

# ***Prescription for Trouble***

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Without a doubt, prescription drugs can be useful – even life saving – for some people. When used as directed and only when absolutely necessary, prescriptions can be a blessing. Recently, however, WorstPills.org published some staggering statistics related to the misprescribing, overprescribing, and misuse of prescription drugs that is all too common within our current medical system:

- In 2003, an estimated 3.4 billion prescriptions were filled in retail drugstores and by mail order in the United States.
- Data from 2000 suggests that more than twice as many prescriptions were filled for those 65 and older (averaging 23.5 prescriptions a year) than for those younger than 65 (10.1 prescriptions a year).
- Another recent study found that nearly 1 out of 4 community-dwelling patients 65 years or older were using at least one drug inappropriately prescribed.
- There are more than 9.6 million adverse drug reactions that occur in older Americans per year, 37% of which are not reported to the doctor, presumably because patients do not connect the reactions with the drugs they are taking.
- Each year over 414,000 people develop serious complications (e.g., life-threatening heart toxicity, ulcers, mental impairment) directly linked to the use and/or misuse of prescriptions given to them by their doctors.
- Two million Americans are addicted or at risk of addiction to minor tranquilizers or sleeping pills because they have used them daily for at least one year.
- Drug-induced *tardive dyskinesia* (characterized by involuntary movements of the lips, tongue, fingers, toes, and trunk) has developed in 73,000 older adults, and is often irreversible.

And that's only the beginning!

What these numbers suggest is that our culture's current medical system has written us a prescription for serious trouble. Hundreds of thousands of prescriptions made in a year are wrong, entirely unnecessary, or unnecessarily dangerous. In addition, we seem to be at a point where both doctors and patients do not realize that practically any symptom can be caused or worsened by drugs. Such adverse reactions get overlooked, shrugged off or unrecognized until they have caused significant – and sometimes irreversible – harm.

What is going on?

## **Misprescribing & Overprescribing**

Misprescribing, if nothing else, wastes literally tens of billions of dollars, barely affordable by the majority of people who pay for their own prescriptions. But the consequences are much more

serious than that. WorstPills.org reports that “more than 1.5 million people are hospitalized and more than 100,000 die each year from largely preventable adverse reactions to drugs that should not have been prescribed as they were in the first place.” There seem to be seven “deadly sins” of misprescribing and overprescribing that occur with alarming regularity within our current medical system:

1. Drugs are prescribed to “treat” an adverse reaction of another drug which could be replaced with a safer alternative or taken at a lower dose.
2. Drugs are prescribed to treat problems that could be remedied by making healthy lifestyle changes.
3. Drugs are prescribed for medical issues that are completely unresponsive to such treatments or that do not merit treatment with certain drugs.
4. Drugs are prescribed which are stronger than necessary or which are less safe than an alternative.
5. Drugs are prescribed that have dangerous consequences when they interact with other drugs.
6. Two or more drugs are prescribed to be taken together when only one of them is necessary, therefore not adding to the effectiveness of the treatment but clearly increasing the risk to the patient.
7. Drugs are prescribed appropriately, but the dose is dangerously high.

**Fifty-four-Year-Old Woman Homebound from Lung Toxicity due to a Heart Drug Never Approved to Treat Her Condition**

Liz was prescribed the drug Cordarone to treat a common heart condition. No one told her the drug was not FDA approved for her condition. The leaflet from the pharmacy mentioned nausea and dizziness as a possible side effect, but not death from lung toxicity. She is now dependent on an oxygen tank to breathe and hasn't even the energy to clean her house.

It is estimated that as many as 17% of patients experience lung toxicity from such drugs, and about 10% of them die.

As unsettling as it might seem, recent studies confirm that these seven “deadly sins” are committed constantly across the United States. Research has shown that many doctors resort to prescribing drugs far too quickly. As reported by WorstPills.org:

*In one study, in which doctors and nurse practitioners were presented with part of a clinical scenario – as would occur when first seeing a patient with a medical problem – and then encouraged to ask to find out more about the source of the problem, 65% of doctors recommended that a patient complaining of insomnia be treated with sleeping pills even though, had they asked more questions about the patient, they would have found that the patient was not exercising, was drinking coffee in the evening, and, although awakening at 4:00 a.m., was actually getting seven hours of sleep by then.*

Apparently, doctors are becoming less concerned with what is actually wrong with the patient and more concerned with which prescription to write out. Unfortunately, this approach is firmly supported by a barrage of promotional materials that doctors receive from pharmaceutical companies vying for the number one spot on the “hot list” of drugs.

## **The Drug Industry**

It is not unfair to point to the drug industry as the primary culprit in promoting the misprescribing and overprescribing of drugs. The pharmaceutical industry now sells about \$216 billion worth of drugs in the United States alone, spending well in excess of \$21 billion a year to promote these drugs. A business, in the truest sense of the word, the drug industry “wines and dines” doctors and health professionals, offering them free meals, free drinks, and free medical books in exchange for letting the drug companies “educate” them at symposia in which the virtues of certain drugs are celebrated. Naturally, the majority of doctors that attend such “teach-ins” have been found to increase their prescriptions for the targeted drugs.

## **The FDA**

And what of the FDA? Isn't the government supposed to provide some measure of protection? Unfortunately, the FDA has been weakening steadily since the late 1990's; in 1996 and 1997 the FDA approved a larger number of drugs than had ever been approved in any two-year period. In addition, FDA enforcement over advertising of drugs – targeting everyday citizens with no medical training or education whatsoever – has nearly disappeared. From a peak number of 157 enforcement actions to stop illegal prescription drug ads that understate risks and/or overstate benefits in 1998, the number decreased to only 24 – an 85% decrease – in 2003. Sadly, the division at FDA responsible for policing prescription drug ads has never been given adequate resources to keep up with the flood of newly approved drugs.

## **Physicians & Pharmacists**

Another angle that needs to be considered is the role of the physician and pharmacist where the misprescribing, overprescribing, and over-drugging of America is concerned. It is obvious that the well-financed promotional campaigns by drug companies would not have such a large impact as they do were there not such an education vacuum about proper prescribing of drugs, a dilemma that must be laid at the feet of medical schools and residency training facilities. While the best doctors – of whom there are many – do not waste their time entertaining drug sales people, toss promotional materials away, and ignore the majority of drug advertisements in medical journals, too many other doctors are heavily influenced by the money of the drug industry.

In like manner, it seems that some pharmacists have been bought out by drug companies, even going so far as to call doctors directly to get them to switch patients' prescriptions in order to secure higher profits. Additionally, pharmacy organizations (like the American Pharmaceutical Association) have actually fought intensely to prevent the FDA from requiring accurate patient package information to be dispensed with each prescription filled. And while most pharmacies have computers to aid them in their work, too many pharmacists have been willing to fill

### **Seven-Year-Old Boy Dies from Drug Prescribed for Attention Deficit Hyperactivity Disorder**

A bright boy, Bernie was prescribed the antidepressant imipramine (Tofranil) to treat ADHD. Because his parents were not given accurate, complete information about the drug, they did not know that it could cause life-threatening heart arrhythmias, and that the dose was too high. Nor were they aware that the tremors and convulsions Bernie began to experience were actually adverse reactions to the drug.

Treatment was continued and one day, while at school, Bernie collapsed and died of a heart arrhythmia.

prescriptions for combinations of drugs that, because of life-threatening adverse drug interactions, should never be dispensed to the same person.

### **The Patient**

Though admittedly unequal to the task of understanding the ins and outs of prescription drugs and the incessant barrage of medical issues in the news, patients must take some of the responsibility for the over-drugging of the society. Certainly, the development of the present “quick fix” culture has supported a medical system that is intent on farming out pills for every ailment. If demand produces supply, then we must look at our own habits and desires, where medication and medical issues are concerned.

Much of the problem is simply one of lack of knowledge. Patients, much less knowledgeable about such things than their physicians, are quite often unaware of alternative approaches to conventional pharmaceutical treatments. Because they rely on the expertise of their doctors, most people blindly accept what they are told and swallow the pills prescribed. In this era of drug company-induced illness and disease, patients need to equip themselves with healthy skepticism and some common sense, and be willing and able to question their physicians about alternative, safer forms of therapy.

### **Conclusion**

The misprescribing and overprescribing of drugs is a trend with such inertia that it seems to be unstoppable. The power of the pharmaceutical companies and drug industry is massive and underestimated. As a result, millions of drug-induced diseases and their attendant complications and consequences are experienced each year by unsuspecting people who trust their doctors implicitly. Educating yourself about alternative and natural treatment options has become more important than ever before and many resources are available to those who desire a different way of relating to and treating their ailments. While others may be responsible for the misprescribing and overprescribing of drugs, in the end, it is up to each person to determine whether or not to fill such a prescription for trouble.

**Sources**

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