people with depression who later develop epilepsy are much more likely to have severe epilepsy and even resistant epilepsy. There seems to be a connection that is not understood yet but, through observation, the initiative expects to see where prevention may be explored and where it can be expected to be most needed and effective.

Existing treatments have a place, but new ways of treating need consideration, along with innovative routes to develop, approve and access them. Adopting an open debate about how holistic interventions, both medical and societal, can be utilised, often in combination, will help realise better, longer-lasting outcomes for the person, rather than just the patient.

therapeutics, devices and software prescribed by a physician and designed to reproducibly improve clinical outcomes.²³

The Constellation of Complex Factors in Addressing Mental Health



P Barriga. (2024)

6

Investing successfully in prevention within and around existing portfolios will put biopharmaceutical companies on the path to new models, new technology collaborations and a new purpose of providing both wellness and care, with and for the communities they serve.

‘Investing successfully in prevention within and around existing portfolios will put biopharmaceutical companies on the path to new models, new technology collaborations and a new purpose...’



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