

# KILLER COMBINATIONS?

With GPs' pay linked to how well they manage conditions such as diabetes and high blood pressure, increasing numbers of us are taking a whole raft of drugs.

But **KAREN EVENNETT** asks, do they cause more problems than they solve?

**B**eyond a certain age, it seems that most of us have bedside tables cluttered with packets of pills – but do we really need all these GP-prescribed medicines, or could they actually be doing us more harm than good? Dr Malcolm Kendrick, a GP and author of *Doctoring Data* (£14.99, Columbus Publishing), says that in one of his clinics, where most patients are aged 60-plus, the average person is on 10.2 regular medications – up from 9.6 in 2013.

“With some of these drugs needing several doses, a patient can easily be taking 20 to 30 pills a day,” he says. “These will

typically include two or three different types of drug for high blood pressure (eg an ACE inhibitor, a beta blocker and a diuretic or a calcium channel blocker). Ninety per cent also take a cholesterol-lowering statin, 50 per cent take two or three different drugs for diabetes and most also take medication for osteoporosis as well as antacids for indigestion.”

## Testing, testing...?

“All these drugs have been tested – on their own – on younger people, but nobody has ever done a study to see how they combine and interact in an older person. It is often assumed that any dizziness and lethargy

the patient is experiencing is either a natural sign of ageing, a coincidence, or a sign that their underlying illnesses are just about being kept in check by all the medicines,” adds Dr Kendrick. “Many patients could be in agony with what seem to be drug side effects, but they remain totally wedded to their meds, convinced that they are what is keeping them alive. Yet when 119 patients were taken off an average of 2.8 drugs each in a 2007 Israeli study, they were 53 per cent less likely to die in the next year than the control group who remained on the same medications.”

While some drugs should never be stopped because they are

absolutely vital for managing a health condition – for example, insulin for Type 1 diabetes – Dr Kendrick now tries to take patients off as many other meds as he can, often with spectacular improvements to their overall health and well-being.

## GPs' targets...

The main reason behind the litany of drugs on your bedside tables is something called the Quality Outcome Framework (QOF). This is a massive bureaucratic system of points whereby a doctor gets paid if he or she measures weight, cholesterol and blood pressure and then treats them with the appropriate medication in order to reach various targets. It makes up, in total, about one third of a GP's income.

“For example, anyone with a ten per cent risk of heart disease within the next ten years will now be offered a statin to lower their cholesterol, regardless of whether high cholesterol is one of their risk factors,” says Dr Kendrick. With age being a risk factor in itself, most men of 60 with one other risk – eg a big waistline – will now be on a statin. Doctors are also paid to put patients on statins. “If the patient also has hypertension, he will be on

antihypertensive drugs, too. And so on,” adds Dr Kendrick.

## Side effects...

“It goes without saying that pharmaceutical companies are not straining at the leash to fund studies showing the more drugs you take, the shorter and more miserable your life will be – but you can talk to your GP about stopping meds if you think they are causing more trouble than the condition they're supposed to be treating,” advises

Dr Kendrick. And that leads to another reason so many of us are rattling with drugs – the side effect of one medicine can lead to yet another drug to treat it.

For example, one potentially dangerous and irreversible side effect of statins is peripheral neuropathy (damage to the sensory or motor nerves). Stopping the statins may make no difference if the damage has gone beyond the point of no return – but you could end up on more drugs such

## How safe are herbals?

**Some herbal medicines also need to be treated with caution – so discuss them with a pharmacist before mixing with other medications.**

“Most famously, St John's Wort, though very effective in relieving low mood, can affect the way some other medicines work – including the contraceptive pill,” says Dr Dick Middleton, chairman of The British Herbal Medicine Association.

“Conversely, pelargonium and echinacea are useful in relieving the symptoms of colds and flu, and can be taken with other cold remedies including paracetamol. The herb rhodiola is used to relieve symptoms of stress, such as fatigue, exhaustion and mild anxiety, and it can also be taken with medicines prescribed by your doctor.

“However, you should always choose a product carrying the THR label (Traditional Herbal Remedy), always read the leaflet and always tell your doctor about any herbal medicines that you are taking,” says Dr Middleton.

as immunosuppressants or corticosteroids to control it, and these drugs could harm your stomach lining, so you may become susceptible to gastric ulcers and irritation if you take common non-steroidal anti-inflammatories, such as aspirin or ibuprofen. "You could also suffer severe abdominal pains caused by statins, and end up on drugs with more repercussions to try and treat these," says Dr Kendrick.

### Make friends with your pharmacist...

Around 50 to 70 per cent of all common medications cause problems that lead to further drugs. "The polypharmacy trap affects a lot of people, but there are usually ways to avoid it," says Sid Dajani, a pharmacist and spokesperson for the Royal Pharmaceutical Society. "A good example is if you're prescribed a diuretic for your blood pressure. If

you take this at night, there is a risk it will cause you to wet your bed in your sleep. In which case your GP may prescribe a drug to control the incontinence – but these incontinence drugs have the unfortunate and ironic side effect of exacerbating high blood pressure, so you may end up on another, stronger, drug for that. In fact just taking the diuretic in the morning instead of at night will prevent bedwetting and the need for further drugs," he says.

"Powerful prescription painkillers are another good example of when you can take steps to avoid needing further medications. The painkillers can irritate the stomach lining and many patients are also prescribed a stomach-lining protector – most often a proton pump inhibitor (PPI), but this can prevent you from absorbing vitamin D and calcium, increasing your risk of osteoporosis. It can also

make you nauseous, dizzy or tired. But simply taking the painkiller with food will prevent the irritation and there will be no need for the further treatment and all its horrible side effects," adds Sid.

Whatever you are taking it is always important to talk it over with your pharmacist – especially if you are thinking of taking any further medication, even if it's an over-the-counter drug you assume will do no harm.

"It's one of the biggest fallacies that over-the-counter treatments are harmless to take," says Sid. "If you're already taking prescription painkillers, the apparently benign cold remedy you buy from your supermarket could cause you to accidentally overdose if it contains paracetamol. Even something as apparently harmless as a sachet preparation for cystitis (eg Cymalon) can end up raising your blood pressure because it is so high in salt!" \*



## Don't mix it

**"You risk an adverse reaction if you take multiple drugs at the same time without checking first that they are safe to mix," Sid Dajani warns. Be aware of...**

### ACE INHIBITORS

Don't mix them with **antidepressants as they can stop the drugs from working**, so you end up on a stronger preparation for depression. If you're on both types of drug and feel low, talk to your GP about trying another drug for your blood pressure.

### ASTHMA DRUGS

Don't mix these with beta blockers as there's a very serious risk that the **beta blocker will mask an asthma attack**, so you don't get the telltale wheezing and don't manage to get to your inhaler in time to prevent a serious attack.

### CHOLESTEROL-LOWERING DRUGS

If you're taking a statin and are then prescribed certain antibiotics, the **statin can stop your antibiotic from working** while also increasing your risk of diarrhoea – a side effect of the antibiotic. Statins should also not be mixed with the cardiovascular tablet **amiodarone** (used to treat arrhythmias as well as hypertension), the blood thinner **warfarin**, anti-epileptic drugs such as **carbamazepine** or the calcium channel blocker **amlodipine** (for high blood pressure). The interaction can exacerbate the side effects of amiodarone, so you could end up with a rash. If you are on atorvastatin, you shouldn't even have **grapefruit juice** because it can stop the statin from being absorbed.

### DIABETES DRUGS

**Some diabetic drugs can interact with ACE inhibitors** (for high blood pressure), **paracetamol, some antibiotics, warfarin, some anti-epilepsy drugs** and even **alcohol**. The risk is the diabetic drugs will work too well, so you end up with hypoglycaemia, or they metabolise too quickly so you're not fully protected.