

■ Drugs can interact negatively with certain foods

The *Associated Press* reported in November, 1998 on a campaign started by the *National Consumers League* and the *United States Food and Drug Administration* warning people about dangerous, sometimes deadly, interactions between drugs and certain common food items.

Doctors and Pharmacists are supposed to warn you of possible dangerous interactions between certain drugs taken at the same time. Much less well-known are the dangerous interactions with food.

For example: If you are taking heart drugs called calcium channel blockers, drinking grapefruit juice can cause a deadly reaction.

Taking Vitamin E with blood thinners can increase the risk of serious bleeding.

People taking certain classes of antidepressants should not eat cheese or sausage, death can result from an extreme rise in blood pressure.

Some antibiotics and ulcer medications increase the activity of caffeine causing the shakes and stomach irritation.

Caffeine increases the action of theophylline, used in asthma patients, causing nausea, palpitations or seizures.

Over-the-counter drugs can cause problems also. Antihistamines such as Benedryl taken with grapefruit juice can cause serious heart problems.

There's no question that drugs can be dangerous, prescription and over-the-counter. Linda Golodner, president of the National Consumers League says eat the wrong food with certain medicines and "you may end up in the emergency room." ▲

■ Breast cancer prevention drug increases chances of uterine cancer

Much fuss has been made over a recent study that showed the drug tamoxifen acts to prevent breast cancer. However, a new report issued by the Food and Drug Administration indicates that users of the drug developed uterine cancer at a rate almost twice the norm of non-users.

The FDA report did not go along with the notion that tamoxifen actually prevents breast cancer, only that it **might** help reduce the risk short term. Two studies conducted in Europe and published this summer found **no preventative benefits at all.**

Of grave concern, however, was the fact that women who took tamoxifen developed uterine cancer at twice the rate of those who didn't. Three women in the study died from blood clots that most likely developed from the medication. ▲

Prozac: Drug producer hides suicidal reactions

The May 9, 2000 edition of the *Boston Globe* reports that Eli Lilly and Co. has known for years that Prozac, its best selling drug on the market could cause suicidal reactions in a significant number of patients. Although Lilly has downplayed the danger in the past, the patent for a "new" Prozac promises that the new version will not produce "its more significant side effects," suicidal thoughts and self mutilation.

A review of the company's internal documents, government applications and patents made some interesting findings:

-In 1990, Lilly scientists were pressured by Lilly executives to alter records on physician experiences with Prozac. Mentions of suicide attempts were changed to "overdose" and suicidal thoughts to "depression."

-The German equivalent of the US FDA refused to approve Prozac because Lilly's own studies showed that previously non-suicidal patients who took Prozac were five times more likely to attempt or commit suicide than those on older anti-depressants and three times more likely than those taking placebos.

Lilly has long maintained that an insignificant number of people who take Prozac have attempted or committed suicide and has been very active in trying to discredit researchers who continually prove them wrong.

Dr. David Healy, director of the North Wales Department of Psychological Medicine at the University of Wales is an expert on the brain's serotonin system that Prozac affects. Using his and Lilly's own research he estimates that "probably 50,000 people have committed suicide on Prozac since its launch, over and above the number who would have done so if left untreated."

By way of commentary, 50,000 people (a number Lilly sees as insignificant) are dead over the years as a direct result of using Prozac and the company is still selling it? World-wide last year (1999) Eli Lilly & Co. earned \$10 billion in revenue. Prozac was responsible for more than 25% of that income.

■ More Than Half Of Americans At Risk Of Drug Interactions

The January 18, 2000 issue of the *Alternative Medicine Newsletter* tells us about a disturbing survey reported by the American Society of Health-System Pharmacists (ASHP) which found that more than half of all Americans are at risk of possible drug interactions.

The survey found that of 1000 American questioned, 46% of them take at least one prescription medicine every day. More than 25% take multiple prescription medicines daily. 56% said that they had taken two over-the-counter medications or supplements in the week before they were surveyed.

Mick Hunt, president of the ASHP says that "as you take more medications [the] opportunity for drug interactions grows."

The survey also found that only 39% of those surveyed tell their doctor or nurse about their drug use. 8% failed to tell them at all. According to Hunt, "healthcare providers need to do a little bit better job at pulling that information out," but ultimately the pharmacist is better qualified at helping patients be better informed on the dangers of the drugs they are taking and how they interact.

Seems to us the safest approach may be to rely less on dangerous drugs and more on a properly functioning body, maintained through Chiropractic Wellness Care.

Doctors Ignored FDA Warnings On Drug

The August 15, 2001 issue of the *Journal of the American Medical Association* published a letter from Dr. David Graham and his colleagues at the U.S. Food and Drug Administration (FDA). The authors concluded that many doctors ignored FDA letters warning them of dangerous reactions to the recently banned diabetes drug Rezulin.

Four separate letters, from the drug company that produced Rezulin, were sent to U.S. doctors at the request of the FDA warning them of dangerous liver damage that was occurring in patients taking the drug. The letters recommended continuous monitoring of liver enzymes to determine if liver damage was occurring. According to Dr. Graham, the letters and extensive publicity “did not result in sustained or meaningful improvement in the performance of liver enzyme testing of patients taking the drug.”

“Labeling changes and warning letters to physicians cannot be relied upon to effect changes in the way Related Web Sites medicine is practiced,” Graham said.

He went on to say that “even if monthly 1 and type 2 testing had been performed in all patients, it may well have had little effect in terms of preventing acute symptoms associated liver failure with [Rezulin].”

■ One third of drug errors in elderly are preventable

A report given on March 24, 2002 at the annual meeting of the *American Society for Clinical Pharmacology and Therapeutics* in Atlanta, Georgia says that one third of all medication errors that happen with elderly patients are preventable.

The researchers collected data on 27,500 patients over the age of 65. They found an error rate of more than 4%, or 1,202 medication errors, by examining such things as doctor, clinic and emergency room notes.

Researchers found that the most errors occurred in emergency room situations. These errors primarily came from mixing blood-thinners such as warfarin with other drugs. Nonsteroidal anti-inflammatory drugs (commonly known as NSAIDS and available over-the-counter) were also identified as a major problem contributing to errors.

Commentary: Aside from recommending that patients simply ask their doctors whether their drugs have any dangerous side effects or interactions, the researchers suggest that the industry use . . . computers! Ever on the cutting edge, the \$1.3 trillion dollar a year medical industry is just now discovering that computerized warning systems should be able to keep track of dangerous drug side effects and interactions. Why, we will even bet that one day computers may replace typewriters and accounting ledgers. Just think!

■ Most drugs not tested for birth defect risk

The September 2002 issue of *Obstetrics & Gynecology* reports on the disturbing fact that more than 90% of new drugs on the market since 1980 are considered to have an “undetermined” risk of producing birth defects in the fetuses of pregnant women who take them.

All new drugs are tested on animals to see whether or not they produce birth defects. Drug companies then use that information to try and determine whether or not the drug will cause birth defects in humans.

One problem is that while animal testing may give some indications whether a drug is safe for humans, humans do not always respond the same way animals do.

Another problem occurs once a drug gets approval from the FDA. Drug companies then are not usually required to track what happens to humans after they have been taking a drug to check the long-term effects.

The researchers say they recognize that it is unethical to conduct studies in which pregnant women are given drugs to see if they cause birth defects in their children. They then go on to say, “however, almost all drugs are taken by some pregnant women.”

Commentary: The fact that drug companies are concerned about the ethics of drug testing on pregnant women is a good thing. However, once a drug gets FDA approval, turning around and telling pregnant women it’s now OK to take drugs that have not been proven safe is hypocritical at best and dangerous at worst.

■ Hundreds Of Infant Deaths Occur Every Year From Drug Reactions

The November 2002 issue of the journal *Pediatrics* reports that an average of 243 infant deaths occur each year from prescription drugs, biological products and other therapeutic agents.

The study involved case reviews of more than 500,000 adverse drug events (ADEs) occurring from November 1997 through December 2000. The study was performed by researchers at George Washington University and the University of Maryland. 7,111 of the ADEs reviewed involved children under the age of two.

The Authors found that in the 7,111 cases:

- “only 17 drugs or biological products were a suspect in 54% of all serious and fatal adverse events in drugs administered directly.”
- The drug palivizumab, used in high-risk pediatric patients, accounted for 28% of the adverse events.
- Four drugs accounted for 38% of the reported deaths: palivizumab (15%), nitric oxide (11%), indomethacin (10%) and cisapride (3%). Even though widely used for gastroesophageal reflux in children, Cisapride was not approved for use in infants by the FDA. It was withdrawn from the U.S. market in 2000 because it was found to cause cardiac arrhythmia and sudden death.
- In 24% of all the adverse events, exposure to the drug was from the mother during pregnancy, delivery or breast-feeding.
- 31% of the deaths occurred in the first month of life and 50% between day two and the 12th month.

The authors say drug reactions in children are more likely “because young children have immature detoxification mechanisms and because doses must be individually adjusted for a much wider range of body size and weight.”

■ Too Much Acetaminophen Can Be Deadly

A January 22, 2004 article by the Associated Press reports that increasingly, too many Americans are accidentally overdosing on the over-the-counter pain reliever acetaminophen, best known as Tylenol.

In a new consumer education campaign, the U.S. Food and Drug Administration (FDA) has released a warning for consumers to follow the directions on the labels of **all** over-the-counter pain relievers in order to avoid dangerous or potentially lethal side effects.

Acetaminophen topped the FDA's warning list since it is in more than 600 products that treat pain, colds, flu and coughs.

The FDA warns that acetaminophen overdose is common since many people don't read drug labels and combine different medications containing the drug. Sometimes people take extra pills in hopes of faster pain relief. In either case, taking too much acetaminophen can damage the liver beyond repair.

In 2002 the FDA's own scientific advisors urged that warning labels be placed directly on the labels of over-the-counter painkillers to make sure consumers are aware of the risk.

This campaign falls well short of those recommendations since the FDA has decided to only allot \$20,000 for development of an informational brochure that the FDA **hopes** will be distributed by pharmacy chains. The FDA also **hopes** major magazines will run the ads for free.

According to the FDA, more than 56,000 emergency room visits and approximately 100 deaths a year are due to acetaminophen overdoses.

■ Long-Term Ritalin Use May Change Brain

The December 2003 issue of *Biological Psychiatry* reports on three animal studies that show long-term use of Ritalin may cause negative changes in brain response and behavior.

Ritalin is the drug of choice for the treatment of the dubious condition known as attention-deficit hyperactivity disorder (ADHD).

The first of the three studies found that low doses of Ritalin in rats caused changes in brain cells that made them more sensitive to the effects of cocaine (Ritalin and cocaine are similar in structure and action). The second study found that pre-adolescent rats given Ritalin increased behaviors that could indicate depression once they reached adulthood.

The final study found that adult rats given Ritalin as pre-adolescents were more sensitive to stressful situations and less responsive to natural rewards, such as those derived from sugar and sex. They also showed increased anxiety behaviors and elevated blood levels of stress hormones.

■ Cavities Increase After Water System Starts Using Fluoride

The July/August 2003 issue of the journal *Pediatric Dentistry* finds that the number of cavities in children in Kentucky increased after water systems there were required to add fluoride designed to prevent cavities.

96% of Kentucky water systems add fluoride to their water. The law, passed in 1977, required larger water systems to add fluoride with the goal of reducing tooth decay by 60%. It didn't work. 57% of Kentucky third- and sixth-graders developed tooth decay.

A 1987 survey showed that 28% of Kentucky preschoolers developed cavities. A follow-up survey in 2001 showed that number increased to 47%.

The most common fluoride used in the U.S. is silicofluoride, which has been linked to higher blood-lead levels in children. High blood-lead levels is linked to higher rates of tooth decay.

The problem may stem from too much fluoride being added at the water plants. Research has shown that fluoride at levels slightly higher than dentists' recommendations can also cause cavities.

Additional information on the fluoride problem can be found at the website of the Fluoride Action Network at <http://www.fluoridealert.org>

■ Cholesterol Drug Crestor May Damage Kidneys

Reuters reports on October 29, 2004 that the U.S consumer group Public Citizen has called for a ban on the anti-cholesterol statin drug Crestor after 29 patients who took it have developed kidney damage.

According to Public Citizen's analysis, there are 6.4 reports of kidney damage or failure for every 1 million Crestor prescriptions filled. Public Citizen figures this to be about 75 times higher than all the anti-cholesterol statin drugs combined.

Dr. Sidney Wolfe, head of Public Citizen's Health Research Group told the Food and Drug Administration that "it becomes clearer by the day that this drug is uniquely toxic without offering any unique benefit, and that it must be removed from the market."

Public Citizen points out that anti-cholesterol statin drugs have come under fire in the past. In 2001, another statin drug, Baycol, was removed from the market after it was found to cause a form of severe muscle damage. Baycol was linked to more than 100 deaths.

■ Acid Suppression Drugs Increase Pneumonia Risk

The October 27, 2004 issue of the Journal of the American Medical Association reports that people who take acid suppression drugs are much more likely to develop pneumonia than those who don't use the drugs.

The findings apply to proton pump inhibitors (PPIs) such as Prevacid and Nexium as well as H₂-receptor antagonists such as Zantac and Pepcid.

In those people currently taking the drugs, the incidence rate of pneumonia was 2.45 per 100 persons per year. The rate in those who were not taking the drugs was 0.6 per 100 persons per year.

After taking into account various factors, the researchers estimated the risk of pneumonia was 89% higher for those people taking PPIs and 63% higher for people taking the H₂-receptor antagonists.

In a related editorial, Dr. James Gregor of the University of Western Ontario in London, Ontario, Canada reminded doctors that “concerns for patient safety should guide initial prescribing and perhaps more importantly, chronic use of even the most apparently benign drugs.”

■ Safety Of Over-The-Counter Drugs Questioned

The Associated Press reports on a study presented to the April 18, 2005 conference of the American Association for Cancer Research. The study found that people who take over-the-counter pain relievers such as Advil, Motrin and Aleve for at least six months had twice the risk of dying of a heart attack or stroke if they smoked as well.

The study adds to the growing body of information that shows heart problems can develop from use of the whole family of non-steroidal anti-inflammatory drugs known collectively as NSAIDs.

The recently banned cox-2 inhibitors Vioxx and Bextra belong to the same family of drugs and doctors have been switching patients over to the over-the-counter drugs in the belief that they were safer alternatives.

Researcher Dr. Andrew Dannenberg of Cornell University says, “to the best of our knowledge, these are the first data to support [the FDA requiring drug manufacturers to put] a box warning on NSAIDs, not just cox-2s.”

Lead researcher Dr. Jon Sudbo of the Norwegian Radium Hospital in Oslo advised smokers, “If you think you need them use them, but you have to be careful.”

Commentary: No specific mention was made of what he meant by “be careful.” We hope he was suggesting that they avoid both smoking and using NSAIDs.

■ Antidepressants Linked To Abdominal Bleeding

Various wire services reported on May 16, 2005 on a study that was presented at Digestive Disease Week 2005, a gastroenterologists convention in Chicago. The study found that people taking antidepressants such as Paxil, Zoloft and Prozac experience an increased risk of abdominal bleeding.

The concern is about the class of drugs known as selective serotonin reuptake inhibitors (SSRIs) which keep the body from reabsorbing serotonin, a chemical that helps brain cells communicate with each other.

Normally, platelets in the blood need to absorb serotonin to allow normal clotting to occur. The researchers found that SSRIs can cause abdominal bleeding because they interfere with the blood platelets ability to absorb serotonin.

Lead researcher Dr. Michael Jones of the Northwestern University Medical School says “we found the overall risk for gastrointestinal hemorrhage for SSRIs was almost double, compared with control subjects.” He goes on to say, “the risk appears to extend not just to bleeding in the upper GI tract, but in the lower GI tract as well.”

Similar risks have been found with the use of NSAIDs, non-steroidal anti-inflammatory drugs such as aspirin, acetaminophen and ibuprofen. The researchers are worried that patients taking SSRIs might also be taking other drugs such as NSAIDs, blood thinners or other drugs that may compound the bleeding problem.

Oral Contraceptives May Dull Desire Permanently

An interesting report presented at the May 2005 meeting of the American Association of Clinical Endocrinologists in Washington, DC says that oral contraceptives, commonly known as the pill, may cause permanent decreases in women's libidos, causing them to lose sexual desire.

The pill has been associated with numerous sexual dysfunctions including loss of libido, painful intercourse and decreased or non-existent orgasms. It has always been thought that these problems would dissipate once the pill was discontinued.

The loss of libido has been associated with the pill's tendency to decrease levels of the hormone testosterone. By raising levels of a globulin (called SHGB) that attached itself to the hormone the pill basically rendered testosterone inactive. This study indicates that the situation may be permanent.

Researchers at Boston University studied 125 women who were patients at a sexual dysfunction clinic. Sixty-two of them were taking the pill, forty had taken it in the past and 23 had never taken it.

SHGB levels were measured every three months for a year. Users of the pill had levels of SHGB seven times higher than women who had never taken the pill. SHGB levels had decreased a bit in women who had stopped taking the pill but the levels were still three to four times higher than those who never used it.

This concerns researcher Irwin Goldstein. "There's the possibility" he says, "it is imprinting a woman for the rest of her life."

■ Combining Medicines Makes It Difficult To Predict Adverse Drug Effects

The May 1, 2005 issue of the Journal of Psychiatric Practice reports that patients who take more than one medication rarely were taking the same combination of drugs as other people. Understandably, this makes it difficult for doctors to monitor and predict dangerous drug interactions.

The practice of mixing medicines increased with age, especially among patients taking anti-depressants. More than one-third of patients taking anti-depressants were taking at least 8 other medications.

In his assessment of the finding, Dr. Sheldon Preskorn, professor and chairman of the Department of Psychiatry at the University of Kansas School of Medicine warned that since doctors do not have a complete enough clinical knowledge of all the combined effects of the drugs they prescribe, the result is an increase in the number of adverse drug reactions.