

BEFORE YOU TAKE THAT PILL:

Why the Drug Industry May Be Bad For Your Health:

Risks and Side Effects You Won't Find on the Label of

Commonly Prescribed Drugs, Vitamins and

Supplements

J. Douglas Bremner, MD

Emory University

Dedication

I would like to dedicate this book to my wife Viola, and my two children Dylan and Sabina. May they have many years of health and happiness.

Table of Contents

Introduction

1. The Drug Problem

2. Arthritis Medications

3. Acne Treatments.

4. Cholesterol Lowering Medications.

5. Anti-hypertensives

6. Diet Pills

7. Asthma and Allergy Medications

8. Enlarged Prostate

9. Treatments of Ulcers and Gastric Reflux

10. Antibiotics

11. Osteoporosis Drugs

12. Hormone Replacement Therapy

13. Diabetes Drugs

14. Dementia Drugs

15. Antidepressants

16. Insomnia

17. Drugs for Sexual Dysfunction.

18. Vitamins and Supplements

19. Medication in Kids

Conclusion. How to Keep Yourself and Your Family Safe

Acknowledgments

Introduction

We see it on TV and read it in the paper every day. Medications save lives. New breakthroughs in medicine are bringing new drugs to the market every day. The American medical system will soon eliminate disease and discomfort and allow us to live a hundred years. Right?

Not exactly. In fact, one hundred thousand Americans die every year from medications that they didn't need or that were prescribed in the wrong way. A million people have serious side effects that require hospitalization. Doctors don't always have all the information they need to balance the risks and benefits of medication. Drug companies whose primary motivation is to sell medication are aggressively promoting their products. Now more than half of *all* Americans are taking a prescription drug.

Why do I say this? I am a doctor. Like other doctors, I was trained at a medical school and adapted practices taught to me, mainly focused on treating disease with medications and surgery, with little on nutrition, behavior, spirituality, or disease prevention through lifestyle changes. After that I attended lectures at the annual medical meetings and got updates on new treatments from the leading doctors in my field. Like my peers, I believed that medications were a good thing, that any risks and undesirable side effects would be solved through future medical breakthroughs, continuous research, and newer drugs. I accepted that the high price of drugs was justified by the need to pay for the research to develop new ones, and that generic drugs were bad because they drained money away from research for new life-saving drugs.

However, being a physician scientist, I am naturally inclined to question the evidence for any particular statement of fact. For most of my career this has been limited

to specific questions related to my area of research, which is mainly focused on the brain, and, more recently, heart disease.

Probably the first time this curiosity bumped up against the American medical and pharmaceutical behemoth was about eight years ago, when I was an assistant professor of radiology and psychiatry at Yale University School of Medicine. We were interested in studies in monkeys showing that exposure during pregnancy to dexamethasone, a drug used to prevent bleeding in the brain in premature babies, caused brain damage. No one had as yet considered the possibility that it could have such as side effect in humans newborns, but I couldn't get any of the doctors working with the babies to collaborate with me on the research. Could it be that they didn't want to be associated with research that might reveal that a drug they had been using for years was actually causing brain damage? As for the effects of dexamethasone on the brain, we still don't know, since that research was never done.

About a year ago, out of idle curiosity, I began to question available evidence on the effectiveness of many of the medications that were being heavily promoted for the "prevention" of various diseases. I asked my wife, who is a professor of cardiology at Emory University, what evidence there was to substantiate the claims that cholesterol causes heart disease and that taking medication to lower cholesterol actually works. She said there was "lots" of evidence. I asked her where it was. She referred me to the Web site of the American Heart Association, whose expert panel profiled who was at risk for heart disease and who should be taking medications like Lipitor to lower their cholesterol as a preventative. There was a series of "points" supposedly related to a person's risk of heart disease that were based on "risk factors" like age, diabetes, hypertension, family

medical history, smoking, and history of heart disease. If the sum of these points was great enough, you were counseled to “talk to your doctor,” and we all know what that means. Although the panel didn’t provide any evidence for their assertions (I later learned that for many of their recommendations there wasn’t any), being a typical physician, and the fact that this wasn’t my area of “expertise,” I took their “authority” at face value and didn’t pursue it further.

If nothing else had happened, that probably would have been the end of it. However other flukes of history pushed me to look at things in a different way. My main area of research has involved imaging the brain of patients who suffer from depression and other mental disorders. Several years ago I was contacted by families of some young people who had killed themselves while taking a medication for acne called Accutane. They asked if brain imaging would show similar changes in the same area of the brain of those who were so adversely affected by Accutane. I spoke with the company that made the drug about supporting research, but they weren’t interested. With private donations my colleagues and I eventually performed a study showing that Accutane affected brain function, suggesting how it could cause depression and suicide.

You might think that people would be happy to learn more about a potentially dangerous side effect, but they weren’t. Dermatologists who prescribe Accutane told me that I shouldn’t do this research, because Accutane was a “good drug” that helped a lot of people with severe acne. I asked the FDA and the NIH to support clinical trials investigating the relationship between Accutane and depression. Staff at the FDA said they were “watching Accutane closely,” but “they couldn’t require the manufacturer to cooperate in trials of drug safety.” One doctor at the NIH told me that the relationship between Accutane and depression “wasn’t clinically relevant for dermatology.” Based on my interactions with Roche, the manufacturer of Accutane, I did not get the feeling that they were encouraging doctors to research the Accutane and depression issue.

As reported in *USA Today* (Kevin McCoy, December 7, 2004, “Drug Maker Rebuffed Call to Monitor Users”), scientists at Roche had written a report in 1999 in which they expressed the opinion that Accutane could cause depression. However a Roche official testified in 2004 that the Roche marketing team argued against the report, stating that it could “impact on marketing strategy and product liability.” What was going on here? Was selling a drug more important than helping people?

My experience and my reading led me to the conclusion that it wasn’t always about saving lives. It was also about making money, a lot of money, meaning billions of dollars. Behind that was millions of dollars of marketing to doctors and patients to convince them they needed the drug. And sometimes that corporate greed led to a lot of harm.

The more I looked at different drugs, the more I worried about whether the appropriate balance of safety and efficacy was being achieved. I also worried about whether too many people were taking these drugs and whether people were being harmed by drugs for which there was no hope of benefit. I began to question assumptions that all doctors make. Were medications for cholesterol really that helpful for people without heart disease? Or for women? Should you really take a pill for something like diabetes, which is caused by eating too much? Do you need to take a pill to go to sleep? Do you need to take vitamins and supplements to meet that USDA requirement, and who came up with those requirements anyway? Do you need a pill to have sex? Are those things helping you, or are they hurting or even killing you?

The material in this book is derived from information in books and the medical literature, including papers from prominent journals never widely disseminated, otherwise buried in tables of incomprehensible numbers, or lost in the medical literature because of a lack of citation by other doctors.

You have the right to know the risks and benefits of the pills that you take, and make your own decision about what is right for you.

This book is for anyone who is on medication, is thinking about taking a medication, knows someone on medication, or is taking a vitamin, herb or supplement. It is also for people not on medication, since a doctor or a drug company is bound to eventually recommend a drug to them as well.

This book covers over three hundred of the most commonly prescribed drugs, fifty top-selling prescription drugs, all of the vitamins, and the best-selling herbs and supplements. Some of the drugs that are covered include some particularly unsafe ones that aren't used much anymore but that you should watch out for (even though they haven't been taken off the market by the FDA) or that illustrate a particular point. This book does not cover cancer, medical emergencies, or rare and life-threatening disorders. This book is meant to be read. It is not a reference or a comprehensive list of any possible side effects and drug interactions. You should use other books to check the possible interactions of drugs you are taking, including drug-herb interactions, or unusual side effects. I list some of these at the end of this book.

Life is important to us. We all want to live as long as possible and want the same for our loved ones. If this book enables you to use medications safely and convinces you to change your diet and lifestyle to prevent disease, I will consider it a success.

May you and your family enjoy many years of good health.