

Letter to the Editor: The Pundit Speaks

By Randolph M. Howes, M.D., Ph.D.

September 24, 2017

"Drug Dangers and Interactions in Elderly Patients"

Just because a drug is called "a medicine" does not guarantee that it cannot seriously injure or kill you. Recent studies have found that drugs annually hospitalize up to 2.7 million Americans with serious adverse drug reactions and, of these, there are 128,000 deaths. A 2013, article entitled, "Institutional Corruption of Pharmaceuticals and the Myth of Safe and Effective Drugs" was published in the Journal of Law, Medicine and Ethics (JLME) and reported that patients have suffered from a largely hidden epidemic of side effects from drugs that usually have few offsetting benefits. This is especially true in elderly patients. Today, pills are pushed with reckless abandon and campaigns of persuasion. Prescribing medications, recognizing and managing medication side effects and drug interactions, and avoiding multiple drugs (polypharmacy) are all essential skills in the care of older adults in primary care. All too frequently, a medication is prescribed to treat a side effect of another medication. The Beers Criteria for Potentially Inappropriate Medication (PIM) Use in Older Adults is an essential reference for physicians prescribing to older adults. Statins (cholesterol lowering drugs) are the most commonly prescribed drug in elderly adults, with as many as half of community-dwelling elderly taking these agents. Statin myopathy (muscle damage) occurs in 10% to 15% of individuals, and the clinical presentation varies in severity from mild myalgia, fatigue, and weakness to life-threatening rhabdomyolysis (muscle breakdown). Data has found a link between statin use and both cognitive impairment and diabetes mellitus. Experts recommend against the use of proton pump inhibitors (PPIs) for hyperacidity longer than 8 weeks because the risks of Clostridium difficile infection (CDI) and bone loss and fractures and associations between PPI use and dementia and acute and chronic kidney disease. Oral antibiotics, such as fluoroquinolones, are associated with a number of important side effects, including peripheral neuropathy, central nervous system side effects, and collagen-related adverse effects. Of the collagen-associated adverse events, rupture of the Achilles tendon is probably the most common; this risk is greatest in older adults and in those also taking corticosteroids. No pharmacological agents (hypnotics, zolpidem) are recommended for treatment of insomnia in elderly adults; nonpharmacological treatments such as cognitive behavioral therapy are recommended instead. Nonsteroidal anti-inflammatory drugs (NSAIDs) may increase the risk of heart attack or stroke as early as the first week of NSAID use. The blood thinner, warfarin, interacts with many medications and supplements, including omega-3 fatty acids; garlic, which inhibits platelet aggregation; ginkgo, which is a platelet-activating factor receptor antagonist; and saw palmetto.

In the America that I love, we should consider the words of world famous Dr. William Osler, "One of the first duties of the physician is to educate the masses not to take medicine."

Randolph M. Howes, M.D., Ph.D.

Surgeon/Scientist/Patient Advocate

27439 Highway 441, Kentwood, LA 70444

985-229-6955 Home | 985-229-3760 – Fax | 985-514-0578 – Cell

rhowesmd@hughes.net | www.iwillfindthecure.org

