

the People's Doctor

A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

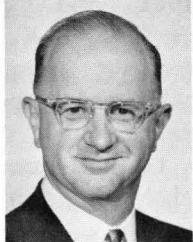
664 N. Michigan Ave. Suite 720 Chicago, Illinois 60611

VOL. 3, NO. 2



IN THIS ISSUE:

Tranquilizer Drugs



**Dr. Robert
Mendelsohn**

A doctor from Dayton, Ohio, recently wrote me in great anger because, he said, I was always giving the side effects of drugs but never told the incidence of those effects. I replied that I was surprised that he didn't know that it was almost impossible to find statistics on just what percentage of the population suffers just what side effects from which drug, and more importantly, I reminded him that, for the affected patient, the risk is always 100 per cent!

This month's column concerns itself with tranquilizers, those all-American pills (more than 100 million are prescribed annually) that have brought 1984's soma to us decades sooner. But each of us who consumes one of those pills whose manufacturers so blithely promise us relief from all our anxieties puts himself at risk of far greater anxiety because of what those pills can do to us. Of all the tens of thousands of letters that reach me, the ones about tranquilizers are among the most harrowing. Allow me to share some of them with you.

Q A

*Tranquilizers
and
alcohol*

What is your opinion of the unlimited prescription of Librium for hypertension for a middle-aged active male who is considered to be a heavy social drinker--three or four highballs nearly every day?--J.J.

By this time, everyone should know that alcohol and tranquilizers such as Librium do not mix. The medical books clearly point out the excessive sedation, depression, seizures and other hazardous effects that can occur when the two are taken in combination.

Unless the person who received that Librium prescription was specifically told not to drink, the doctor who is writing those unlimited prescriptions is placing his patient at medical risk and himself in possible legal jeopardy.

Q

Is it dangerous to take tranquilizers during pregnancy?--F.G.

A

*Taking tranquilizers
while pregnant*

It is dangerous to take just about any drugs during pregnancy because no one really knows just what long-term effects there may be on a fetus from the mother's use of drugs. When a doctor prescribes medicine for a baby, he prescribes very small doses because he knows that the baby's system cannot tolerate a large dosage. However, if a pregnant woman

gets a drug, her dosage is suited to an adult, not to the fetus. Doesn't it seem reasonable to you that an adult dosage of a drug reaching the fetus by way of the placenta may affect the unborn child?

Let's get down to specifics. Haldol (haloperidol), a tranquilizing drug, has been cited in the Journal of the American Medical Association as being capable of causing deformities in humans. In the New England Journal of Medicine, two medical scientists have warned that "Meprobamate and chlordiazepoxide (marketed under the trade names Miltown, Equanil, and Librium) may not be safe during early pregnancy."

Some of the women who used these drugs did not know they were pregnant at the time. Therefore, I would go even further and suggest that all women of childbearing age stay away from tranquilizers unless there are very strong indications for their use.

Q What birth defects are associated with tranquilizers? I couldn't have been more than one week pregnant when I read the warnings about tranquilizers and birth defects in the newspaper, and I stopped taking Traxene. Do I have anything to worry about?--Mrs. L.B.

A A recent Physicians' Desk Reference says that animal experiments with Traxene show no evidence of harm to the animal fetus. The manufacturer, Abbott Laboratories, adds that "The relevance to the human is not known" and also states that there is no experience with pregnant women who have received the drug.

Let's take a look at some other tranquilizers. McNeil's Haldol has been identified as a possible cause of serious limb deformities. A 19-year-old mother who took Haldol between the 25th and 37th day of pregnancy delivered a child with only a thumb and two fingers on each hand as well as deformities in other bones. The labeling information supplied at that time by McNeil stated only that "safe use in pregnancy has not been established." Valium, when taken during the first trimester of pregnancy, has been linked to cleft lip and cleft palate. Almost every other tranquilizer is presently under suspicion of causing birth defects.

Since you took Traxene for only one week of your pregnancy, the odds that you did any damage to the fetus are minuscule. As a physician, I would like to reassure you that there is nothing to worry about.

But in your case and others, I am angry that doctors are still prescribing powerful tranquilizers to women in their childbearing years without first at least asking if they might be pregnant. Thalidomide was a tranquilizer, and I had hoped that members of my profession had learned from that experience. While thalidomide's use did not extend into this country, if current practices continue, we could have a similar tragedy over here. It is the doctor's responsibility to determine whether a woman is pregnant before he prescribes either medication or treatment.

Q In 1958 I developed hypoglycemia and, since I was holding down a heavy job and was having trouble sleeping, my doctor prescribed a 10 mg. Librium tablet at bedtime. That helped for a while but later lost its effect. Other medications were prescribed, but I couldn't tolerate any of them--they made me groggy all the next day. So I finally settled for waking up at 3 a.m. and staying awake the rest of the night. When this doctor died, I turned to another who, after hearing about my

sleeping difficulties, suggested that 200 mg. of Placidyl might be effective. I tried it, and he was right; I have been taking both Librium and Placidyl ever since.

Recently, I developed arthritis in my knee, and the doctor prescribed Motrin. It was invaluable in the beginning, but after a while I started to develop side effects. The doctor suggested I take Ascriptin, which seems to control the arthritis very well. When I stopped taking Motrin, my doctor suggested I also stop taking Librium. That happened about a month ago, and afterwards I developed a swimming sensation in my head as well as heaviness in both my head and chest. I also started to feel very shaky, so he put me back on Librium, and my condition improved.

Could I have become addicted to Librium and Placidyl? I found it impossible to sleep after I stopped the Librium. What do you think about my predicament?--A.A.

A *Addiction to legal drugs*

I used to utter the word "incredible" when I heard of extremely bad cases. But over the years, the number of bad situations that has come my way has accelerated to such an extent that, in order to avoid debasement of the word, I exclaim "incredible" only when I hear something good. In your case I must return to my old speech patterns, since your report that you have been taking both Librium and Placidyl for the past umpteen years is indeed incredible.

Withdrawal symptoms following discontinuation of these drugs are well documented, and both products are clearly labeled as having the potential for developing psychological and physiological dependence. As a matter of fact, in the case of Placidyl, the prescribing information states in capital letters: PROLONGED ADMINISTRATION OF THE DRUG IS NOT RECOMMENDED

I am glad your doctor suggested you stop using Motrin, a powerful drug with many side effects but with no greater effectiveness than the combination of aspirin and antacid (Ascriptin) you are now taking.

I would advise you to return to your physician to explore the available alternatives of either continuing your Placidyl-Librium habit for several more decades, or of using the same kind of weaning techniques to get rid of your addiction to legal drugs as are used by patients who are addicted to illegal drugs. A junkie is a junkie is a junkie.

Q

I started my own business 30 years ago on a shoestring. The stress of maintaining this business created problems, and I was unable to sleep. The tension affected my digestive system. My doctor prescribed Meprospan, which I took at bedtime for 10 years. I then found it necessary to increase the dosage to two at bedtime, as the doctor instructed, this for another 10 years. During this time I had regular checkups. All vital signs were normal.

I began to notice a reduction in my aggressiveness and attention to business. I thought this was due to aging, or maybe I was just plain tired. The progressive loss of concentration and decision-making ability eventually made it necessary for me to liquidate the business. I had not prepared myself for retirement--my work was both my vocation and my avocation.

Now near 70, I find myself unable to cope and make something out of my remaining years. I still am in good physical health, but my mental abilities have deteriorated. My marriage has collapsed. Two

psychiatrists have been unable to help me; they don't seem to understand my problem. My doctor says Meprospan is harmless, but I feel I am living proof of the side effects of prolonged use of this drug. As you so often state, the side effects are worse than the problem for which they were prescribed. But what do I do now? Maybe this experience will help others.--W.P.

A

*Long-term
tranquilizer
usage*

So you have been on Meprospan (meprobamate) for 20 years! This anti-anxiety drug, which also comes under the brand names of Equanil and Miltown, can cause physical and psychological dependence. Its adverse reactions include drowsiness, dizziness, slurred speech, headache, weakness, loss of balance, overstimulation, and overexcitement.

While the usual adult dose is one to two 400 mg capsules in the morning and again at bedtime, it is recommended that the lowest effective dose be administered, particularly in the elderly. Under the section of prescribing information labeled "Precautions," the following sentence appears: "The possibility of suicide attempts should be considered, and the least amount of the drug feasible should be dispensed at any one time." A further warning states that "Patients should be warned that this drug may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a motor vehicle or operating machinery."

Even though this drug sounds as though it might be responsible for much of your trouble, I cannot recommend that you simply stop it, since sudden withdrawal after prolonged use may precipitate anxiety, loss of appetite, insomnia, vomiting, loss of balance, tremors, muscle twitching, confusion, hallucinations and, rarely, convulsions.

We have no good scientific studies establishing the safety of 20 years of meprobamate usage, perhaps because majority medical opinion holds that a chemical drug is safe until proven dangerous. Yet, increasing numbers of doctors, myself included, are embracing the exact opposite viewpoint, i.e., the long-term ingestion of chemical drugs is dangerous until proven safe.

The same doctor who got you into this situation should now use his medical judgment to get you out of it.

Q

I am 22 years old and have been on tranquilizers since I had a nervous breakdown in 1974. I've been on Elavil, Haldol, Norpramin, Sinequan and Triavil. I stopped taking all of them last October, and I went through withdrawal--nausea, stomach cramps, diarrhea. When I complained of these symptoms, my doctor wanted me to take still stronger drugs.

I'm going to be married soon, and we plan to have children. What should I do? I don't want to start this vicious circle all over again.--Worried

A

Withdrawal

Other than the fact that your drug supply was doctor-prescribed, your situation hardly differs from that of the ordinary street addict.

Your sensible attitude has already successfully led you through the "cold turkey" treatment, and you are responsibly trying to reject resuming the habit. Your next step is to rid yourself of the drug "pusher," even if he happens to be your friendly physician.

Your marriage gives you the opportunity to make a new start. By the time your healthy children appear on the scene, these drugged years will be only a memory.

Q

I am writing you as a last resort to see if I can get some straight answers about medications that were prescribed for me.

After an automobile accident, my attorney sent me to a doctor. I had suffered an injury to my back muscle, and the doctor told me to go home, put my mattress on the floor and take the medication he prescribed. He said I would sleep for 10 days. He prescribed the following: Every six hours, I was to take three Valium, three Equagesics, two Vistaril and one Elavil. This medication was to be taken at 6 a.m., at noon, at 6 p.m., and at midnight. Three days later, the Valium was dropped, and I was to take one Haldol every three hours and one Artane every three hours.

While under the influence of all this medication, I suffered horrible hallucinations and delusions. My family finally could stand it no longer; after six days, they rushed me to the hospital emergency room. They were told I had been overdosed, and I was admitted to the hospital as a psychiatric patient.

What are the possibilities of these same symptoms reappearing in the future as a result of the medication I took? I have asked this question of my family doctor, but he just doesn't give me any clear answers.--California Reader

A

*Drug
overdose*

By the time you read this answer, that unbelievable collection of drugs you took will have long since been excreted from your body. The symptoms you describe will not recur unless you are naive enough to repeat that dosage.

Perhaps your family doctor, your lawyer, and the doctor recommended by your lawyer, should sit down with you and your wife for a much needed conference.

Q

When I recently was hospitalized for a nervous condition, another patient and I discussed a bitter, unpleasant taste which both of us had in our mouths. When I asked my doctor about this, he said it was nothing physical. Is this bad taste a symptom that accompanies mental and nervous disorders. I am taking Traxene and imipramine.--M.M.

A

*Tranquilizers
and
unpleasant
taste
in mouth*

The prescribing information on imipramine (the generic name of Tofranil, Presamine and others) clearly lists among the adverse reactions peculiar taste, nausea and dry mouth. Abbott's Traxene also lists among adverse effects dry mouth and various gastrointestinal complaints (which might engender a peculiar taste in the mouth). Combining these two might easily strengthen these ill effects.

When your doctor says it is nothing physical, I hope he is not implying that this effect is a product of your imagination, since this kind of suggestion on his part could easily increase the nervous trouble for which you were originally hospitalized. Perhaps everyone might improve if your doctor paid a little more attention to what is in his books.

Q

My husband is 45 years old, and he's becoming very irritable. Our doctor prescribed some Valium tranquilizers, and they worked fine at first. Now my husband seems to be getting even more irritable. Could the drug have something to do with his behavior?--C.J.

A

Valium

It certainly could! The side effects of a drug may actually be the same as the very problem the drug is supposed to cure.

How can you find out about a drug's side effects?

If you have a good relationship with your local druggist, he may allow you to see the circular that accompanies Valium (most prescription drugs have such circulars accompanying them). If your druggist doesn't let you see this information, go to your local library and look up the drug and its side effects in the Physicians' Desk Reference.

If you read this information carefully, you will notice something very strange, namely, that the reasons for taking Valium--anxiety, fatigue, depressive symptoms, tremor, spasticity--are the same as the drug's possible side effects! Imagine the dilemma of the physician faced with a patient who takes the initial dosages of Valium and is still depressed. Does the physician discontinue the drug, or does he double the dosage?

If your doctor decides to switch your husband to another tranquilizer, ask him in advance if the listed side effects are substantially different from those of Valium.

Q

My wife has a stiff neck, and the doctor prescribed Valium. Is this the same Valium that's given as a tranquilizer?--K.N.

A

And
more
Valium

Yes, Valium is Valium, whatever it's used for.

The prescribed uses of common tranquilizers have become so broad that they remind me of the snake-oil nostrums of a century ago.

You might be interested in knowing that a recent ad for Valium, which said the drug was effective in treating skeletal muscle spasm (your wife's condition), listed as one of the drug's side effects "increased muscle spasticity." That means that one of the drug's side effects is the same as the condition your wife is trying to cure!

Q

What do you think of a man (my husband) who has been taking Valium for the past three years? He gets dizzy spells and fuzzy vision, and he is crabby, cranky, and even violent at times. Every time he gets upset, he pops a Valium. He has irregular heartbeats and sometimes can't catch his breath.

Every time he sees the doctor, he's told he's all right and is handed a prescription for Valium. I thought a person who takes Valium over a long period of time should gradually stop, but that doesn't seem to be happening here. Can Valium cause impotence? He has sex only once every two months. All he wants to do is sleep, but he says the Valium doesn't make him sleepy. Please answer my questions.
--Mrs. M.B.

A

And
still more
Valium!

You say your husband gets dizzy spells? Ataxia (inability to coordinate muscles and to preserve one's equilibrium) and vertigo (dizziness; giddiness) are listed as possible adverse reactions to Valium. You say your husband has fuzzy vision? Diplopia (double vision) and blurred vision are also listed as adverse reactions. You say your husband is crabby, cranky and violent at times? Anxiety, hyper-excited states and rage also are listed as adverse reactions from this "calming" drug.

While irregular heartbeats are not listed as a side effect, drop in blood pressure (hypotension) IS listed. As far as your husband's impotence is concerned, one of the clearly listed adverse reactions is

change in libido. You say your husband only wants to sleep? The first side effects mentioned in the prescribing information are drowsiness and fatigue.

Any further questions?

Medical News

According to the December 1, 1978, Journal of the American Medical Association, a debate is raging over the usefulness of pertussis (whooping cough) vaccine. There have been more than 50,000 cases of whooping cough in the British Isles since November 1, 1977, and some British doctors are questioning whether routine immunization of infants and young children really is effective in halting the spread of the disease.

Dr. Gordon T. Stewart, head of the Department of Community Medicine at the University of Glasgow, Scotland, recently said, "As with many other infectious diseases, there was a great decline in the rate of pertussis mortality before any vaccine was available." Interviewed at a news conference following a symposium at the National Institutes of Health in Bethesda, Maryland, Dr. Stewart added, "The decline in pertussis mortality was 80 per cent before the vaccine was ever used. The key factor in controlling the disease is living conditions...."

JAMA states that the common side effects of this vaccine are fever, crying bouts, a shock-like state, and local skin effects. More serious--and more infrequent--effects include convulsions and permanent brain damage resulting in mental retardation.

Stewart explained that he supported inoculation before 1974, but then he began to observe outbreaks of pertussis in children who had been vaccinated. "Now in Glasgow," he said, "30 per cent of our whooping cough cases are occurring in vaccinated patients. This leads me to believe that the vaccine is not all that protective."

Back issues of The People's Doctor Newsletter are available at \$2.00 an issue from: The People's Doctor, 664 N. Michigan Ave., Suite 720, Chicago, Illinois 60611

Vol. 1, No. 1: Pregnancy & Childbirth	Vol. 2, No. 7: How to Talk to Your Doctor (and other medical professionals)
Vol. 2, No. 1: High Blood Pressure & Anti-Hypertensive Drugs	Vol. 2, No. 8: Feeding Your Baby
Vol. 2, No. 2: Women as Guinea Pigs: DES...The Pill... Menopausal Estrogens	Vol. 2, No. 9: Fluoridation...Microwave Ovens...A Test-tube Baby ...A Special Baby
Vol. 2, No. 3: Anti-Arthritis Drugs: Are the cures worse than the disease?	Vol. 2, No. 10: Psychiatry and Counseling
Vol. 2, No. 4: The Truth About Immunizations	Vol. 2, No. 11: Coping with Hospitals
Vol. 2, No. 5: The Dangers of X-Rays	Vol. 2, No. 12: Coronary Bypass Surgery
Vol. 2, No. 6: The "Disease" of Hyperactivity	Vol. 3, No. 1: Day Care Centers and Nursery Schools

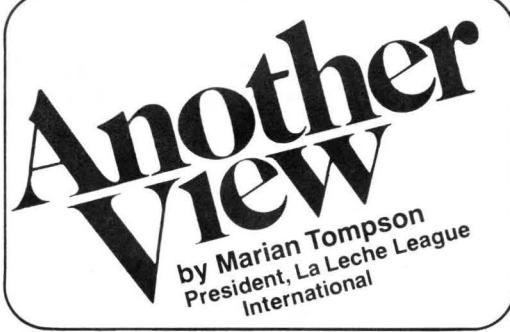
Your questions about the medical problems that trouble you most will be answered by Dr. Mendelsohn. Please send your questions to: The People's Doctor, 664 N. Michigan Ave., Suite 720, Chicago, Ill. 60611.

The People's Doctor Newsletter
664 N. Michigan Ave., Suite 720
Chicago, Illinois 60611

© The People's Doctor Newsletter, Inc.

Published monthly. Subscription rate: \$18.00 annually.

Robert S. Mendelsohn, MD, Editor
Vera Chatz, Associate Editor



Remember those word association games? Someone mentions a word, and you come back with the first thing that pops into your head? Well, when anyone says "tranquilizer" to me, my immediate reaction is "breastfeeding," a connection that might sound strange to someone who is not aware of this special bonus which breastfeeding mothers enjoy.

When a mother breastfeeds her baby, the very act of suckling sends signals to the pituitary gland directing it to produce prolactin, a hormone which has an effect on the mother very similar to that of a tranquilizer. Or, as Dr. John E. Tyson, Associate Professor of Obstetrics and Gynecology at Johns Hopkins University explains, "There is less reaction to depression-causing stimuli in the environment. Prolactin appears to evoke a psychic pain-killing response."

Dr. Tyson's explanation may very well be the reason behind the observation made to me by the father of a large family--that his high-strung wife was a lot easier to live with when she was nursing a baby.

It was certainly Nature's intention that babies get fed, no matter what else is going on. This hormonal lowering of the mother's responses to stress is also beneficial when a baby is born with a handicap or some other problem. The mother's anguish would be lessened and her closeness to the baby heightened through breastfeeding. As Charles W., father of a baby born with Downs Syndrome and a psychologist by profession, wrote La Leche League: "It is easy to accept a normal, healthy infant. But in those first minutes and hours after birth, it is far more difficult to accept the handicapped baby. A nursing mother somehow puts her husband at ease as she cuddles his child to her breast. The peace and tranquility flowing from that relationship seems to rise above the problems of the moment. The most basic emotion in life seems to rise up in relief. Love--a retarded child can experience it in its purest form."

This important hormone, prolactin, tends to suppress the action of the ovaries, preventing them from producing the hormones that trigger ovulation. When a baby is totally breastfed during the first six months, ovulation ordinarily is postponed for a much longer time in nursing mothers than in those whose babies are bottlefed. In animal studies, prolactin has been shown to enhance maternal behavior. It can induce motherly activity even when artificially administered to a virgin.

So while breastfeeding your baby doesn't automatically guarantee that you will be as good a mother as you want to be, you can see that it does have special built-in advantages in helping reach that goal.

Although it's been many years since I've breastfed a baby, yet even now, just writing about it makes me feel good!