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Better Healthcare Newsletter from Patrick Malone

Spring cleaning your medications can safeguard your health & save money



Dear Jessica,

Americans are the planet's leading consumers of medications, a prime driver of our steadily rising and already astronomical medical costs. Expert concerns grow by the day that we're pill crazy, and our excesses may be doing us more harm than good.

The Dai-lai Lama, of all people, thinks so, as he recounts in a story he tells in [different versions](#). He says he often stays with wealthy American devotees who leave him alone for long stretches to ramble their mansions. But the self-described mischievous monk can't help himself and sneaks into his hosts' bathrooms, where curiosity compels him to peer into their medicine cabinets. There, he finds pill stashes—uppers, downers, and more. This saddens him, because he wonders why, amid such affluence and accomplishment, Americans suffer so much that they keep veritable pharmacies in their homes.

What's your medicine chest or kitchen counter look like? Is it

IN THIS ISSUE

Break out of the prescription drug frenzy

Reconsider whether you need OTC drugs, vitamins, supplements

Paring your daily pill intake

Keeping the kids safe with many drugs around

Don't dispose meds so they poison the environment

BY THE NUMBERS

\$457 billion

Government estimated U.S. spending in 2015 on prescription drugs.

\$30 billion

overflowing with prescription vials, bottles of vitamins and supplements, and half-used supplies of over-the-counter meds?

You may be past due for a critical spring cleaning ritual. You may wish to consult with your doctor, pharmacist, and family to “de-medicate”—to reconsider what pills you routinely take. You may end up tossing many of them. That could save you money, lots of it. And it may better safeguard your health. Just saying no to ever-proliferating medications also may have wider consequences.

Break out of the prescription drug frenzy



Mike Scott, a gym-going lawyer, professor, dad, and grandad, worried when his aches and back pain worsened, hobbling him as he struggled to get up and down and even walk. He had lots going on with work and caring for his extended family. He’s no kid. But he kept talking to his doctor and eventually zeroed in, with help from knowledgeable family members, on a drug he was prescribed: a generic statin. His doctor finally conceded that Scott, who doesn’t have high cholesterol, heart problems, or a family heart history, maybe didn’t need the statin after all.

As happens with many patients who suffer similar side effects from widely prescribed statins, the muscle soreness and pain lifted when Scott, 70, stopped taking the pills. Colleagues started kidding him about the new pep he had in his step. He says he’s just glad he figured out how to talk with a conscientious doctor about a medication that wasn’t working for him.

Unneeded drugs

Not all Americans are so lucky. As [Austin Frackt](#), a physician and [New York Times](#) columnist, has pointed out, “increasing number

Estimated U.S. spending on dubious dietary supplements, including vitamins, minerals and herbal products.

10.7 percent

Percent of Americans taking five or more prescription drugs in the past 30 days.

48 percent

Percent of women ages 51 to 70 who daily take products containing at least three vitamins and at least one mineral.

400,000

National Academy of Medicine estimate of preventable adverse drug events in hospitals each year, costing \$3.5 billion.

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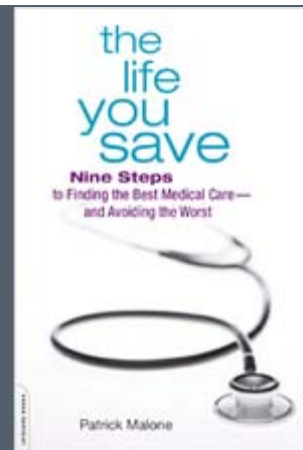
[The Life You Save](#)

[Nine Steps to Finding the Best Medical Care — and Avoiding the Worst](#)

of Americans—typically older ones with multiple chronic conditions—are taking drugs and supplements they don't need, or so many of them that those substances are interacting with one another in harmful ways.” He has reported that: “Studies show that some patients can improve their health with fewer drugs. Though many prescription drugs are highly valuable, taking them can also be dangerous, particularly taking a lot of them at once. The vast majority of higher-quality studies summarized in a systematic review on polypharmacy—the taking of multiple medications — found an association with a bad health event, like a fall, hospitalization or death.”

To be sure, [patients can harm themselves by failing to take needed medications as prescribed by their doctors](#). Their nonadherence to necessary, appropriate drug treatment causes 125,000 deaths annually and costs up to \$289 billion each year, one recent study found. To be 100 percent clear: No one, especially in a newsletter, is telling you to decide on your own to stop taking any medication prescribed and recommended by a trained medical expert.

But in my practice, I see not only [the harms that patients suffer while seeking medical care but also the significant damages inflicted on them and the nation by dangerous drugs](#). The nation, public health experts have declared, is battling an epidemic of [opioid drug abuse](#): From 2000 to 2015, more than 500,000 Americans have died from overdoses. Ninety-one of us die daily due to opioid overdoses. As the Washington Post and other media outlets have reported tragically and well, [millions of Americans with no history of drug abuse slid down a slippery slope with potent painkillers](#), taking drugs at first as recommended but then slowly finding themselves horribly addicted. The carnage from this crisis, experts say, can be traced



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Read our Patient Safety Blog, which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.



PAST ISSUES

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to multiple causes, including Big Pharma's zeal in pushing its products and Americans' docility and unquestioning support for the power of pills.

Drug makers spend north of \$5 billion annually to inundate Americans with direct advertising for their products. Scrutinize the bevy of commercials that drone through countless sports contests and cable TV news shows—they're aimed at persuading (brainwashing) us that we need costly drugs when more common and cheaper meds can work as well, or that it makes sense to spend millions to make risky opioid painkillers more pleasant by taking another pill to deal with one of their unpleasant side effects: constipation. It's sad and staggering how many Americans are caught in this vicious circle, popping more pills to deal with the side effects of their prescribed drugs.

Medications' harms

If all these drugs truly benefited us, maybe our huge consumption of them would make more sense. But many Americans suffer harms from prescription drug taking, especially due to bad interactions among meds. As Frackt has pointed out in the New York Times, roughly a third of adverse events in hospitals track back to drug-related harms, leading to longer stays and higher costs. One in 20 patients discharged from hospitals suffers drug-related complications after returning home. Older patients are at more risk because they have more chronic conditions and take many medications for these, with 1 in five Medicare recipients gulping down 10 or more drugs or supplements. Roughly 1 in 5 older patients receive an inappropriate medication, which they could do without or which could be switched to a safer drug, Frackt reports. Some studies show that 60 percent of older Americans are taking an unneeded drug. When patients take multiple meds, interaction risks rise steeply. With opioid painkillers so widely prescribed and abused, public health experts have warned about mixing these meds with anti-anxiety drugs, benzodiazepines like Valium and Xanax. The results can be deadly. Mixing other drugs, including those that cause sleepiness or dizziness, can lead to dangerous, expensive

falls, especially for seniors.

Meantime, Big Pharma has been called out extensively for “astroturfing,” getting so-called experts to produce what is termed “research,” all to push more pills. Do older men, in particular, just need to accept that they should sip less liquid late at night, do some specialized exercises—and not buy into a drug-maker-pushed notion that they should take expensive pills because the nation has problems with “overactive bladder?” Although research institutions and popular media have played up advances in cancer care, some very real, it is still too tragically true that dozens of recently approved drugs to treat this disease offer patients small benefit at high cost, giving them only weeks more of life. And just because a medication is commonly prescribed does not mean it is useful, effective, or cost effective. I’ve written about the less-known, continuing doubts about doctors’ prescribing statins so widely. Similarly, doctors and hospitals have created a public health crisis by overprescribing antibiotics, undercutting these invaluable medications’ effectiveness. European researchers are reporting that levothyroxine, the drug that topped the list as most prescribed in 2015 and was taken by more than 15 percent of older Americans, had zero effects on these patients’ symptoms of mild hypothyroidism, the condition for which the drug was given.

By the way, lest anyone think that prescription drug woes are limited to seniors, experts’ worries are growing about younger Americans’ overmedication, too: The major drug of concern for them is adderall, a hybrid often used to treat Attention Deficit Hyperactivity Disorder, or ADHD, or even shorter ADD. Adderall, which is taken less often and is longer lasting, has replaced Ritalin, an older drug of choice to try to improve patients’ focus and intellectual performance. An estimated 3.5 million youngsters are now taking prescription meds to cope with diagnosed ADD. But now that this therapy has become common and accepted, it has transformed for older users, many of whom may have started with attention drugs as youngsters but now claim they’re helpful in the stressful, demanding corporate world into which they have ascended. Silicon Valley, media reports say, is preoccupied with

mind enhancement, entailing the taking of multiple medications. Some of these, like adderall, require prescriptions. None of the therapies have been clinically tested and proven. They also bleed into another big area where Americans can't seem to unhook themselves from their pill passion: vitamins, supplements, and outright bunk and dangerous medications from naturopathy and homeopathy, as well as common over-the-counter (OTC) drugs.

Reconsider whether you need OTC drugs, vitamins, supplements



Even as department stores and other major retailers seem to be vanishing from affluent areas of America's cities and suburbs, some curious temples to health and well-being seem to be sprouting up like spring wildflowers after heavy rains. Yet scientific evidence in favor of the extensive wares hawked at vitamin and supplement outlets is sparse at best.

The history of American nutrition science—whether it's the great cereal age of the last century as dominated by agricultural moguls like Harvey Kellogg and CW Post or the modern era overconfident escapades of the brilliant and flawed Nobel Laureate Linus Pauling—has carried dubious aspects that haunt us now.

Why spend for vitamins, supplements?

Evidence is lacking that most Americans need or benefit from the

enormous quantities of vitamins and supplements for which they spend billions of dollars annually. Because human subjects are required and it is difficult to create control groups with so many complex factors involved in healthful eating, rigorous trials of the long-term outcomes of taking or not taking vitamins and supplements just aren't available. Medical scientists have established beyond doubt the need for vitamins and nutrients and the harms in their deficiencies, leading to quite a history in the awarding of the early Nobel Prizes in this research area.

But vitamin C, even in big doses, isn't preventing colds. Vitamin E hasn't been shown to prevent cancer. As for vitamin D, it hasn't demonstrated, as the New York Times has reported, that it can "help turn back depression, fatigue, and muscle weakness, even heart disease or cancer. In fact, there has never been widely accepted evidence that vitamin D is helpful in preventing or treating any of those conditions." The paper says D has become the latest example of over-testing and over-prescribing. In individual cases, for supplies and testing, the costs may be small. But the collective tab runs in the hundreds of millions of dollars.

Curiously, the crowd that flocks to vitamins and supplements may be, again, as the New York Times reports, among the healthiest Americans. They are "more likely than nonusers to report being in very good or excellent health, to use alcohol moderately, to refrain from cigarette smoking, to exercise frequently and to have health insurance. Other studies have shown that supplement use is also more frequent among those who are older, who weigh less and have higher levels of education and socioeconomic status."

Besides vitamins, they're likely taking supplements that also haven't fully shown claimed benefits, such as pills with glucosamine-chondroitin for their joints or ginkgo biloba for memory or red ginseng, again, for memory and sexual benefit. Herbals are a component of non-traditional or complementary and alternative medicine, including therapies from other cultures, especially those in Asia. Societies around the

globe have relied on different means of care for centuries, and there may be lessons and benefits from them. But I've written that there are big gaps in the rigorous testing and clinical trials to totally prove these approaches.

Detrimental interactions

And, meantime, harmful interactions can occur among prescription drugs, vitamins, supplements, and herbal remedies. Vitamin K can reduce the effectiveness of blood thinning medications, while vitamin C can interfere with cancer drugs. St. John's wort, a supposed treatment for depression, can rob cancer chemotherapies of their full impact. Gingko and ginseng can cause negative reactions when combined with certain drugs for depression and other psychiatric disorders.

Public health officials are sounding bigger alarms about pills and nostrums provided by homeopaths and naturopaths. Not to put too fine a point on it, but most of these are bunko, counterfactual practices, as I've written. The federal Food and Drug Administration is taking some deserved heat over how and why it allowed one homeopathic concoction sold as teething pain tablets for kids to stay on the market for public consumption for as long as it has. The agency says it is reviewing a decade's worth of 370 adverse event reports, including eight reported deaths, involving babies who were given the tablets. Talk to your physician if you must about "natural" therapies flogged by homeopathic and naturopathic hucksters. But my considered view is that you should look at their health theories and recognize them as mumbo jumbo and avoid taking their stuff.

300,000 OTC meds

Besides vitamins and supplements, Americans also stockpile and consume big quantities of over-the-counter drugs. There are more than 300,000 such products, and they can be safe, useful, effective, and cost-saving—an estimated \$100 billion because, unlike prescription drugs, they don't require doctor visits and diagnostic tests. Consumers need to know that the standards and regulation of OTC products differ from those for prescription

drugs: the FDA oversees prescription products with some rigor (including requiring extensive testing in advance), while the [Federal Trade Commission regulates](#) more readily available OTC items, monitoring such areas as their advertising and promotion, ingredient quality, and how they are made. More and more medications are moving from prescription to over the counter status.

Just because they can be easy to buy does not make them inherently safe. OTC meds can harm patients, especially if taken in incorrect dosages, or too often, or for too long, or due to interactions. Our [firm's web site offers helpful information](#) on examples of risks with OTC drugs, including: [Acetaminophen](#), found commonly in branded products like Tylenol, can cause liver failure. Its overdoses result in 30,000 hospitalizations annually. OTC pain relievers, known as Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), including aspirin, ibuprofen, and naproxen, also can be risky, leading to bleeding ulcers, kidney or liver damage, and an increased risk of a heart attack or stroke. The New York Times notes that those with chronic heartburn often turn to OTC antacids to counter stomach acid's harsh effects. But these can cause diarrhea or constipation, and block some prescription medications. Alternatives, like [proton-pump inhibitors \(Nexium, Prilosec and Prevacid\)](#), stop production of stomach acid. But they can pose long term dangers, including bone fractures and magnesium deficiencies that can lead to seizures. Cold and allergy products and nighttime sleep aids also should be taken with caution, as they can cause drowsiness or disorientation that could be dangerous for drivers and those taking on tasks that require close attention and focus.

In summary, rather than considering drugs and pills of any kind as a first and only option, they should be regarded with care and taken only after study and with due caution.

Paring your daily pill intake



Are you ready to reconsider all the pills and meds in your home, top to bottom? You can start with [an inventory](#). Examine the containers to see if you can figure how old they might be, if they have expiration dates, and if those have passed. Meds lose their potency over time and shouldn't be kept for long periods, especially if you park them in a bathroom medicine cabinet where they're exposed to temperature changes, humidity, and light. (They're not stored any better, by the way, on the kitchen counter.) Are the prescription or OTC drugs, vitamins, and supplements older than a year? Maybe they should go—discard them in responsible ways (see sidebar), and know that reducing stores of drugs can cut down on the chances they will be abused or misused (see sidebar on keeping kids safe).

Before you scratch drugs off your personal consumption lists, as mentioned above, discuss prospective changes with both your doctor and pharmacist.

Many doctors, frankly, have [become too quick to dash off scripts, finding it fast, easy, and lucrative to prescribe drugs](#) for their patients. Studies show too many medical practitioners fall prey to even the slightest pitches from Big Pharma sales reps. Your doctor's prescription pad, in effect, may be for sale for a friendly lunch with pizza and beer, I'm sad to report. Many patients, doctors also hasten to note, are swayed by voluminous TV, radio, and print ads, and they show up for office visits demanding drugs by name, even if they're inappropriate.

Ask your doctor to schedule time, at least once a year, to review with you all the pills you take, explaining why they're needed. Take a family member or friend along to this session to ensure you get the information fully and correctly. The firm's [site offers a handy checklist of questions you may want to review with your providers about your drugs](#). You also may consider consulting with [your regular pharmacist, too, about all your medications](#). Conscientious practitioners may be more aware even than physicians of problem drug combinations or developments with prescription and OTC drugs, vitamins, and supplements that you may need to know about. They also may have access to resources, including software programs and detailed

information about the drugs' formulas that doctors may not keep.

As you spring-clean the drugs that you and your loved ones take, there's another step to consider: Take care of yourself in different ways. Instead of taking blood pressure meds, for example, might you alter your diet and lose weight? Instead of loading up with vitamins and supplements, could you commit to eating regular, balanced, and nutritious meals? Could your body be telling you something important about your life if you need sleep aids, stimulants, and anti-anxiety drugs to get through your work week? We all might want to see how we can cut the collective national risks and costs of our high consumption of drugs by just saying no.

Here's hoping that a changing season and a fresh mindset about more healthful living keeps you feeling fitter and stronger in the days ahead!

Keeping the kids safe with many drugs around

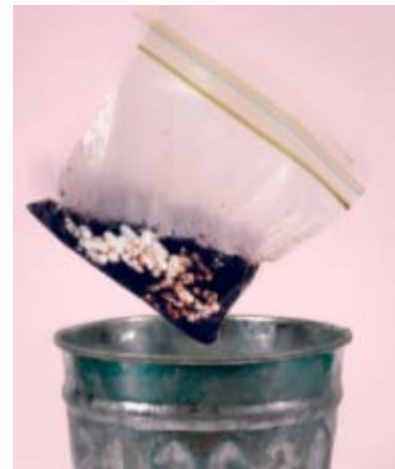


Getting rid of unneeded drugs and reducing their supply in your home can be a life changer and saver for your loved ones, especially your children.

A national nonprofit dedicated to improving child safety notes, "Medications are the leading cause of child poisoning. In 2013, more than 59,000 children were seen in emergency room for medicine poisoning. That's one child every nine minutes. Almost all of these visits are because the child got into medicines during a moment alone."

Experts say grown-ups can protect youngsters from drug abuse and misuse, starting, for

Don't dispose meds so they poison the environment



Scientists around the world have been shocked to find that rivers, lakes, and oceans increasingly show detectable amounts of chemicals linked to human contraceptives (diclofenac), anti-seizure medications (carbamazepine), infection-preventing drugs (sulfamethoxazole), and OTC pain relievers (ibuprofen and naproxen). So many human drugs are finding their way into the world's waters and lands that they may be disrupting the growth and development of plants and animals, experts warn.

example, by avoiding the description of meds as “candy” for adults.

If kids live with you, consider childproofing your home by putting drugs out of sight and locked up. Think like a kid, and take preventive steps so prescription and OTC drugs, vitamins, and supplements don’t get left carelessly in spots like purses, nightstands, dressers, and kitchen counters. Take care so protective caps and seals get put back in place on drug containers after pills are consumed.

Be sure that somewhere the maker information is available about any pills or drugs. Use caution and only the dosing means that manufacturers provide—don’t guess equivalencies with a kitchen spoon, then leave it where kids can get at it.

Here’s the national, 24/7 poison help line: 1-800-222-1222. Post it near a land line, enter it in your smartphone. Be sure the babysitter or any other child care knows about this lifesaving service.

Spring-cleaning your house of pills can be important in getting unwanted drugs away from not only youngsters but also their older siblings. Sadly, some teens start on the path to abuse with their parents’ handy supply of prescription drugs, particularly powerful painkillers. Keeping them secure or eliminating them can be wise and helpful.

What’s that mean to residents of the nation’s capital as they conduct a spring cleaning of the many drugs and pills in their homes? [Don’t just toss meds in the trash or flush them down the toilet.](#) They must be discarded in appropriate ways to protect the environment.

Experts say the [best way to get rid of the polluting items is to work with pharmacies and government agencies when they run periodic drug “take back” or return programs.](#) Any items collected this way will be properly handled. Check with local hospitals and nursing homes, too, to see if they may help handle unwanted meds. Federal and state drug enforcement agencies and some local law agencies operate drug return programs.

If patients choose to get rid of drugs on their own, they should remove them from their original containers and mix them in disposable bags or containers (yogurt cups or margarine tubs) with undesirable matter such as cat litter or coffee grounds. These then can be safely tossed in the regular garbage. The drugs’ original containers should be ripped up or if they are vials they should be cleared of identifying information, say by using a permanent marker to blot out your name, address, and other prescription data.

There are specific [drugs—many of them addictive opioid painkillers—that are so powerful and risky with even one dose that experts say it may be acceptable on rare occasion to flush them down a drain or in the toilet.](#)

Recent Health Care Blog Posts

Here are some recent posts on our patient safety blog that might interest you:

- A burst of bad headlines and not so great news reports may have confused some men. [But to put it in lay terms: The use of the common test for routine prostate cancer screening got a dim grade of C for many men, up from a dismal D, in a re-evaluation by independent experts who assess the nation's preventive medical services.](#) That blunt review of regular prostate-specific antigen (PSA) tests, despite some reports to the contrary, keeps with how the influential U.S. Preventive Services Task Force (USPTF) looked at annual screening for this most common form of cancer for men when it issued its first guidelines in 2012, notes [healthnewsreview.org](#).
- [The serious, slowly disclosed problems of a manufacturer and its implanted heart defibrillators may offer more needed cautions to Food and Drug Administration critics who want regulators to rush the oversight of drug and medical device makers and make the agency more welcoming to big business.](#) St. Jude Medical, the New York Times has reported, has received a written rebuke that the FDA has hit the wall with the company and wants it to deal with its product problems. The agency says it is fed up because the company has dawdled for years in letting patients, as well as its senior management and medical advisory board know that it long has experienced major woes with its heart devices batteries. St. Jude has been forced to issue recall notices on hundreds of thousands of its defibrillators. Hundreds of cases have been reported in which their batteries died unexpectedly. Dozens of patients have suffered “adverse effects,” and at least two deaths have been attributed to device failures.
- [More Americans ages 18 to 59 may be infected with the human papilloma virus \(HPV\) than previously had been known, with 1 in 4 men and 1 in 5 women carrying high-risk strains, federal experts say.](#) The new findings from the Centers for Disease Control and Prevention may become a key part of campaigns to get more parents to vaccinate youngsters against HPV infections. They have been found to cause cervical cancer and have been tied to cancers of the throat, anus, and male and female reproductive organs. HPV-related cancers are on the rise, and it is concerning that the CDC found that almost half of Americans' are infected. But public health leaders have confronted ignorance and adult prudery—by physicians, public officials, and parents—as they try to get boys and girls, ages 11 and 12, inoculated and protected against the virus.

Hospital care accounts for a third of the nation's \$3 trillion in annual spending for medical services. And not only are these charges increasing—and driving up health costs—they're infuriating patients and their families. Who can make heads or tails of hospital bills? And if consumers do, will they discover billing practices that only anger them more? Elizabeth Rosenthal, an accomplished medical journalist and non-practicing doctor, has created a stir with "An American Sickness: How Healthcare Became Big Business and How You Can Take It Back." It's her new best-seller, and was excerpted recently in the New York Times Magazine. The book and magazine story delve, in part, into the sausage-making aspects of medical billing. These systems have enslaved American health care. They turn on bulky, balky coding systems that provide a short-hand summary for every therapy that patients receive from providers—physicians and hospitals. In turn, payers—patients, insurers, and Uncle Sam—rely on the codes to determine fees they will fork over for services and materials. In between are platoons of coders and billing experts for payers and providers, warring over every number and the money they represent.

HERE'S TO A HEALTHY 2017!

Sincerely,

A handwritten signature in black ink that reads "Patrick Malone". The signature is fluid and cursive, with the first name "Patrick" being larger and more prominent than the last name "Malone".

Patrick Malone

Patrick Malone & Associates

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