

# Bitter Pills & Antidotes

Lessons from 20 years of caregiving and investigative reporting  
on pharmaceutical safety and patient advocacy

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Some helpful advice from the appendices of:

***Bitter Pills: Inside the Hazardous World of Legal Drugs*** By Stephen Fried

Now available in paperback and e-book

## How To Make your Doctor Write Smarter Prescriptions

**1. Treat every doctor's office visit as an opportunity for a drug consultation.** It is not unreasonable for you to bring *every* drug you are currently taking—prescription, over-the-counter and naturopathic remedies—with you to these office visits. Just throw the pill containers in a bag. Your doctor probably has a better chance of figuring out just who is treating you for what—and *with* what—by looking through that bag than he or she does by any other way. Senior citizens have been encouraged to do this for years; there's no reason why everyone shouldn't benefit from this basic, sound practice, too.

Besides seeing what other doctors are giving you, this practice also gives your physician an opportunity to access all the over-the-counter medications you decided to give yourself. If you're like most people, you may not be doing an ideal job of self-medication. You may also be self-treating a problem that you never bothered to share with your physician.

**2. Give your doctor a complete history of your medication use.** The best doctors work from a careful patient history. You cannot give such a history if you don't *know* the information about your past treatment, especially your past medication use. It is important to keep track of precisely which medications you have taken safely over the years and which ones have given you problems. It is not enough, for example, to tell your doctor you once had a bad reaction to an antibiotic; the doctor needs to know the name of the antibiotic and, preferably, the dose. (Some reactions are dose-related, and over the years companies change some standard doses to prevent reactions.) If you do not provide this information to your doctor, you cannot assume he or she will get it in some other way.

Keeping a medication diary is also a useful way to remind yourself and your doctor of your medical history. Start by writing down all the medications—prescription and over-the-counter—that you currently use, then try to reconstruct your past medication history. (Old pill bottles in the medicine cabinet will help; when you're finished copying the labels, throw them out because saving old pill bottles is a rotten idea.) For each drug, write down the brand and generic names, the symptom treated, the dosage and any side effects (or noneffects). If you have been told you had a problem with a medication as a child, try to verify if your memory of it is accurate so you don't provide misinformation that could mistakenly eliminate therapeutic options. (An improper or overblown recollection of a childhood reaction to penicillin, for

example, could cause a physician to improperly dismiss an entire range of effective antibiotic choices.)

Whenever you are given a new drug, add it to your medication diary.

**3. Ask questions, even if you're afraid they seem dumb.** Bring a pen and paper to write down the answers. Don't let your visit end with the doctor handing you prescriptions and showing you to the door. If you don't feel comfortable asking your doctor questions, get a new attitude or a new doctor.

**4. Ask what each new prescription is for.** If it isn't written on the prescription, ask the doctor to add it, so it will go on the label, or to tell you so you can write it down yourself. (If you feel self-conscious having the diagnosis typed onto the container label, write it on yourself when you get home.) If you can't read something on the prescription, ask what it says. (Doctors' handwriting is notoriously illegible.) Ask how the drug is to be taken and what to do if you miss a dose. Be sure you understand at what intervals your doctor wants you to take a drug: for example, do you have to get up in the middle of the night to take that third or fourth daily dose, or can you take it during normal waking hours?

**5. If you have never taken the drug before, ask if it is new on the market or older.** If it is very new (especially if you are being given samples), you might want to ask why your doctor prefers it to whatever he or she had been using previously for the same problem and how many patients he or she has personally tried on the drug.

If a medication has been on the market for less than a year, be particularly wary because its side-effect profile cannot possibly be well known yet. Unless the new drug is in some way a true breakthrough medicine—the first to effectively treat a certain condition, or the first of a new class that represents an indisputable therapeutic advance—it might be safer to wait until after its first year on the market.

**6. If you are being switched to a new drug for a condition your doctor has treated successfully in the past with something else, be especially curious.** There are many forces these days that pressure doctors to switch drug treatments for non-medical reasons. A switch from a brand-name drug to a generic is generally done automatically simply due to cost concerns. A switch from one brand-name drug to another can be done for sound therapeutic reasons or because your health insurer's pharmaceutical benefits manager (PBM) made a more attractive arrangement with a competing drug company. Doctors won't always volunteer information on why a switch was made, but asking a question or two might help you assess the situation. A bold question, but one well worth asking, is whether the doctor would still prefer the new drug being prescribed if you were willing to pay for it out of your own pocket rather than being reimbursed by your insurer.

**7. Always tell your doctor about suspected drug reactions.** This will not only assure that the information gets entered into your chart, but it will also provide an opportunity to discuss the suspected reaction with your doctor. Make sure you do it in a non-combative way, because it is human for the doctor to feel defensive when accused of giving you a drug that hurt you. Besides, there are always many possible explanations for symptoms other than a drug reaction. However, if you have a new symptom and it began just after you started taking a new

drug, you should always assume initially that the drug might be the cause and follow through with your doctor.

## **8. Use your pharmacist as your advocate with your doctor.**

### **How To Make Your Pharmacist Fill Smarter Prescriptions**

**1. Buy all your medicines, prescription as well as over-the-counter, from the same pharmacy.** If you have an emergency prescription filled elsewhere, try to do so at another franchise of the same pharmacy so they have your information in their computer. If you do end up at a different franchise, bring the bottle to your regular pharmacy the next time you go there and ask that the new information be entered into your computer file. When buying over-the-counter medications, pay for them at the pharmacy counter rather than the front checkout so the pharmacy staff is aware of every medicine you're taking.

**2. Get to know the head pharmacist and the regular staff at the pharmacy.** They could save your life. If your pharmacy has frequent staff changes, take the time to acquaint yourself with the new staff, or find a more stable pharmacy.

**3. Ask your pharmacist any question that you forgot to ask your doctor about your medications.** If nobody at the pharmacy knows the answer, ask them to call your doctor. Your pharmacist is always more likely to get comprehensive answers from the prescribing physician than you.

**4. Make sure you have chosen a pharmacy that uses a computerized system that automatically screens to prevent drug interactions and adverse drug interactions.** Providing your pharmacists with a copy of your completed "medication diary" to be entered in the computer system is your best protection.

**5. Try to visit your pharmacy during less crowded times of the day.** That way you will have more of a chance to speak with the staff. Now that chain pharmacies generally have automated telephone prescription-refill lines, the visit to the pharmacy may be your best chance to speak with a human being.

**6. Ask your pharmacist if the doctor has written the prescription in a way that makes the most medical sense.** Your doctor may be unaware of a new dosage size or an extended-release pill that might be easier to take and appropriate for your condition.

**7. Ask your pharmacist if the doctor has written the prescription in a way that makes the most economic sense.** Doctors rarely have any idea of what your drugs cost. Use your pharmacist to make sure your doctor is writing the cheapest possible prescription that will be safe and effective for you, especially for chronic-use medications. This does not necessarily mean taking the cheapest generic version every time. Unless your doctor has specified "no substitutions" on the prescription, state laws often require pharmacies to switch you to an available generic unless your doctor has specifically noted "brand name only" on the

prescription. The generic may be the same pill for a fraction of the price, but don't hesitate to ask what experience your pharmacist has had with the name-brand drugs and its generics. Also, if you find a generic doesn't work as well as the branded drug or another generic, don't hesitate to ask your pharmacist about switching back, or switching to another generic. Then make sure you or your pharmacist talks to your doctor about rewriting the prescription.

With certain drugs, it is also worth comparing prices on dosage sizes and exploring whether it may be cheaper to buy a larger dose and cut the pill in half. But make sure you discuss any pill cutting you are considering (or are already doing) with your pharmacist. Drugstores usually sell inexpensive pill cutters, and some tablets are even scored to make cutting them easier. However, a growing number of pills (especially buffered and time-release tablets) cannot be safely cut—capsules are an obvious example, but there are also medications with special coatings that need to stay intact if they are to work properly.

**8. When the prescription is filled, make sure the label on the bottle matches what your doctor wrote.** It may take a hieroglyphics expert to figure it out, but check anyway.

**9. Ask specifically if a new drug you've been prescribed has any interactions with the ones you are already taking.** Ask this of the pharmacist even though it is something your doctor should have already checked and your pharmacist should have double-checked. Pharmacy computer systems are supposed to flag possible drug interactions, but pharmacists can miss them, especially if they're harried and facing a long line of customers.

**10. If your physician gives you a free sample of a medication, bring it to your pharmacy before taking it so it can be entered into the pharmacist's computer and you can ask any additional questions you might have.** The American Pharmacists Association has been lobbying for years to get rid of free samples and replace them with free vouchers that can be redeemed at pharmacies. Until the pharmacists win their battle, this is the next best way to protect yourself from unnecessary drug reactions and interactions from samples.

### **How To Watch a TV Drug Ad**

**1. Try to determine as quickly as possible if the drug being advertised is one you are already taking.** This is not always as easy as it sounds. Direct-to-consumer drug ads are a relatively new form of communication, emerging in the mid 80s when drug companies realized they could push their product by reaching out not only to doctors and pharmacists but the consumers themselves. And even though the FDA has regulations in place regarding the promotion of prescription drugs, many of the commercials still seem to have been badly translated from another language. Next, determine if the ad campaign is offering some discount on the product. The best drug ad campaigns are those offering bargains on your preferred medication. All other drug ads are trying to get you to switch drugs for a condition you're already treating or to diagnose yourself with a new problem for which you can ask your doctor for their new drugs.

**2. Try to separate the drug being advertised from the "treatment message."** The drug being advertised is just one more product being pushed on you. No patient should be choosing

medications based on advertising campaigns, nor should any doctor. Period. The treatment message, however—that there’s a new way to treat for depression, for example, or migraines or high cholesterol—might have value for you. If you are already being treated for an illness, there may very well be a new class of drugs that you haven’t heard about that can improve your treatment. You might also recognize symptoms of an illness in the ad that sound like something you may actually have. These are both good things to ask your doctor. But you are better off first asking the doctor about the symptoms *without* mentioning the medication. You are likely to get a more honest assessment of your condition and the preferred treatment that way. If the doctor prescribes something different from what you saw touted on television, you might then—and only then—ask why. But approaching your doctor about an advertised drug could turn you into a detail man for a pharmaceutical company or a self-diagnosing hypochondriac who has spent too much time on WebMD, rather than an informed patient with a health concern.

**3. Disregard all the side-effect information on TV ads.** Much of the information is misleading, either because it reflects only pre-approval clinical trial results or is delivered in such happy-talk patter that bad news is often made to sound like good news. The FDA requires the companies to tell you in their TV ads where to find their websites, which include complete safety information from the package insert. So don’t trust the TV to serve the same purpose as the package insert, which you should always get your hands on and decipher for yourself.

**4. Do not watch ads that refuse to explain what the medication actually does.** These are “reminder” ads, and they only exist to etch the product name into your brain. The only health they are meant to improve is the financial health of the manufacturer. They are what remote controls were invented for.

**5. If you absolutely cannot resist the temptation to directly “ask your doctor’ about a drug you saw on a TV ad, try to pose the question in a way that suggests you are asking *about the drug and not for it.*** Physicians will not necessarily be honest with you about how comfortable they are writing an “ask your doctor” prescription, but if you ask what the drug might do for you, you force both yourself and your doctor to consider the benefits.

### **How To Avoid Adverse Drug Reactions**

**1. Read the labels carefully and knowledgeably, and talk to your doctor and pharmacist before taking a new drug, including an OTC drug.** Again, keep a written record of all your current and past medication use to facilitate that process, and hold on to package inserts. If you add a new drug, you’ll want to recheck all their drug interaction warnings. Remember, interactions are generally listed by a drug’s generic name or its class and not by its brand name.

**2. Make sure you are taking the fewest drugs possible to address your medical problems.** Ask your doctor and pharmacist if any two (or three) of your medications are doing basically the same thing. Include OTC drugs when you ask this.

**3. If you take multiple pills several times a day, devise a foolproof system to avoid underdosing or overdosing yourself.** Separate pills into compartmentalized containers, or write out a list and check off each dose as you take it.

**4. As a precaution, never take any medication with grapefruit juice.** It can inhibit many drugs from being normally metabolized through the liver, which can cause a standard dose to become an overdose.

**5. Follow dosing instructions.** If the drug is labeled to be taken on an empty stomach, or with food, or with plenty of fluids, then do what the label says. If you are unclear how long your stomach has to be empty or how much food or fluid is necessary, don't be afraid to ask. If you just guess, you could guess wrong.

If your drug has an alcohol warning on the bottle, make sure you find out if it's an absolute prohibition against mixing the drug with alcohol—because the interaction itself can be dangerous—or simply a warning that the drug will enhance the effects of alcohol. In a social situation, the difference could determine whether you skip a dose of your medication (which presents its own dangers), let someone else drive home or simply skip the drink.

**6. If you are taking the first dose of a new medication, try to do it at home, and plan on staying there for the next few hours, preferably with someone else around.** Never take your first dose of a new medication before driving a car.

**7. If you feel you are having an adverse reaction to a drug, do not take the next dose until you have spoken with your doctor.** While some drug reactions come with the first pill, others are cumulative. (Some can even come after prolonged or intermittent safe use.)

**8. With some pills, it may be prudent to start with a smaller dose and work your way up, although doctors will not always mention this.** Many medications will require dose adjustment or titration, up or down. You're generally better off being titrated up to the right dose than finding out the hard way that your initial dosage was too high.

This is not true of antibiotics, which must be taken full strength for the entire course of the prescription. If you are going to have an adverse reaction to an antibiotic, however, the highest risk tends to be with the first pill.

**9. Drug metabolism changes with age.** At milestones—especially age sixty—it is appropriate to reconsider dosages of drugs, even if you have been taking them for a long time. Bring this up with your doctor.

**10. Never take another person's prescription drug, even if he or she appears to have the same problem you do.**

**11. Never take medicines in the dark.** You're just asking for trouble.