How do I know if my medication benefits me?

The answer depends on the reason for your treatment. If you were prescribed a medication for any form of symptomatic relief, you are best qualified to answer this question because only you can tell whether you are satisfied with the treatment benefit. On the other hand, if the treatment goal is to lower your risk for developing a disease or disease complications, or to prolong your life, neither you nor your health-care provider can say with certainty that the medication will work for you. Only time will tell.

How did I feel a month ago?
Surprisingly, deciding whether a medication provides symptom relief is not always easy. For some drugs, the beneficial effects take time, so you won’t know the full effect until weeks after treatment begins. By then, it may be difficult to remember with certainty how you felt before starting treatment. Symptom recall is not an issue for medications that provide immediate symptom relief, such as nitroglycerin tablets for chest pain (angina pectoris) or inhalers for asthma.

Is my improvement due to the medications?
It is easy to assume that any symptom improvement is due to your medication, but there is another possible, and common, explanation. Many patients seek medical attention only when their symptoms are severe. Over time, symptoms may improve naturally even without treatment. If a medication is prescribed for symptom relief when the symptoms are in the process of improving on their own, the improvement may not be related to the medication at all.

It is often difficult to determine how much of the symptomatic benefit was due to the medication versus natural improvement of your underlying illness. This dilemma can lead to overuse of medications if all benefits are attributed to them.

Is a medication beneficial if the symptoms return after treatment is stopped?
Many patients who discontinue a prescribed medication (or even an over-the-counter medication) have their symptoms return. It is natural to assume that the medication had worked and that you need to resume treatment. However, some drugs cause a “rebound effect” if their use is terminated abruptly after an
extended period of time. It is ironic that a drug designed to decrease symptoms of a particular condition can actually trigger an increase in these symptoms if the medication is suddenly stopped. The rebound effect has been observed with strong gastric acid inhibitors or proton pump inhibitors (Prilosec and Nexium), with anti-anxiety medications (benzodiazepines), and with over-the-counter decongestant nasal sprays. For these and some other medications, termination should be gradual (tapered over time or only used for a short period of time) (see Chapter 45).

**How do I know whether a preventive treatment will work for me?**
You never know for sure. Preventive or prophylactic treatment to reduce the risk of developing diseases and disease complications, or to improve survival, is based on the principle of treating a large number of patients to benefit a few. If a medication prevents two heart attacks for every 100 patients treated for one year, 98 are treated “needlessly” for this year. It is up to you to decide with your physician or health-care provider whether such odds are acceptable. To improve the odds, prophylactic treatment is often limited to patients who have
a higher risk of complications, including early death (for example, a five-year course of tamoxifen for some breast cancer patients).

On the other hand, the proven long-term benefits of vaccinations against childhood diseases such as measles, mumps, and polio have led to preventive vaccination in all U.S. children.

The most common types of prophylactic treatments are medications for high blood pressure, high levels of blood cholesterol, and low bone density. For these and other conditions, national treatment guidelines have been developed that reflect medical and societal priorities. The guidelines define those who are at risk and the corresponding recommended treatment. Since these treatment guidelines are often based on well-recognized and well-respected research study findings, the associated therapeutic costs are usually covered by various health insurance plans.

**How do I determine whether recommended preventive treatments are in my best interest?**

Most informed patient-health care provider teams recognize and agree with the national treatment guidelines, thereby accepting the disadvantages (for example, the cost of the medication or co-payment, the inconvenience of being treated, and the possibility of adverse effects of the medications). In some cases, there is no doubt that lack of treatment increases the risks of having complications from a particular disease or condition or, in the worst case, an early death (for example, not treating high blood pressure, a strong risk factor for stroke). These considerations typically outweigh the perceived disadvantages (inconvenience, side effects and costs). But people are different. If some feel fine, they don’t want to think about or be bothered with worrying about disease prevention. When thinking about the risks of suffering a serious disease-related complication, younger people may not be as concerned about this as older adults.

**Key messages**

- ✓ You are the best judge of symptomatic relief.
- ✓ Spontaneous improvement of your condition may be attributed incorrectly to your medication.
- ✓ Since some drugs have a delayed onset of action, it could take weeks before you experience the benefit.
- ✓ Physicians can neither predict nor guarantee that a preventive treatment will work for you.