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WHAT I LEARNED FROM READING THE BOOK “ARE YOUR PRESCRIPTIONS KILLING YOU” BY NEEL AND HOGAN

In the Medicinal herb course, we were given an opportunity to review the book “*Are Your Prescriptions Killing you?*” written by Dr. Armon Neel. I believe this book should be read by all healthcare as it sheds light on critical issues regarding patient care especially in regard to overprescribing. The foundation of what Neel describes in this book is that often times patients are taking too many prescription drugs, and it often causes more harm than good. A lot of these medications are prescribed in order to fix a problem that another medication is causing and more often than not, the drugs that are initially causing the problem are inappropriate to be used for that patient. After Neel goes over a patient's drug list and discontinues majority of their medication or switches them out for more appropriate prescriptions, the patient feels significantly better and all the negative side effects that seem almost impossible to fix disappear. Cases such as this are described repeatedly in this book to give an overview of how changes need to be made in the medical world to not only prevent these situations from occurring but also change the way doctors prescribe medications to the patients.

A major point that is discussed in this book is called “cookbook medicine” which is described as “a doctor prescribing a drug at a certain dose based on the results of a test and a set practice guideline” (Neel 20-21). Neel goes on to describe how this method of prescribing for patients is not only ineffective and causes more harm than good, but also how most of the guidelines are written by drug manufacturers which introduces bias into patient treatment. As described in the book prescribers are often too reliant on the information given to them by pharmaceutical companies and oftentimes don't do their own research in regard to what they are prescribing (Neel 36). The book describes a lack of skepticism as a major fault of prescribers that can easily cause harm on patients. It is very important to not only look at the symptoms that a doctor is prescribing for but also exceptions to the prescribing rules such as other comorbidities, drug interactions or unwanted side effects that can severely alter one's everyday lifestyle.

These ideas of unwanted side effects of medications leads to what Neel has termed polypharmacy or prescribing a drug to fix a problem that another drug has created. This is talked about specifically when it comes to blood pressure medications and how doctors may often keep adding on drugs for a patient, trying to get them to a specific blood pressure goal. By doing this they may eventually reach their goal for blood pressure, but it could be considered therapeutic overkill for the patient and the side effects that they are experiencing from the polypharmacy are much worse than a slightly elevated blood pressure is (Neel 86). Neel discusses how a lot of patients do not take their blood pressure medications simply because taking them makes them feel bad meaning the side effects are intolerable. This is a very interesting point to consider as often times a physician may work very hard to get a patient's labs to be “normal” but by doing this a patient is taking so many prescriptions that they don't feel like themselves anymore. The high



instance of morbidities caused from drugs can certainly outweigh the slightly decreased mortality that is caused by the drugs if that decreased mortality actually exists. Overall, it is important to consider that yes, their prescriptions may increase a patient's life and could potentially lower their mortality risk but is it worth having the unwanted effects of these medications, and would a patient even want to live a life that is so burdened by drug side effects.

Another critical issue that needs to be discussed is how patients may be taking medications that interact with each other because either two different physicians are unaware of what other medications a patient is being prescribed or that multiple pharmacists are filling prescriptions that are similar or the same for a patient. The first factor of patient seeing multiple physicians is something that cannot be avoided but better communication needs to occur in order to prevent medical mistakes from happening. Patients may see a specialist for certain conditions on top of their primary care provider which is perfectly reasonable except when these two doctors are unable to communicate with each other. More issues occur when one or both doctors is not explaining to the patient what each of their medications is and for what exactly they are taking it for. This can lead to confusion on the patient's part and can cause overprescription of certain medications. When a patient fills their prescriptions at different pharmacies this can be very dangerous because pharmacy systems are not able to notice interactions between all patients' medications and a system that is set up as the last line of defense for patients is unable to do its job. Both of these concepts are something that patients and doctors need to work closely with to understand each medication and prevent duplicate therapy for patients.

Some of the big medication groups discussed in this book were NSAIDs and Statins. I was unaware of how dangerous NSAIDs are especially in older patients and just how many different unwanted effects they can cause. This book specifically looks at medications that should be avoided in older patients as they are often the most vulnerable group and often the least understood in regard to dosing medications. What I find scary about NSAIDs was outlined in the book - how while certain strengths are only available with a prescription, patients could easily achieve these strengths by doubling up on their doses. The quote "people think that if one does the job, two will do a better job, and three will do an even better job" is what can make NSAIDs particularly dangerous especially in older populations that could use NSAIDs to help with everyday aches and pains (Neel 97). The general belief that just because NSAID was safe at one stage of life, when they were young and used it occasionally, it will still be safe to use it on a regular basis when they become old!

Statins are another group of medication that are discussed in this book. As this is something that we are recently covering in our cardiovascular module that I found this section to be particularly interesting especially in how the information in this book changes what I have learned in classes. Overall statins are regarded as a useful drug with little to no side effects associated with them. A vast majority of the population takes statins because clinical trials have shown them to be safe. What this book discusses that was not discussed in my lectures on this topic was the actual meaning behind risk associated with medication and how number needed to treat is very important to take into consideration when looking at these so-called groundbreaking studies. The example given in the case of statins was "would you take the drug for five years to avoid having a 1-in-250 chance of dying if it gave you a low-grade headache



every day or a severe but non-life-threatening rashes?” (Neel 142). This statement relates back to the concept of mortality vs morbidity and what is truly important to a patient. The idea of taking a medication every day that causes adverse effects can be very unappealing for a patient simply to get their lab level with in “goal range.”

Overall, I found this book to be very informative, and I feel it should be a required reading for all health care professionals. This book has changed the way that I look at medication regimens and makes me want to look deeper into medications prescribed not only to patients but to my friends and family. What I took away from this book was that just because there is a formula and a specific regimen that is recommended for certain disease states, this does not mean that it is the best choice. When it comes to medical treatment there is not one correct answer or correct drug regimen. There are so many contributing factors that decide whether or not a patient should be taking specific medications and there is no such thing as a one size fits all solution. What I will take away from this book are the different things that I can do as a pharmacist to help prevent overuse of medication and also to help inform patients about what medications they are taking and what these are being used to help treat. A key point that was discussed in this book was the importance of patient counseling, especially unbiased patient counseling. I was shocked to find out that this was once not legal for pharmacist to do as it is now a very important part of the job. I think that spending time with patients and discussing their medication anytime they have a question can be truly beneficial to a patient’s knowledge and health. Even if the patient does not have questions about their medications, taking time to educate them and ensure they are aware of what each medication is taken for is key to maintaining a

healthy lifestyle.

I was surprised to learn physicians and prescribers were angry that the author was teaching patients about their medication. Neel states that this was often one of the most difficult parts of his job dealing with doctors “egos and insecurities from having their decision reviewed and sometimes questioned” (Neel 216). I feel that this will also be a challenging task that I will face in my future as I have already seen problems like this occur in my practice experiences. My biggest take away from this book is that pharmacist are here to serve the patient not the doctor. The main goal of the pharmacist is to protect the patient even if it means stepping on doctors’ toes occasionally. Pharmacist can sometimes be the last line of defense for patients so it will be important for me to stand up for what I believe is right in order to protect patients.

Unbiased patient counseling is also something that I can learn to utilize as a pharmacist and making sure that what patients are taking is beneficial to them. I think that staying up to date on new studies especially in regard to new adverse effects and specific population groups, is key to being able to provide patients with proper medication reconciliations. When reviewing patients’ medications, it is important to look at what will really benefit the patient, not what drug companies are pushing for or what is generally seen as the most accepted treatment. Each patient is unique, and they need to be treated as such. Listening to patients fear and worries about their conditions and addressing their concerns in regard to this is important to build a trusting relationship with patients as well as treating them in the most effective way possible.



References

Neel, Armon, and Bill Hogan. *Are Your Prescriptions Killing You? How to Prevent Dangerous Interactions, Avoid Deadly Side Effects, and Be Healthier with Fewer Drugs*. Atria Books, 2012