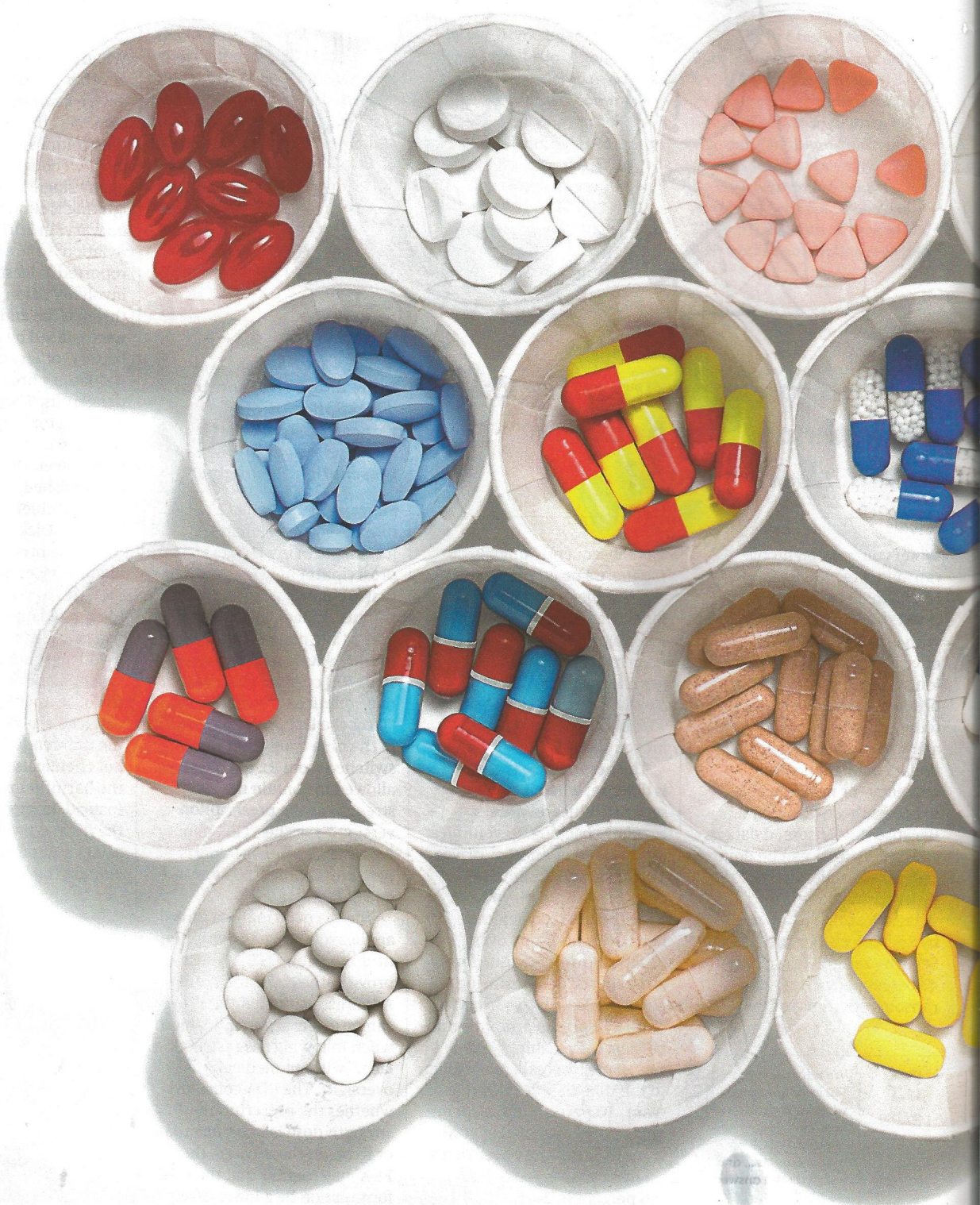
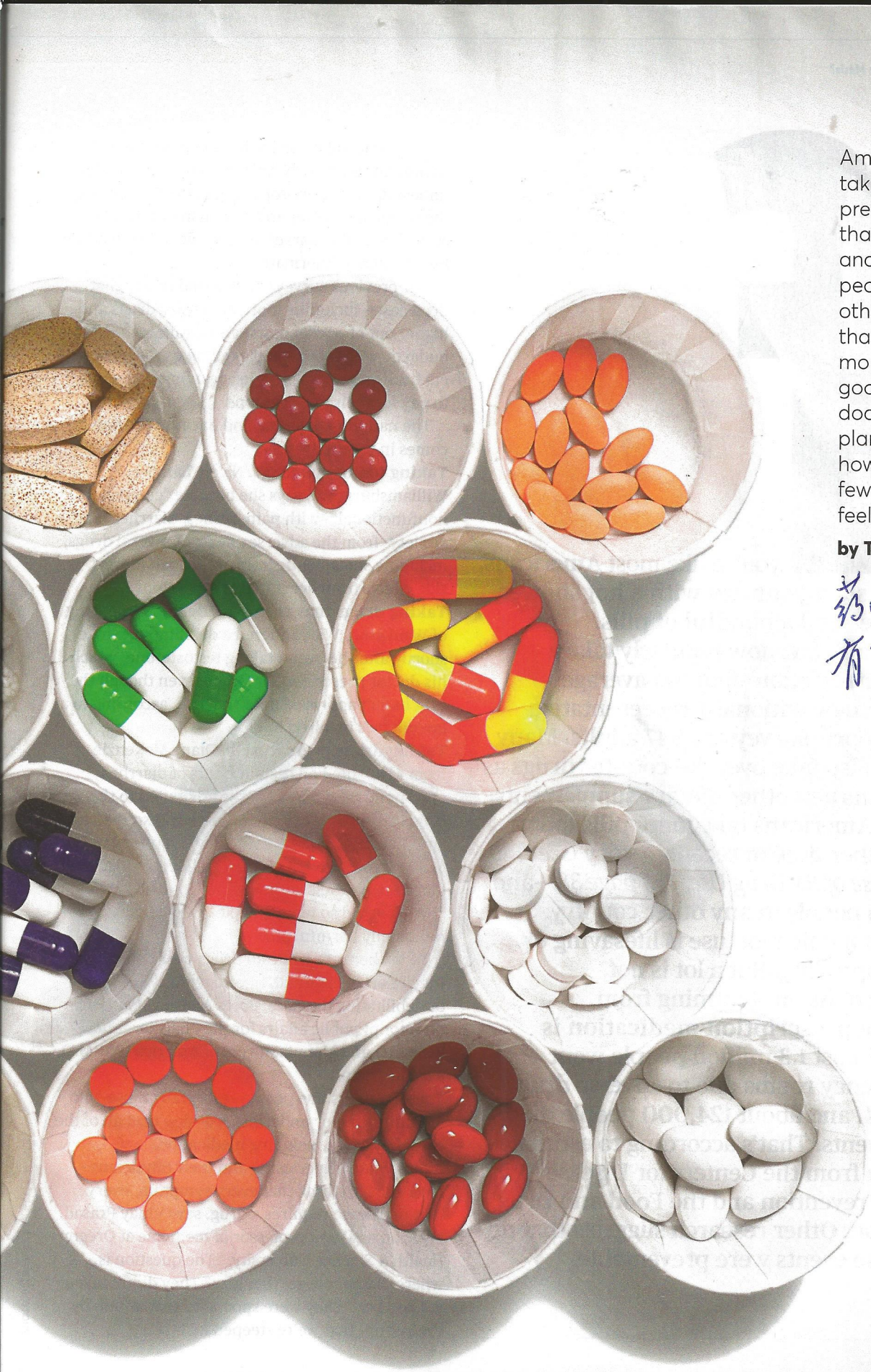
吃太多药了？

2017年9月 Consumer Report 报导

Too Many Meds?





Americans are taking more prescription pills than ever before, and more than people in any other country. But that may be doing more harm than good. Follow our doctor-approved plan to discover how you can take fewer meds—and feel better.

by Teresa Carr

药吃多了可能有害健康

If you're like most Americans, you probably start your day with a hot shower, a cup of coffee–and a handful of pills.

More than half of us now regularly take a prescription medication–four, on average–according to a new nationally representative Consumer Reports survey of 1,947 adults. Many in that group also take over-the-counter drugs as well as vitamins and other dietary supplements.

It turns out Americans take more pills today than at any other time in recent history *(see "Pill Nation: The Rise of Rx Drug Use," on page 38)*–**and far more than people in any other country.**

Much of that medication use is lifesaving or at least life-improving. But a lot is not.

The amount of harm stemming from inappropriate prescription medication is staggering. Almost 1.3 million people went to U.S. emergency rooms due to adverse drug effects in 2014, and about 124,000 people died from those events. That's according to estimates based on data from the Centers for Disease Control and Prevention and the Food and Drug Administration. Other research suggests that up to half of those events were preventable.

All of that bad medicine is costly, too. The U.S. spends an estimated $200 billion per year on the unnecessary and improper use of medication, for the drugs themselves and related medical costs, according to the market research firm IMS Institute for Healthcare Informatics.

Our previous surveys have found that higher drug costs–including more expensive drugs and higher out-of-pocket costs–also strain household budgets, with many people telling us they had to cut back on groceries or delay paying other bills to pay for their prescriptions.

The nation's expensive and harmful pill habit comes in several forms:

Taking too many drugs. Nicole Lamber of Williamsburg, Va., says she became "completely nonfunctional"–with pain, rashes, diarrhea, and anxiety–from the adverse effects of several drugs, including some her doctors prescribed to treat side effects from her initial prescriptions.

Taking drugs that aren't needed. Jeff Goehring of Waukesha, Wis., suffered a debilitating stroke shortly after he began taking testosterone, which his doctor prescribed for fatigue even though the FDA hadn't approved it for that use, according to a lawsuit he's involved in.

Taking drugs prematurely. Diane McKenzie from Alsip, Ill., had regular bouts of diarrhea and vomiting, side effects she attributed to the drug metformin, which her doctor prescribed for "prediabetes," or borderline high blood sugar. But McKenzie found that losing weight controlled her blood sugar levels without drugs.

Why would so many people take so many potentially harmful pills?

Partly because while all drugs pose some risks, they're often essential, treating otherwise deadly or debilitating diseases, notes Andrew Powaleny, director of public affairs for the Pharmaceutical Research and Manufacturers of America (PhRMA), a trade group.

To be sure, some people–especially those who are uninsured or underinsured–don't get all of the care they need, including medication.

Still, many Americans–and their physicians–have come to think that every symptom, every hint of disease requires a drug, says Vinay Prasad, M.D., an assistant professor of medicine at Oregon Health & Science University. "The question is, where did people get that idea? They didn't invent it," he says. "They were spoon-fed that notion by the culture that we're steeped in."

PHOTO, PREVIOUS PAGE: GETTY IMAGES

PHOTOGRAPH BY FREDRIK BRODEN

It's a culture, say the experts we consulted, encouraged by intense marketing by drug companies and an increasingly harried healthcare system that makes dashing off a prescription the easiest way to address a patient's concerns.

To investigate this growing problem and to help you manage your drugs, we sought expert advice on how to work with doctors and pharmacists to analyze your drug regimen. We reviewed the drug lists submitted by 20 Consumer Reports readers to see whether we could find problems, and alerted them when we did. We also dispatched 10 secret shoppers to 45 drugstores across the U.S. to see how well pharmacists identify potentially problematic drug interactions. And last, we compiled a list of 12 conditions that are often first treated with drugs–but usually don't need to be.

A Growing Tide of Risk

Nicole Lamber's problems started with a single prescription when, stressed in her first job as a physician's assistant, a physician colleague prescribed alprazolam (Xanax). "I wasn't given any warning about anything at all, it was just presented as a safe drug," she says. Within a few months, Lamber, who is now 38, was depressed, even suicidal. "It scared me," she remembers.

Over the next five years, Lamber says she saw a series of doctors who prescribed more and more drugs: the ADHD medication Adderall to lift her mood and help her focus; another to counter the side effects of that drug; others to improve her appetite and help her sleep; and when her anxiety worsened, another sedative.

The combination, she says, made her so ill she couldn't leave the house. "I saw tons of specialists," she recalls. "A gastrointestinal doctor for chronic diarrhea, an orthopedist and rheumatologist for joint pain, a dermatologist for rashes. None of them questioned my list of meds."

Lamber's story is hardly unique: The percentage of Americans taking more than five prescription drugs has nearly tripled in the past 20 years, according to the CDC. And in our survey, over a third of people 55 and older were taking that many drugs; 9 percent were taking more than 10.

In some cases, multiple drugs are "completely appropriate," says Michael Hochman, M.D., of the Keck School of Medicine at the University of Southern California. But as the number of drugs piles up, so does the need for caution. "The risk of adverse events increases exponentially after someone is on four or more medications," he says.

That's especially true when multiple doctors are involved. Poor communication between providers often contributes to drug errors, says Michael Steinman, M.D., at the University of California, San Francisco School of Medicine. And seeing more than one doctor is now the norm: 53 percent of those in our survey taking prescription drugs said they received them from two or more providers.

Potentially harmful prescribing is all too common, says Steven Chen, Pharm.D., an associate dean for clinical affairs at the University of Southern California School of Pharmacy, who worked with Consumer Reports to review the

LEARN

For more information on the best and safest treatments, plus how to save money on your medications, go to CRBestBuyDrugs.org.

CASE 1

Using One Drug to Treat the Side Effects of Another

Glenn Bitzan, 32
St. Cloud, Minn.

What he took: The stimulants Ritalin, Adderall, and Vyvanse to treat ADHD, and then four antidepressants to treat the side effects of the stimulants.

Why he wanted to stop: Soon after Bitzan was diagnosed with ADHD at age 13, his psychiatrists prescribed progressively higher doses of a stimulant to treat the condition, he says. When that triggered sleeplessness, anxiety, a racing heart, and shaking hands, doctors prescribed a series of antidepressants to counter the stimulant. But instead of calming him, they "just dampened my emotions," Bitzan says. Then one day, while taking a test as an ultrasound technician student, Bitzan's shaky hands caused him to fail the exam. "I'd never been so devastated in my life," he says. "I knew I had to get off the medication."

How he did it: Bitzan entered a prescription-drug-withdrawal program, called Point of Return, which took five months. Being medication-free has changed his life, he says. "My sleep is much improved; I have a stable job," he says. "I'm much happier."

medication lists submitted by readers. (Chen, like many pharmacists reviewing drugs, didn't have access to medical records.) Of the 20 lists he reviewed, only two received a clean bill of health. Among the other 18, Chen identified 38 potential problems, half of which he considered serious. They included one person taking a combination of blood-pressure drugs that could cause potassium levels to spike and trigger dangerous heartbeat abnormalities, and another's mix of a blood thinner, a pain reliever, and baby aspirin that could cause stomach bleeding.

Identifying those kinds of risks and untangling potential harmful interactions can be difficult.

For Lamber, it meant finding a doctor who was willing to help. Still, stopping the drugs was a long, "nightmarish" process, she says, because she had become physically dependent on them and it triggered painful withdrawal symptoms. Today, while some side effects linger, she says she feels lucky to be alive. "The drugs–and the withdrawal from them–almost killed me," she says.

Selling Sickness

Jeff Goehring, now 55, ran a busy deli and snow-plowing business in 2009 when he says he started feeling more tired than usual. He decided to see a doctor who, he says, prescribed AndroGel, a drug containing the male hormone testosterone.

Goehring says he didn't know then that testosterone drugs are approved by the FDA only for men with hypogonadism, or very low levels of testosterone, usually caused by infection, injury, or other health problems. He also says he wasn't warned that testosterone increases the risk of a heart attack or stroke, according to the FDA.

After four days applying the drug, Goehring suffered a stroke, according to a lawsuit he is part of against AbbVie, AndroGel's maker. He's one of more than 6,000 people nationwide suing six drug companies that make testosterone products, claiming that they suffered a heart attack, stroke, or other cardiovascular event after using one of the drugs.

In a statement to Consumer Reports, AbbVie said the company believes "our disease education and marketing of AndroGel have adhered strictly to FDA-approved uses," and emphasized that it's up to each physician to make sure the drug

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How to Take More Control of Your Meds

IT STANDS TO reason that the more drugs you take, the greater your risk of skipping a dose, taking the wrong pill at the wrong time, or making another mistake.

That's why it's essential to get organized, says Michael Steinman, M.D., a professor of geriatrics at the University of California, San Francisco. That includes using such things as daily pill organizers, as well as taking these steps:

1. Keep a thorough log. Include all of your pills—prescription and over-the-counter drugs, plus supplements. Note their brand and generic names, your dosage and schedule, the reasons you take them, the name of the prescribing physician, and special advice, such as whether you should take them with food or drink. Describe the shape and color of the meds. And write down your pharmacy's phone number, any allergies you may have, and emergency contact info.

For help, download one of these printable templates: the Food and Drug Administration's "My Medicine Record," a "Personal Medicine Form" from the Institute for Safe Medication Practices, or "My Medicine List" from the American Society of Health-System Pharmacists.

2. Make copies. Store one in your wallet or purse, post another in your home, and give extras to a friend, family member, or caregiver. Review the log regularly with your doctors to make sure it's up to date and to double-check for medication you might be able to eliminate. (See "Give Your Drugs a Checkup," on page 30.)

3. Consider a pill-tracking app. We looked at 11 popular ones. Most were difficult to use or didn't do enough to protect your data privacy. But we found three freebies we think are worth a try: CareZone, Medisafe, and Round Health.

All allow you to add pills by name and dose, and set reminders for when to take them. And they alert you when it's time to get refills. Medisafe alerts caregivers if you miss a med. Both CareZone and Medisafe also let you store doctor and pharmacy contact info. Medisafe can check for drug interactions.

All of the apps we think are worth considering are HIPAA-compliant. That means that under the Health Insurance Portability and Accountability Act, your health information is protected by encryption and regular security updates. Still, read all privacy policies.

CareZone and Medisafe are iOS (iPhone and iPad) and Android compatible; Round Health is iOS compatible.
—Ginger Skinner

Give Your Drugs a **Checkup**

We dispatched 10 secret shoppers to 45 drugstores across the U.S. to see how good pharmacists are at spotting potentially dangerous interactions. We also wanted insight on how to talk about medication with a pharmacist or doctor.

DRUG-SAFETY EXPERTS recommend throwing all of your pill bottles into a bag at least once a year and taking them to your doctor or pharmacist for a thorough drug checkup. That "brown-bag" review provides a chance to check for duplicate meds, excessive doses, and dangerous interactions, and for you to ask questions.

For insight on how easy it is to talk with pharmacists about your drugs, and to see how well they caught potentially dangerous interactions, we sent 10 secret shoppers to 45 pharmacies across the U.S. and had them ask about a list of drugs they were "taking."

They included three prescription drugs (the blood-pressure medication hydrochlorothiazide, the blood thinner Coumadin, and the sleeping pill Ambien) and two OTC drugs (baby aspirin and Aleve PM, a combination pain pill and sleep aid).

Shoppers reported that in most cases (84 percent), pharmacists appropriately warned them about the risk of bleeding when taking Coumadin, Aleve PM, and aspirin together. Flagged less often was the potential for next-day drowsiness when combining Ambien and Aleve PM, or nighttime dizziness from the blood-pressure drug Ambien and Aleve PM.

Our shoppers also recorded observations about their experiences, noting that overall the pharmacists were helpful. Here are some tips from them, as well as some from pharmacists at leading drugstore chains:

Make sure you talk with the pharmacist. In half of their visits, shoppers first met a clerk or pharmacy technician at the counter, not a pharmacist.

Schedule an appointment. The pharmacists did a pretty good job of spot-checking problems when our shoppers just showed up at the counter. But experts say that for a full brown-bag review, you're better off reserving time with your pharmacist or doctor.

Ask about insurance. None of our shoppers had to pay for their walk-in visits, and CVS and Target told us they also do free comprehensive reviews. Other pharmacies, and your doctor, may charge for full reviews, but most often it's only your regular insurance co-pay. Medicare allows free yearly reviews with a doctor, and for many Medicare Part D patients taking multiple meds, a pharmacist, too.

Be thorough. Cover the basics for each medication or supplement, such as what it's for, how long you should take it, what it costs, and any side effects and potential interactions. Also ask about nondrug options that might be safer, and whether you can switch to a lower dose.

National Check Your Meds Day

Consumer Reports, working with the Department of Health and Human Services, has proclaimed Oct. 21, 2017, "National Check Your Meds Day." A number of pharmacies—Albertsons, Costco, CVS, Sam's Club, Target, Walmart, and many independents—have agreed to support the effort. Some may even have extra staff on hand to help you review your meds. Ask your local pharmacy if it is participating. Good to know: Asking whether there are meds you can stop taking could result in at least one less prescription, according to CR's recent nationally representative survey.

Do You Need a 'Brown-Bag' Review?

Answer these six questions to see how important it is for you.

1. How many doctors prescribe your meds? A drug review is a good idea even if you have just one physician. But the more you see, the greater the risk of miscommunication and duplicate drugs. So designate one—usually your primary care doctor—to oversee all of your meds.

2. Do you also regularly take over-the-counter drugs or dietary supplements? They can pose risks even though they don't require a prescription. So make sure you tell your doctor about them, including pills, liquids, drops, and ointments.

3. Do you take more than one drug to treat the same health problem, such as two drugs to treat depression? That's sometimes necessary to control your condition, but it can also be a red flag that you're taking a drug you don't need.

4. Do you need a drug to control the side effects of another? For example, do you take a laxative to ease constipation caused by an opioid? That, too, can be okay if it makes it possible for you to take a drug you require. But check to see whether you can ease side effects by lowering the dose, switching to another drug, or trying lifestyle changes instead.

5. Have you been taking your medication for more than three months? Many conditions, such as diabetes and heart disease, can require drugs for a lifetime. But for some problems, people stay on drugs longer than necessary.

6. Do you struggle to pay for your meds? Our previous surveys have found that doctors often don't consider the cost of drugs they prescribe. Don't hesitate to ask about less expensive but equally effective alternatives, including generic versions.

PHOTOGRAPH BY FREDRIK BRODEN

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is used for appropriate purposes.

So why would Goehring's doctor put him on a medication that may not have been indicated for his condition? For one thing, doctors can prescribe drugs for such off-label uses, even if the FDA hasn't reviewed the evidence and approved the drug for those purposes, explains Stephanie Caccomo, a spokeswoman for the agency.

For another, about the time Goehring started on testosterone, pharmaceutical companies began investing heavily in ads for the drugs and even came up with a catchy new name: "low T." Spending on the ads rose quickly, to $153 million in 2013. And companies got a lot of bang for their advertising buck. A March 2017 study in JAMA found that between 2009 and 2013, men exposed to more TV ads for testosterone or "low T" were much more likely to wind up on the drug.

Those "low-T" figures are a drop in the bucket. Total spending on drug ads targeting consumers reached $6.4 billion last year, 64 percent more than in 2012, according to Kantar Media, a market research company. That's $1.3 billion more than the FDA's entire 2017 budget. Drug companies spend even more—$24 billion in 2012 alone—on marketing just to doctors through ads in medical journals, face-to-face sales, free medication samples, and educational and promotional meetings, according to a report from the Pew Charitable Trusts.

Building relationships with healthcare providers and marketing medicines is valuable, says Powaleny, the spokesman for PhRMA, helping to ensure "that healthcare professionals have the latest, most accurate science-based information available regarding prescription medicines."

49% of people who regularly take prescription medication asked their prescribers whether they could stop taking a drug.

71% of them successfully eliminated at least one drug.

But many drug-safety experts worry that the practice also contributes to overmedication.

"Low T is a marketing term intended to sell testosterone as a kind of fountain of youth," says Steven Woloshin, M.D., a professor at the Dartmouth Institute of Health Policy and Clinical Practice. For most men, he says, testosterone "declines naturally with age," and research shows that taking drugs to compensate has "little or no benefit" and "some serious risks."

That's something Goehring wishes he had understood better. His stroke, he says, still impairs his short-term memory and has left one of his hands partially numb, forcing him to close his deli. Now, eight years later, he's still trying to pay off hospital bills not covered by insurance.

The Rise of 'Predisease' Diagnoses

Two years ago, Diane McKenzie's doctor recommended metformin (Glucophage) to treat a blood sugar level that put her at the high end of normal but still below the cutoff for diabetes. Concerned about developing the full-blown disease, McKenzie, then 44, agreed to take it. But almost immediately, she began to suffer from diarrhea and vomiting, known side effects.

Her experience illustrates another trend that's

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CASE 2

Staying on a Drug Too Long

Jeana Loureiro, 33
Phoenix

What she took: Prescription omeprazole (Prilosec) for heartburn.

Why she wanted to cut back: Prilosec, which belongs to a class of drugs called proton-pump inhibitors (PPIs), did help Loureiro's heartburn. But over time she noticed that missing a dose triggered explosive chest pain. "It felt like a heart attack," she says. Loureiro later learned that after just a few weeks on a PPI, missing a dose can cause the stomach to overproduce acid, triggering rebound symptoms that can include chest pain and nausea. Other research suggests that the drugs can increase the risk of C. difficile, a hard-to-treat gastrointestinal infection.

How she cut back: Twelve years after she started taking the drug, Jeana says she began a carefully calibrated program to slowly increase the time between doses until she eliminated it entirely, an approach that eases rebound symptoms. She says that eating a healthier diet helped her manage her heartburn without the PPIs. "Now that I'm off the medication," Loureiro says, "I know my trigger foods and choose not to include them in my diet."

- 逐渐拉长服药的 Time interval
- 逐渐减少药剂的量
- Ask Doctors

Source: Consumer Reports National Research Centers Survey of 1,063 U.S. adults who regularly take prescription, conducted in April 2017.

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putting more people on drugs: diagnosing them in the "predisease" stage of a condition. For example, identifying people with mild bone loss (osteopenia, or preosteoporosis), slightly elevated blood pressure (prehypertension) or, as in McKenzie's case, prediabetes, a slightly elevated–but still normal–blood glucose reading.

Catching disease early, of course, can be a good thing if it helps you address a problem before it leads to serious harm.

But "lowering the bar for what's considered normal" can also get people on drugs before they need to be, says Allen Frances, M.D., a professor emeritus at Duke University who studies how the medical profession sometimes expands the definition of diseases. And treating people with drugs at the very early stage of a condition "often harms more people than it helps," Frances says.

That's what McKenzie, a nurse practitioner, says she worried about when she began experiencing side effects. After a few months, they were so intolerable she stopped taking metformin.

Research actually supports that approach. A 2015 study in Lancet Diabetes & Endocrinology found that for people with prediabetes, regular exercise plus a low-calorie, low-fat diet cut the incidence of developing type 2 diabetes by 27 percent; metformin lowered it by 18 percent. And the side effects of exercise and a healthy diet are other health benefits, not diarrhea and vomiting.

McKenzie decided to make lifestyle changes to lower her blood sugar. Key to her success, she believes, is the stray puppy she adopted, who motivated her to take long, daily walks, helping her lose 70 pounds. Today McKenzie's blood sugar levels are under control.

Doctors Who Know When to Say No

Ranit Mishori, M.D., a professor of family medicine at the George Washington University School of Medicine in Washington, D.C., made it her New Year's resolution this year to prescribe fewer drugs.

She's part of a trend called "de-prescribing," or focusing on keeping patients healthy by getting

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When Drugs Don't Mix

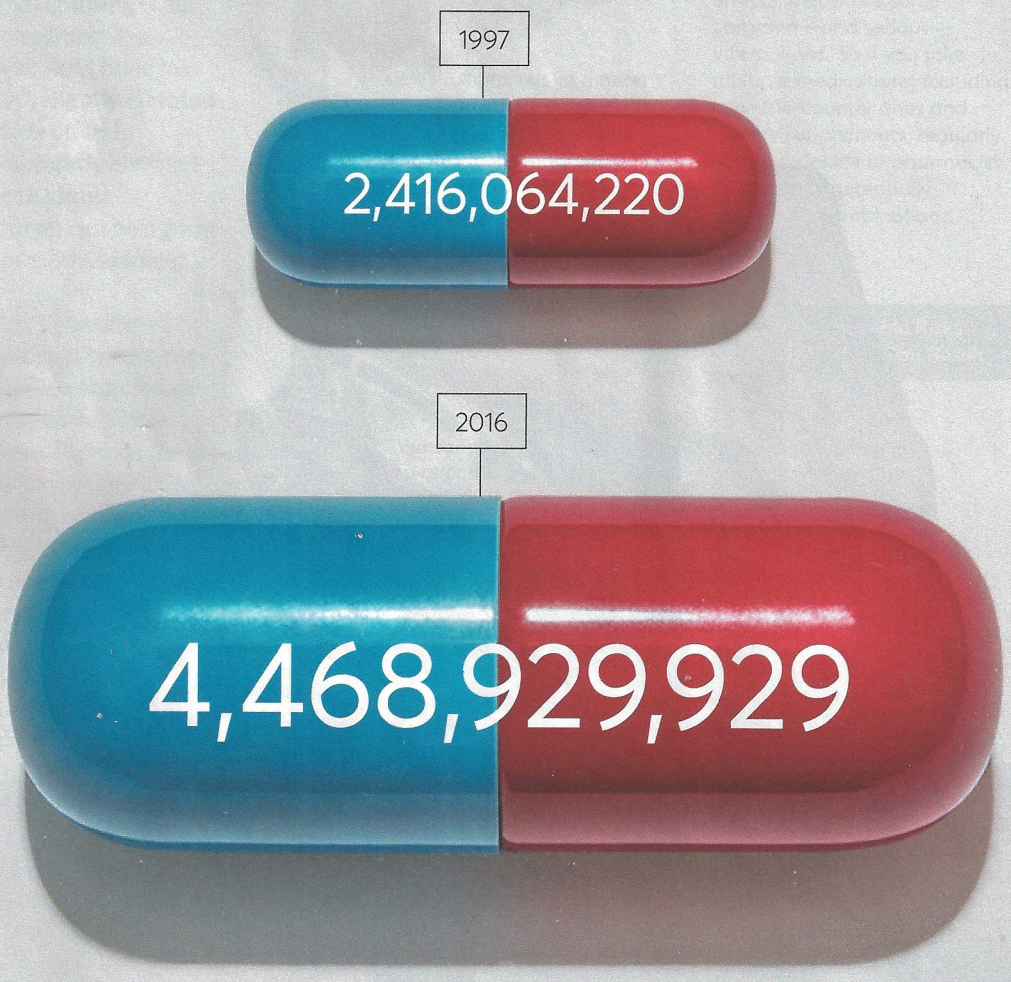
TAKING A COCKTAIL of different drugs increases the risk of an adverse reaction. Sometimes pill interactions magnify a drug's potency, sometimes they diminish another's effectiveness, and sometimes the combination can result in dangerous side effects. Below are some common—and serious—interactions. So if you take multiple medications, including over-the-counter ones and dietary supplements, regularly ask your doctor or pharmacist to check for potentially dangerous combinations.

Don't Mix These ...	... With Any of These	Possible Risks That Can Result
Warfarin, used to treat or prevent blood clotting	**Antidepressants,** like duloxetine (Cymbalta) and fluoxetine (Prozac), and pain relievers like **aspirin, ibuprofen** (Advil), and **naproxen** (Aleve)	**Bleeding**
Theophylline, used to treat asthma, chronic obstructive pulmonary disease, and other respiratory diseases	**Cimetidine,** used to treat stomach ulcers and acid reflux	**Seizures**
Lithium, used to treat bipolar disorder	**Loop Diuretics** or **ACE Inhibitors,** both used to treat high blood pressure and heart failure	**Tremors, slurred speech, seizures, and heart palpitations**
Prednisone, used to treat skin diseases, rheumatoid arthritis, and chronic obstructive pulmonary disease	Certain pain relievers, such as **celecoxib** (Celebrex), **ibuprofen** (Advil), and **naproxen** (Aleve)	**Bleeding stomach ulcers**
ACE Inhibitors (lisinopril, quinapril), used to treat high blood pressure and heart failure	**Amiloride** or **Triamterene,** both used to treat high blood pressure and heart failure	**High levels of potassium in the blood, which can be deadly**

PHOTOGRAPH BY FREDRIK BRODEN

Pill Nation: The Rise of Rx Drug Use

The total number of prescriptions filled by all Americans, including adults and children, has increased by 85 percent over two decades, while the total U.S. population has increased by only 21 percent.



How to Stop Taking Your Medication—Safely

WHETHER YOU PLAN to stop taking a drug or just lower the dose, Consumer Reports' medical director, Orly Avitzur, M.D., advises that for your safety, you should talk with your doctor about how to wean yourself. That's because abruptly quitting drugs can often trigger serious problems. For example, stopping many antidepressants, anti-anxiety drugs, heartburn meds, and sleeping pills can worsen the symptoms the medication was meant to treat.

And if you've been taking opioids such as OxyContin, Percocet, or Vicodin for more than a couple of weeks, going cold turkey can trigger withdrawal symptoms including anxiety, muscle aches, nausea, vomiting, diarrhea, and sleeplessness.

When making a plan to stop, here are some steps to take:

- ▶ Come up with a clear timeline for reducing your dose.
- ▶ Schedule follow-up appointments to monitor your progress.
- ▶ Ask about temporary effects you can expect that aren't cause for concern—and serious ones that you should be alert to and that warrant a call to your doctor.
- ▶ Discuss nondrug options you can try. For example, adding 30 minutes of physical activity daily may help control your blood pressure, or trying acupuncture, massage, spinal manipulation, cognitive behavior therapy, or yoga may help manage pain.

And last, don't become discouraged if you need to modify your plan, Avitzur says.

"There's no one-size-fits-all approach to stopping a drug," she explains. "You may need to slow your taper or even pause it for a while. It may take some trial and error to find what works best for you."

PHOTO: FREDRIK BRODEN

Source: Quintiles IMS.

CASE 3

When a Drug Causes More Problems Than It Relieves

Deana Michaels, 41
Fulton, N.Y.

What she took: Oxybutynin for an overactive bladder and sertraline (Zoloft) for anxiety.

Why she wanted to cut back: The drug for her overactive bladder gave her headaches, extreme dry mouth, and fatigue. Though the medication did cut down on a few bathroom trips, it wasn't enough to outweigh the side effects, most of which her doctor never told her about, she says. Research shows that the drug is only moderately effective; most people, like Michaels, stop taking it after about 6 months. And with Zoloft, she says, "I put on 40 pounds and felt uneasy taking it long term. I wanted off."

How she did it: After five months on oxybutynin, she opted for lifestyle changes, including drinking less caffeine and doing Kegel exercises to strengthen her bladder muscles. After she insisted that she also wanted to stop Zoloft, Michaels' doctor advised weaning off the medication. Today, meditation and learning to communicate her emotions better have gone a long way to minimize her anxiety, she says.

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them off unnecessary drugs. "In med school we're taught how to prescribe, not how to take people off drugs," she says.

Another doctor who de-prescribes is Victoria Sweet, M.D., who spent 20 years at a charity hospital in San Francisco with few high-tech resources but lots of time for patients. "There's a big push in our country to practice medicine as if we are fixing machines with a broken part," says Sweet, author of a forthcoming book, "Slow Medicine: The Way to Heal." "Take the pill, fix the symptom, move on," she says. "Slow medicine" means "taking time to get to the bottom of what's making people sick–including medications in some cases–and giving the body a chance to heal."

Some groups are trying to help that approach go mainstream. Through the Choosing Wisely initiative (Consumer Reports is a partner), more than two dozen medical organizations have made recommendations that involve dialing back the use of unneeded drugs.

And some medical organizations, such as the American College of Physicians, now advise doctors to try nondrug approaches first for certain conditions. For example, the ACP recommends usually treating back pain first with massage, spinal manipulation, or other nondrug options.

But for the system to change, insurance needs to evolve, too, says Cynthia Smith, M.D., vice president of clinical programs at the ACP. "A patient's out-of-pocket costs are currently significantly less with medical therapy" than with nondrug options, she notes. "We need to make it easier for both doctors and patients to do the right thing."

43% of people who regularly take prescription medication said their pharmacist hadn't told them about a drug's possible side effects and interactions with other medication.

Kicking the Drug Habit

Talking with your doctor about whether you might feel better on fewer pills is well worth the effort. Half the people in our survey who take medication said they had talked with a doctor about stopping a drug, and more than 70 percent said it worked. When extrapolated to all U.S. adults, we calculate that comes to nearly 45 million fewer prescriptions. Here are tips on how to cut back on unneeded meds:

- Don't cut back or stop taking a drug without first discussing it with your doctor. See "How to Stop Taking Your Medication–Safely," on the facing page.
- Have a comprehensive drug review with your doctor or pharmacist at least once per year. See "Give Your Drugs a Checkup," on page 30.
- Give a family member and all of your healthcare providers a current list of your drugs. See "How to Take More Control of Your Meds," on page 29.
- Consider nondrug options first for many common health problems. See "12 Times to Try Lifestyle Changes Before Drugs," on page 32.

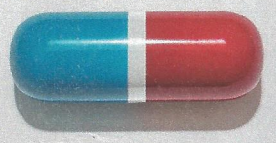
–Additional reporting by Rachel Rabkin Peachman and Ginger Skinner.

EDITOR'S NOTE: This special report and supporting materials were made possible by a grant from the state Attorney General Consumer and Prescriber Education Grant Program, which is funded by a multistate settlement of consumer fraud claims regarding the marketing of the prescription drug Neurontin (gabapentin).

Source: Consumer Reports National Research Center's nationally representative survey of 1,947 adults, conducted in April 2017.

What Older Adults Must Know About **Rx** Risks

Lower doses and fewer drugs help prevent problems.



WHEN IT COMES to risks from prescription drugs, seniors face triple jeopardy. They're more likely to take multiple meds and more susceptible to side effects due to physical changes that accompany aging. And they're at a higher risk of drug interactions, partly because they tend to take more meds. In Consumer Reports' recent survey, for example, 40 percent of people ages 65 and older took five drugs or more, compared with just 17 percent of those ages 45 to 55.

Compounding the problem is that older people are less likely than younger ones to ask a doctor about drug safety. Barely half of the seniors in our survey said they talked with their doctor about such concerns as drug side effects, but two-thirds of younger adults did.

It's not surprising, then, that older adults are twice as likely to suffer a side effect serious enough to require a trip to an ER, and seven times more likely to be hospitalized as a result, according to the Centers for Disease Control and Prevention. To reduce those risks, ask your physicians these questions:

Is this drug safe for someone my age?

The American Geriatrics Society has identified dozens of medications that people 65 and older should almost always avoid because of the risk of serious side effects. They include the anti-anxiety drugs diazepam (Valium) and alprazolam (Xanax), and sleep drugs such as zolpidem (Ambien) and eszopiclone (Lunesta). For a complete list, go to https://dcri.org/beers-criteria-medication-list/.

Will a lower dose work just as well?

Because older people are more susceptible to medication, a lower dose may be as effective and pose less risk. For example, a study of more than 200,000 patients ages 70 and older on levothyroxine (Synthroid) to treat an underactive thyroid found that those taking lower doses were two to three times less likely to suffer a fracture, one of the drug's known risks. And our experts say a lower dose of the drug can work just as well for older patients.

Do I need to treat the problem so aggressively?

In some cases, it can make sense to treat conditions less aggressively as you age.

For example, high doses of diabetes medication can make blood sugar levels drop dangerously low in older people. One study found that certain diabetes drugs were responsible for 23 percent of emergency hospitalizations for seniors.

Recognizing that problem, guidelines from the American Geriatrics Society and the American Diabetes Association now say that otherwise healthy older adults with diabetes should talk with their doctor about aiming for an HbA1c (a measure of long-term blood sugar levels) of 7.5 rather than 7, which is the goal for other adults.

Similarly, new guidelines from the American College of Physicians say that low-risk people older than 60 should consider treating high blood pressure only if their systolic, or upper, reading is over 150, rather than 140—the traditional cutoff.

Even then, our experts say, if blood pressure is only moderately elevated (between 150 and 160), try several months of diet and lifestyle changes before resorting to medication.

Is this prescription still necessary?

Sometimes the potential benefit of a drug declines with age.

For example, there's little evidence that cholesterol-lowering statins reduce the risk of heart problems in most people older than 70, and even less that they benefit people in their mid-80s and older. That makes the risks of the drugs, which include muscle pain and possibly cognitive decline, of greater concern. For those reasons, the American College of Cardiology encourages older people to discuss with their doctor the limited benefits and potential risks of statins.

It makes sense to have an honest discussion with your doctor about how your age and overall health affect your need for specific medication, says Michael Hochman, M.D., of the Keck School of Medicine at the University of Southern California. "When someone's life expectancy is less than 10 years," he notes, "we should re-evaluate whether a medication's benefits outweigh the potential downsides on quality of life."

12 Times to Try Lifestyle Changes **Before** Drugs

Americans often rush—or get rushed—into taking drugs too quickly. Sometimes doctors prescribe them for problems—back pain, heartburn, and insomnia, for example—without first giving lifestyle changes a chance. Or they diagnose the "predisease" stage of a condition—think mild bone loss or slightly elevated blood pressure or blood sugar levels—and immediately start treating people with drugs when simple steps are often enough. Here, 12 such situations.

1 ADHD

DRUGS: Antipsychotics such as Abilify and Seroquel.
RISKS: Side effects include constipation, difficulty breathing or swallowing, dizziness, drowsiness, fast or irregular heartbeat, fever, seizures, and weight gain.
NONDRUG OPTIONS: Behavioral therapy plus educational interventions and exercise. (In some cases, a stimulant such as Adderall or Ritalin may also be necessary, but first consult with a specialist.)
WHEN TO CONSIDER A DRUG: Antipsychotics should be used for ADHD only if other psychiatric conditions are diagnosed, such as bipolar disorder.

2 Back & Joint Pain

DRUGS: Nonsteroidal anti-inflammatories such as Advil, Aleve, and Celebrex; opioids such as OxyContin and Percocet.
RISKS: High doses or long-term use of Advil and related drugs can cause bleeding in the intestines, kidney failure, heart attack, ulcers, and stroke. Opioids can trigger drowsiness, nausea, vomiting, constipation, addiction, and overdose.
NONDRUG OPTIONS: Try yoga, swimming, gentle stretches, tai chi, massage, physical therapy, acupuncture, or heat.
WHEN TO CONSIDER A DRUG: Anti-inflammatories are okay for short-term flare-ups, though even then stick with a low dose and don't take them for longer than 10 days without talking with your doctor. Opioids should be a last resort and prescribed at the lowest effective dose for the shortest time possible.

3 Dementia

DRUGS: Antipsychotics such as Abilify and Seroquel.
RISKS: Generally the same as those listed for ADHD, as well as stroke and death.
NONDRUG OPTIONS: Establish a regular routine, do calming activities, and have frequent social contact. It's also a good idea to rule out underlying conditions that can sometimes lead to disturbed behavior, such as constipation, infection, or hearing or vision problems.
WHEN TO CONSIDER A DRUG: If the patient suffers from delusions, hallucinations, or other serious mental illness, or presents a danger to himself or others.

4 Mild Depression

DRUGS: Antidepressants such as Celexa, Cymbalta, Lexapro, and Prozac.
RISKS: Many side effects, including diarrhea, drowsiness, headaches, agitation, sexual dysfunction, and suicidal thoughts.
NONDRUG OPTIONS: Exercise, meditation, and various forms of talk therapy.
WHEN TO CONSIDER A DRUG: If therapy alone isn't enough or depression is severe. Reassess after six weeks and consider switching drugs if you aren't getting better.

5 Heartburn

DRUGS: Proton-pump inhibitors (PPIs) such as Nexium, Prevacid, and Prilosec.
RISKS: Reduced stomach acid, which impairs the body's ability to absorb certain nutrients and medication, and increases the

risk of gastrointestinal and other infections. Long-term use may increase the risk of fractures, dementia, heart attack, and kidney disease.
NONDRUG OPTIONS: Eat smaller meals, don't lie down soon after eating, lose excess weight, and avoid trigger foods, including acidic or greasy meals. For occasional heartburn, try OTC products such as Maalox, Pepcid AC, Tums, or Zantac 75.
WHEN TO CONSIDER A DRUG: If heartburn occurs twice weekly or more for four weeks or longer and your doctor diagnoses gastroesophageal reflux disease, which occurs when stomach acid backs up into the esophagus and damages it. In that case, consider a PPI for a few months while your esophagus heals.

6 Insomnia

DRUGS: Sleeping pills such as Ambien, Belsomra, and Lunesta.
RISKS: Dizziness, next-day drowsiness, impaired driving, dependence, and worsened sleeplessness when you try to stop.
NONDRUG OPTIONS: Cognitive behavioral therapy (CBT) for insomnia, where a provider teaches you good sleep habits and suggests ways to change your behavior, such as cutting out naps or not using your laptop in bed.
WHEN TO CONSIDER A DRUG: If you have short-term sleep problems caused by a stressful event such as a death in the family or a divorce, or if CBT alone doesn't provide enough relief.

7 Low Testosterone

DRUGS: Testosterone topicals (such as AndroGel and Axiron), patches (Androderm), and injections (Aveed).
RISKS: Blood clots in the legs, sleep apnea, an enlarged prostate, and possibly an increased risk of a heart attack or stroke. Topical forms can transfer to others, causing the growth of body hair in women and, if pregnant, transfer the hormone to their babies. Children exposed to the hormone have experienced enlargement of the penis or clitoris, the growth of pubic hair, an increased libido, and aggressive behavior.
NONDRUG OPTIONS: Treat conditions that can decrease testosterone, such as diabetes or obesity. Also discuss nondrug ways to boost energy and vitality by exercising, getting enough sleep, and couples therapy with your partner.
WHEN TO CONSIDER A DRUG: If you have hypogonadism, which is very low testosterone levels caused by a genetic disorder; damage to the testicles from injury or chemotherapy; or another cause.

8 Osteopenia

preosteoporosis, or bone density at the low end of normal

DRUGS: Bisphosphonates such as Actonel, Boniva, and Fosamax.
RISKS: Diarrhea, nausea, vomiting, heartburn, esophageal irritation, and bone, joint, or muscle pain. Long-term use may increase the risk of thigh fractures.
NONDRUG OPTIONS: Consume foods high in calcium and vitamin D, do weight-bearing exercises such as walking or lifting weights, and quit smoking. Plus take steps to prevent falls by, for example, avoiding sleeping pills and installing grab bars in the bathroom.
WHEN TO CONSIDER A DRUG: If bone-density tests show you have full-blown osteoporosis. Even then, consider taking a break after five years to reduce the risk of lasting side effects.

9 Overactive Bladder

the sudden or frequent need to urinate

DRUGS: Anticholinergics such as Detrol and Oxytrol.
RISKS: Constipation, blurred vision, dizziness, confusion, and an increased risk of dementia.
NONDRUG OPTIONS: Cut back on caffeine and alcohol, and try bladder training (slowly increasing the time between bathroom visits) and Kegel exercises (repeatedly tightening and relaxing the muscles that stop urine flow).
WHEN TO CONSIDER A DRUG: If several weeks of nondrug strategies don't provide enough relief.

10 Prediabetes

blood sugar levels at the high end of normal

DRUGS: Blood-glucose-lowering drugs such as Actos and Glucophage.
RISKS: Dizziness, tiredness, muscle pain, and in rare cases other symptoms caused by a dangerous buildup of lactic acid and a vitamin B12 deficiency.
NONDRUG OPTIONS: Exercise, eat a healthy diet rich in nonprocessed and nonstarchy foods, and lose weight.
WHEN TO CONSIDER A DRUG: If you develop full-blown type 2 diabetes.

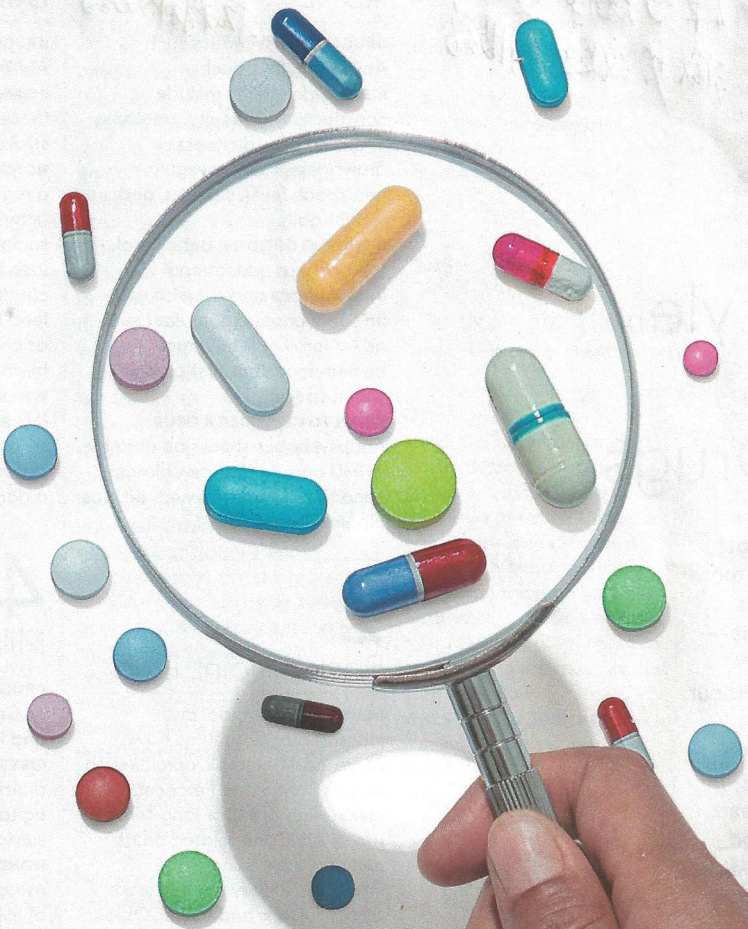
11 Prehypertension

blood pressure at the high end of normal

DRUGS: ACE inhibitors, angiotensin receptor blockers (ARBs), calcium channel blockers, and diuretics.
RISKS: Diuretics can cause frequent urination, low potassium levels, and erectile dysfunction. ACE inhibitors and ARBs can cause high potassium levels and reduced kidney function. Calcium channel blockers can cause dizziness, an abnormal heartbeat, flushing, headache, swollen gums, and, less often, breathing problems.
NONDRUG OPTIONS: Quit smoking, cut back on sodium and alcohol, lose excess weight, and exercise.
WHEN TO CONSIDER A DRUG: If you develop true hypertension.

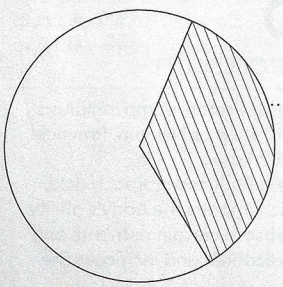
12 Obesity

DRUGS: The weight-loss drugs Belviq, Contrave, Qsymia, and Xenical.
RISKS: Constipation, diarrhea, nausea, or vomiting are common. The drugs also carry rare but dangerous side effects, including leaky heart valves with Belviq and liver damage with Xenical.
NONDRUG OPTIONS: If you've been unable to lose weight on your own by exercising more and eating less, ask your doctor about formal weight-loss programs.
WHEN TO CONSIDER A DRUG: If lifestyle changes have failed and you are obese or overweight and have heart disease or type 2 diabetes. If you haven't lost at least 5 percent of your weight after three months, stop because it's unlikely to help.



53%

of those who take prescription drugs get them from more than one healthcare provider.



35%

of people taking prescription drugs say a healthcare provider has never reviewed their medicine to see if they can stop any.

Source: Consumer Reports National Research Center's nationally representative survey of 1,947 adults, conducted in April 2017.