Recommendations for better use of medications

As stated elsewhere in this book, we are fortunate to have a number of effective medications for treatment of many medical conditions. The drug evaluation/approval process continues to churn out new medications, some of which appear to be innovative, but most of which offer few, if any, additional benefits beyond current medications. The development of truly novel medicinal products that improve health outcomes has slowed significantly over the years.

The successful marketing of prescription drugs has led to intense competition among the pharmaceutical companies. For most diseases, there are multiple treatment choices – many drug classes and several medications within each drug class. Some are older, safer and more effective than new brand products.

The use of generic medications is rapidly increasing. Generics now constitute about 70 percent of all prescription medications. A major factor contributing to the increased production and utilization of generics relates to the expiration of patent protection for many top-selling brand-name products, leading to the marketing of less expensive generic alternatives.

Brand-name medication sales represent the main source of income for pharmaceutical companies. As brand name product use decreases, profits diminish. The industry is countering this financial reality by charging more for their new products, especially for treatments of cancer. There are signs that this push for more profits may have reached its limit. Some countries around the world, as well as health plans in the U.S., are voicing their objections by not reimbursing for the most expensive medications, especially for cancer treatments.

The uncontrolled escalation of medication costs must be stopped. It is in the best interest of both patients and the general public to do so. Other countries have had success allowing more open price competition among pharmaceutical companies, and establishing reasonable reimbursement levels consistent with a medication’s actual value and comparable to the price of treatment alternatives.
There are three problems that compromise the ability of the public to benefit fully from the wide array of FDA-approved prescription medications:

**Underutilization of proven effective medications**

It is remarkable that in the field of medicine, we did not possess the tools to evaluate quality of care until recently. Today, we have established performance measures that allow us to determine the quality of various treatments for major medical conditions. In cardiology, there is consensus that patients who suffer a heart attack should receive aspirin and a beta-blocker drug, if they can take these medications. By determining the proportion of heart attack victims who receive these medications, one can now compare the quality of care delivered at different hospitals. It is also possible to determine the quality each individual physician delivers compared to his/her colleagues. Higher performance scores, which reflect better care, are now used as financial incentives.

Studies of performance measures recently reported that an average of only 55 percent of patients receive optimal medical care, with the remaining 45 percent undergoing suboptimal treatment or no treatment at all. There is no good reason why the medical profession should settle for 55 percent; it should exceed 80 percent. A number of roadblocks contribute to this situation. Patients may have their own prescription drug preferences, or they may stop taking their medications due to adverse effects or the high cost of medications.

Physicians and patients should be better educated about treatment alternatives, with emphasis being placed on those proven to be superior in important health outcomes. Our hope is that by reading this book, you will become a more informed patient and consumer.

Another cause of underutilization is the lack of health insurance. Currently, an unacceptable number of Americans, approximately 45 million, have no coverage. A quarter of the uninsured have a chronic condition requiring treatment. Thus, all expenses for care, including cost of medications in many cases, have to be paid out-of-pocket. As a result, the quality of care of uninsured Americans is low. This problem will not be solved until we get universal health insurance.
Overutilization of medications

There is no doubt that many medical conditions justify the use of prescribed medications. Nonetheless, we live in a culture that encourages us to seek help (through medications) for all the aches and pains of daily life, to take a pill if we can’t sleep or try another if we are too tired. We get something to cheer us up if we are down or take something else if we feel overactive. We are now in an era where diseases are being invented to sell more drugs. This tactic is called “disease mongering” and includes female sexual dysfunction, restless leg syndrome, and over-active bladder.

There are so many prescription drugs promoted for a wide range of symptoms and conditions that the message being conveyed in the media reinforces this mentality (think direct-to-consumer advertising, especially during the evening national news). This, in turn, leads to overutilization of prescription drugs. Many patients, especially the elderly, end up taking numerous medications (polypharmacy). This increases the risk of adverse drug reactions, likely reduces the intended benefits of some prescription drugs (through offsetting actions), and proves to be very costly.

One factor contributing to polypharmacy is our medical system’s infrastructure, which requires patients to consult different physician specialists who possess training and expertise in particular body systems (cardiologists, neurologists, dermatologists, etc.). Physician specialists typically focus on their specialty of interest, rather than considering the patient’s total health history. This impacts the use of medications and the potential for medication interactions. Healthcare providers need to consider whether some medicines are more important to the patient’s well being than others and whether some drug doses could be adjusted for reasons of safety and efficacy. Another problem with patients consulting specialists is that physician specialty visits often occur within different medical practices, so there is no central record that physicians can consult to determine a patient’s cumulative medical and medication history. If you or a loved one is taking many different medications, you need to find out which medications are essential and which are not (see Chapter 38). Withdrawing non-essential drugs or decreasing their doses can sometimes improve health and could definitely save money. Also, maintain an up-to-date list of your medications to share with your different healthcare providers.

The intensive promotion of new medications, mostly those
that are non-essential, contributes to prescription drug overutilization. More regulation of industry marketing (especially for newer, expensive, less well tested products) should be given serious consideration, in hopes of achieving better balance towards what is in the best interest of the public.

**Insufficient openness regarding the safety of medications**

Although medications have improved the prognosis for patients suffering from many kinds of serious conditions, they also can adversely affect prognosis. In the U.S., medications cause an estimated 100,000 deaths annually. In addition, a large number of medication-related adverse events lead to an estimated 700,000 hospitalizations annually. Among the most harmful drugs are painkillers and antidepressants, which accounted for more than 82,000 emergency room visits in 2004 – 05. Some non-steroidal anti-inflammatory drugs (NSAIDs) available without prescription can lead to serious stomach problems, including perforations, ulcers and bleeding. The good news is that these and other side effects for older medications are well known to physicians and pharmacists. The same cannot be said for recently approved brand-name drugs, whose safety track records typically have not been well established.

Government regulations mandate that pharmaceutical companies report to the FDA new or serious adverse effects linked to their brand-name products. Each pharmaceutical manufacturer is responsible for updating the drug labeling (package insert) for any significant new adverse findings exhibited by their respective products. In principle, this system should protect patients from receiving newer prescription drugs for which there are safety concerns. In practice, the system is not working well due in large part to the overriding marketing strategies of the drug companies. While they are eager to quickly inform the medical profession and the public about the favorable effects of their new drugs, getting the word out about serious adverse effects can hurt sales. The revelations about a lack of openness regarding unfavorable safety findings are troubling. Such actions violate federal regulations, mislead physicians and ultimately hurt patients. It has been reported that pharmaceutical companies sometimes suppress unfavorable results from their research studies and never publish these findings in the medical literature. Of equal concern are delays in the reporting of such findings to regulatory agencies,
to physicians and to the public. The net effect is that physicians prescribing new medications may not have complete information about a medication’s potential benefits and harms. Weighing benefits against harm is an essential role for prescribers. The lack of transparency by the pharmaceutical industry cannot be justified. Sadly, punitive consequences due to failure to disclose unfavorable findings are rare. The only recourse for patients who suffer serious medication-induced damages is to take the manufacturer to court.

We need a more responsible pharmaceutical industry that will adhere to the regulations, even if sales figures are at risk. In addition, we need stricter penalties for violators. Patient safety should always be the highest priority.