

## A Bitter Pill

**T**wo recent events drew my attention to a disturbing trend we are witnessing in health care. One of these events took place within my office; the other nationally. The first involved a patient, in for a routine hygiene appointment. He revealed a change in his medical history: a two-fold increase in his dosage of Lipitor. He is in his 40s and in otherwise good health. With a feeling of déjà vu, my hygienist checked the medical history and, sure enough, almost a year ago to the date, he reported the first doubling of his Lipitor dose. “How much are you exercising?” she asked him. “I walk from my car to my office,” he laughed. Questions about his diet elicited a similar response. I am not an expert on hypercholesterolemia, but I do have information directly from a trusted physician (mine), that exercising regularly in addition to a diet low in saturated fat and high in fiber will almost always lower an individual’s serum cholesterol level. Was this explained to the patient by his physician?

The second event garnered a front page story in the Feb. 10 *Los Angeles Times*. A Food and Drug Administration panel cited heart risks in a strong cautionary advisory on Ritalin and similar medications given to individuals diagnosed with attention deficit hyperactive disorder. The number of patients potentially affected is in the millions. Cardiologist and member of the panel Dr. Steven Nissen characterized the situation as “out-of-control use of drugs that have profound cardiovascular consequences.” He went on to warn, “We have got a po-

tential public health crisis.” The trend highlighted by these two events is what many refer to as the overmedication of America.

These are only two examples of instances where medications have been potentially overused and/or misused. Pain medications such as Vioxx, and weight loss medications such as fen-phen have been in the headlines in recent years when adverse effects on cardiac function and health were discovered and made public. Both drugs enjoyed widespread use prior to this discovery, leaving a wake of users either suffering with these effects or must, at least, carry a higher level of concern. Antibiotics are another class of drugs which many experts feel is overprescribed. Most of us are aware of instances where patients are given antibiotics almost without thought for a variety of symptoms indicative of the common cold, muscle aches, and other nonbacterial-related ailments. Experts further feel that this widespread misuse of antibiotics has led directly to a more serious problem: the selection and propagation of antibiotic resistant bacterial strains.

It must be made clear that the benefits to humankind derived from medications cannot be overstated. In modern Western medicine, two triumphs in quality of life improvement that come immediately to mind are infection control and pain control. These were accomplished with the help of antibiotics, analgesics, and anesthetics, respectively. In Eastern cultures, the use of medicinal compounds



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dates back a millennia. Two examples, the Chinese use of herbal medications and the ancient Indian philosophy of Ayurveda, are only beginning to be understood and accepted by the American culture. But in 2006, those who feel America has become too pill happy certainly have numerous arguments to bolster their position.

Two separate, yet connected phenomena seem to be driving the over-medication of America. First, there is a clear, profit-driven promotion of prescription medications backed by the drug industry. In the past few years, we have seen an explosion in the number of advertisements for prescription drugs aimed directly at the consumer in all forms of media. This creates a situation where the patient presents to the doctor's office with a predetermined demand for a particular drug. In fact, some prescription drugs gain a certain trendy status. The drug of choice of the young Hollywood set recently, according to one tabloid, has apparently been the "Z Pac" (azithromycin). Second, there is a "quick fix" mentality to health problems that is apt to skew judgment of the risks a particular drug carries or ignore those risks altogether. As a society, we seem all too willing to put Lipitor or fen-phen into our bodies to control excess cholesterol or weight rather than change our diet and exercise habits. Taking a pill certainly requires less effort.

To place the blame of the overuse of prescription medications on so-

ciety or on individual patients is to ignore the fact that the responsibility of writing prescriptions rests with doctors. Since dentists are one of only two professions, the other being physicians, who can legally write prescriptions for humans, our role in the safe and responsible prescription of drugs is pivotal. Individual health care practitioners, including dentists, must make sure that every prescription written is based, not on a commercially driven trend, but on a scientifically grounded diagnosis. Any given drug for a given patient must have a low risk relative to therapeutic benefit. We also must look at individuals and diseases from a broader vantage point and realize there may be better treatments than medications. After all, the root cause of disease is not typically the absence of medication. High cholesterol is not due to an absence of Lipitor in the diet. Nor is dental caries due to a lack of fluoride or periodontal disease due to a lack of antibiotics. While it is true these drugs may assist in treatment of these conditions, to ignore other contributing factors and to fail to educate patients about the importance of their habits and actions is to do them a disservice.

The dental profession must critically examine its role in the overuse of medications in this country. Furthermore, it must set a course and example befitting a profession of our stature, and be consistent with our mission of caring for people's health. **CDA**