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Asthma ..."I Told You So" About Ultrasound

With the widespread use of the most powerful drugs for the treatment for asthma ever known to man, there is a serious question whether more asthma patients die from their disease or from their treatment. In addition to the natural fear induced in an asthmatic patient by wheezing and shortness of breath, his doctor is likely to frighten him further with threats of what can happen if he does not accept the doctor's treatment. The purpose of this Newsletter is to counter such claims with the documented threats of what can happen to patients who do accept his treatment.

Dr. Robert Mendelsohn

We recently were told that our 8-year-old son has asthma. It came as a relief to us to finally know why he was sick all the time while other children never got whatever "bug" he was supposed to have.

Our pediatrician has put him on Elixophyllin, a "maintenance" medication of which he takes two teaspoonful three times daily. Will this prevent his getting attacks, or will it just make him less susceptible to the allergens that trigger the attacks? What side effects should we be aware of if this medication is taken constantly over a long period of time?

Our son also takes Marax whenever he experiences an asthma attack. Should he be taking this in addition to the Elixophyllin or instead of it? My neighbor says Marax causes the heart to beat faster. Is this true? What else should I know about Marax?—Mrs. D.S.

Cooper's Elixophyllin is the trade name for theophylline, the active ingredient, carried in a vehicle of 20 percent alcohol (I wonder how often THAT is the active ingredient!) in a "palatable, aromatic base." This drug is designed to relieve acute bronchial asthma, and the warnings, precautions, drug interactions, adverse reactions and overdose information fill an entire column of the Physicians' Desk Reference. Before you dole out the first teaspoon, you, as the child's mother, have at least as much responsibility as the physician for thoroughly acquainting yourself with this information.

The above caveat is particularly important since Roerig's Marax is a combination of theophylline and ephedrine. Prescribing information about this drug combination tells us that some controlled studies suggest

Side Effects of Asthma Medications
—Elixophyllin, Marax
that adding ephedrine to adequate dosage regimens of theophylline does not produce an increase in effectiveness over that of theophylline alone, but it does produce an increase in toxic effects. In addition, Marax contains 5 percent alcohol as well as Atarax (hydroxyzine), a "calming" drug with its own long list of adverse reactions, precautions and contraindications.

Your neighbor is right--fast heartbeat is clearly listed as an adverse reaction to Marax.

It takes but a moment for your physician to write the prescriptions for these drugs and but another moment for your child to swallow the medicine. But it's worth a goodly amount of YOUR time to find out exactly how these prescriptions, so freely given, are translated after they enter your child's body.

Our nine-year-old son has had asthma since he was three. His condition was pretty bad until we took him to an allergist who put him on allergy shots and prescribed Quibron. That was about a year ago, and he has led a fairly normal life since then. We have tried to gradually reduce the dosage of Quibron, but that only resulted in an asthma attack. Other than occasional nausea, are there any other side effects of this drug--perhaps long-term ones--which might effect our son's development or growth?--Mrs.S.

Mead Johnson's Quibron is a combination of two medications which have long been on the market--theophylline and glyceryl guaiacolate. You also should be aware that the elixir contains 15 percent alcohol.

You already have discovered the adverse gastrointestinal effect of nausea, which is due to local irritation of the lining of the stomach. Another adverse reaction is a stimulating effect on the central nervous system which may lead to sleeplessness and some degree of overexcitement.

As long as Quibron is not given in conjunction with similar anti-asthmatic preparations or with heparin, it is generally quite safe.

The ingredients of Quibron have been used for several decades, and thus far no long-term ill effects on growth or development have been identified.

Could you please comment on possible side effects of Vanceril? My 15-year-old son has been taking this drug for asthma for two years, and he still takes it four times daily. In the past few months, he has experienced extreme deterioration (softening) of his toenails and fingernails, but his teeth remain strong and healthy.--P.B.

Schering's Vanceril, an anti-asthmatic aerosol, is absorbed into the body even though it is administered only in the mouth and nasal passages. Therefore, it has all the side effects of its steroid relative, Prednisone.

The manufacturer's information states, "The long-term effects of (Vanceril) in human subjects are still unknown. In particular, the local effects of the agent on development or immunologic processes in the mouth, pharynx, trachea, and lung are unknown. There is also no information about the possible long-term systemic effects of the agent."

This statement appears in the 1984 Physicians' Desk Reference. It has appeared in exactly the same language in PDR's dating back to 1978. When, if ever, will we learn whether any long-term studies are even being conducted?

Clinical experience to date has revealed several problems which may be associated with the use of this aerosol, including localized infections with yeast organisms in the mouth, pharynx, and larynx. As a matter of
fact, up to 75 percent of patients who received prolonged Vanceril treat-
ment have positive cultures for Candida, a yeast organism. Perhaps your
doctor may wish to examine your son's nails for the presence of this agent
or one of its relatives which can be responsible for nail problems.

Since your son is right in the middle of adolescent development, you
also should know that, in animal studies in which beagle dogs inhaled Van-
ceril for one year, the possibility of drug-related interference with
sexual maturation or function was suggested. In regard to this finding
the manufacturer carefully states, "The relevance to patients of these
findings following prolonged administration of the drug is not known."

Particular care is needed with patients who are transferred from
corticosteroids (which affect the entire system and are taken by mouth
or by injection) to the medication that is inhaled with this new product:
"Deaths due to adrenal insufficiency have occurred in asthmatic patients
during and after transfer."

As far as pregnant women are concerned, the manufacturer notes that
studies on the risk to the fetus are not available. But there is a list
of the inhaler's effects on fetal animals, which include cleft palate,
absence of tongue and delayed bone growth.

As a pediatrician, I am particularly concerned that the dose for
children who are 6 to 12 years old is "one or two inhalations three or
four times a day"—a maximum of eight inhalations daily. The very next
sentence says the maximum daily intake should not exceed 10 inhalations.
This sounds to me as though the difference between the healthy dose and
the risky dose for some children may be two whiffs!

I hope this brief answer whets your appetite and leads you to your
public library for a complete reading of the accumulating information
on this powerful corticosteroid so that you and your son will be able
to more intelligently discuss with your doctor whether it is prudent to
continue this treatment.

A warning on this literature says, "Keep out of the hands of chil-
ren." Since there is no question that this new product will fall into
the hands of children as well as adults, I advise you to ask your doctor
or your pharmacist to provide you with the package insert for this medi-
cation. Be sure to read it carefully, no matter how small the print is!

My husband has bronchial asthma. About five years ago, when he began
having breathing problems, the doctor he was seeing tried several medica-
tions, but none of them helped. My husband finally became so ill that we
left that doctor and went to the emergency room of the county hospital.
He was hospitalized and put on intravenous feeding because of severe
dehydration. Finally, he was tried out on Prednisone, which snapped him
out of his illness so fast it was unbelievable! Since then, whenever
his asthma kicks up, Prednisone is the only thing that really brings him
out of it.

The doctors at the county hospital wanted to use Prednisone only if
my husband's condition became serious. They sent him to the University
of Iowa Hospital where he was told that it made no sense to put off using
the drug if it helped him so much. So now, whenever he has problems with
asthma, they start him on eight tablets and gradually taper him off over
a two-week or longer period. He is constantly on Choledyl and Brethin,
and he seems to be getting along pretty well. He also takes allergy
shots every two weeks.

So here's my problem: A friend began having similar asthmatic prob-
lems, and his doctor didn't seem able to help. So we told him to say
"Prednisone" to his doctor, and the things he was told scare me to death!
That doctor feels no one should use this drug except in very rare and
extreme cases. He lists side effects of impotence, moonface, aging of bones (which makes them very brittle at an early age,) and some type of disfigurement causing a humped back. We have not been told any of this by our own doctor, and I haven't yet mentioned it to my husband because I'm not sure it's true.

Since my husband's asthma sometimes seems to be tied in with his emotions, I hesitate to tell him that the one medication that helps him also can cause such serious side effects. I don't know what else he could take that would help him so much, and I'm afraid Prednisone might not help as much if he were to become fearful of it. Impotence can sometimes be caused by mental factors, and if I told him about this possible problem, that just might make him develop it! What should I do?—W.W.

Your very thoughtful letter raised the important question of side effects from too much information. Faithful readers of this Newsletter may well lift their eyebrows at my placing limitations on informed consent. But, after all, nothing is 100 percent in medicine (including this statement), and "informed consent" is not cast in granite. An amendment to the general rule of informed consent in certain cases might extend this principle to include informed consent of a close relative.

Situations such as yours make me yearn for the good old days when patients had absolute faith in their physicians and when the capacity of medicine to do both good and evil was far less than it is today. But since I am writing for modern audiences, who are justifiably skeptical of doctors, surgeons, drugs and hospitals, I will continue to plug away for the sharing of information with patients.

In your case, it is time for YOU to visit your husband's physician to begin that sharing process.

My husband is taking Slo-phyllin (theophyllin) for asthma. He has been taking a dosage above the recommended maximum for almost two years. When he questioned his doctor—a allergy specialist—about side effects, he was told that, if he questioned the doctor's judgment, he should go to another doctor.

I have seen great personality changes in my husband—irritability, refusal to accept responsibility for himself or the children, procrastination concerning important duties. A doctor friend has commented to me that he seems unlike himself and "hyped-up."

My husband is a professional man in his late 40's. Our marriage is now in great jeopardy, and, of course, this affects the live of our children. We are receiving counseling from a minister, but I realize that no amount of counseling is going to help if this problem is caused by drugs. Could the medication be responsible for my husband's problem?—N.N.

Every sophomore medical student who has completed a course in pharmacology knows that theophyllin can and frequently does cause central nervous stimulation. When your husband questioned his allergy specialist about side effects, that doctor gave him excellent advice when he recommended he see a different doctor.

According to a recent (August 1983) issue of the New England Journal of Medicine, asthma patients who take daily doses of steroid drugs (e.g., prednisone) for several years to help them with their breathing face "an unusually high risk of broken ribs and vertebrae."
Of 128 patients studied at the National Jewish Hospital—National Asthma Center in Denver, 14 patients (11 percent) suffered a total of 58 broken ribs or vertebrae. All 128 people had taken steroids every day or every other day for at least one year. In a control group of 54 patients who had no longterm steroid treatment, no fractures were reported. One of the researchers commented that anyone taking drugs such as cortisone could be similarly affected. 

I am a 57-year-old former community health nurse who has been on 10-20 mgm. Prednisone almost daily for the past 22 years. For the past six years, this dose has been given on alternate days. Prednisone, along with many other medications, was prescribed for me as treatment for severe intractable allergic asthmatic bronchitis.

During this time, I served around the world with the U.S. Army and had many different doctors care for me. On three different occasions during the past 15 years, the Prednisone was gradually reduced and then was discontinued altogether. Each time, my broncho-pulmonary symptoms reappeared, along with other very severe symptoms. Each time this happened, I was hospitalized and was put back on Prednisone.

I always functioned quite well on Prednisone and had minimal side effects (mostly nausea, tiredness and frequent colds), being able to work fulltime, play some golf and have a limited social life.

Six years ago, I was placed on Vanceril, and I noticed a marked decrease in my broncho-pulmonary symptoms. Two years ago, I moved from Texas to Arizona and noticed a further remission of my symptoms.

In December 1982, my new Arizona doctor decreased the Prednisone dosage. Three weeks later, I became faint, bone-tired, and unable to stay warm. My systolic blood pressure was 90. After walking a flight of stairs, I was unable to stand because of faintness and exhaustion. I also developed strong palpitations in my chest.

My doctor, upset about the blood pressure reading and attendant symptoms, took a blood cortisol level and gave me a Depo-medrol injection to which I did not react as dramatically as he had expected. He then restarted me on Prednisone—5 mgm. for five days. He subsequently cut that dosage in half and then cut it out altogether. I now grow faint upon standing, have strong palpitations, and feel generalized fatigue. I have now gone 28 days without Prednisone, and the symptoms continue.

I would appreciate any help you can give me in this depressing situation.--C.C.

I am using your complex and hard-to-understand letter in order to give my readers some insight into how difficult it is to wean a patient away from steroid drugs. I hope every patient who is prescribed Prednisone for asthma or any other condition will carefully question his doctor about the doctor's strategy for getting the patient off of steroids even before he takes the first dose.

In my own medical experience, I have had plenty of patients who came to me after being on steroids for 10 years or more, and I have had very little success—even after they changed their diet and lifestyle patterns—in discontinuing that powerful adrenal hormone. This is not surprising, since the exogenous hormone (that which comes from outside the body) suppresses endogenous hormone (that which is made by the body itself). Thus, when sufficient time elapses, the adrenal gland suffers irreversible exhaustion, and the patient becomes dependent on the prescribed hormone to do the work—at least in part—of the body's own hormone.

Your professional background as a nurse and your obviously intelligent insights have resulted in thoughtful questions that are quite beyond the ken of ordinary physicians, even medical specialists. Therefore, I
recommend that you find a top-ranking Ph.D.-physiologist who has published a great deal of research on the adrenal gland. Search for this person either through your local medical schools, or nationally, through physiology textbooks available in medical libraries. In my opinion, such a person is the best source for solutions to your doctor-produced problem.

I am writing this on behalf of my sister, who recently has become an asthma sufferer. This affliction is bad enough, but she also endures a terrific and cruel insomnia. By the time day arrives, she is almost too weak and exhausted to get out of bed. (She is 65, and this asthma came upon her very suddenly.) Her doctors have admitted openly that some of the medication they prescribe is conducive to insomnia. In fact, some of the literature that accompanies her drugs says just that. When she tells the doctors just how little she sleeps, they shrug and say they know. They add that the medication she is on is the best program for her case.

My sister takes 600 mg of Quibron daily, as well as puffing from both Proventil and Beclovent inhalers. Might something other than these medications be causing her insomnia? She often says her affliction would be tolerable, if it were not aggravated by debilitating and exhausting insomnia.

Thank you, Doctor. And as we say here in New Orleans, "Que le bon Dieu vous benisse!" (May the good God bless you.)--Mrs. M.W.

Thank you for the blessing--I certainly need all I can get!

I am interested in your sister because her case management reveals how medicine has progressed. At one time, doctors rarely admitted that drugs had side effects. A little later, they conceded that there were indeed adverse reactions, but these were said to be minimal, inconsequential, rare, and insignificant. Next, they allowed that while some of the side effects were more serious, the benefits of the medicine still outweighed the dangers.

Today, as exemplified by your sister's case, doctors openly admit that insomnia, with its accompanying weakness and exhaustion, is due to her medicine but "It is the best program for her case." But she doesn't seem to have been told about some of the even-more-serious side effects: Mead-Johnson's Quibron carries the risk of seizures and disturbances in cardiac rhythm. Proventil, indicated for the relief of spasm of the bronchial tubes, paradoxically may lead to bronchospasm, and its "excessive use" has been associated with fatalities. The prescribing information states, "The exact cause of death is unknown, but cardiac arrest following the unexpected development of a severe acute asthmatic crisis and subsequent hypoxia (lower oxygen supply) is suspected. Beclovent, also known as Vanceril (the generic name for both is beclomethasone), has dozens of contraindications, warnings, precautions, and adverse reactions that are must reading for anyone who is taking this powerful steroid hormone.

Obviously, it's time your sister got a second opinion. She may not know that there are two schools of doctors who deal with allergies, asthma included. The orthodox group uses skin tests, desensitization, and heavy doses of medication. The newer group--referred to as "clinical ecologists"--carefully and meticulously seeks out the cause of the condition, giving particular attention to studying environmental factors and eliminating offending foods, chemicals, and other causative agents. Clinical ecologists shun methods and drugs which are used by conventional allergists (e.g., skin tests, desensitization, Prednisone, etc.). Your sister may find a clinical ecologist in her area by contacting their leading authority, Theron Randolph, M.D., of Chicago. Dr. Randolph is president of the Human Ecology Action League (HEAL) (505 N. Lake Shore
After a yearlong study, a 14-member task force, organized by the National Institutes of Health, is ready to recommend that ultrasound tests should not be given routinely because the safety of the procedure has not been proven.

The chairman of the panel, Dr. Fredric Frigoletto, professor of obstetrics and gynecology at Harvard University Medical School, reports, "We could find no evidence to justify the recommendation that every pregnancy be screened by ultrasound." He continues, "In the face of even a theoretical risk, where there is no benefit, then the theoretical risk cannot be justified."

Ultrasound works by using high-frequency sound waves to produce an image of the fetus on a television screen. This new report points out that lengthy and intense exposure to ultrasound waves can cause cell damage, an effect the task force says has not been demonstrated in humans.

Since loyal readers of this Newsletter will recall my repeated warnings over the past few years about the dangers of diagnostic ultrasound, I suppose I could simply lean back and bask in the glow of self-satisfaction, having watched my predictions come true and knowing that at least some of you and some of your yet-unborn children have escaped this unproven and potentially dangerous diagnostic procedure. However, these new warnings from NIH pose new questions. Where was it ever written that ultrasound should be used routinely? Who were those doctors who recommended routine diagnostic ultrasound for pregnant women? Was your own doctor on the right or wrong side of this issue, and where does he stand today? According to Newsweek Magazine, there are 27 indications for using ultrasound, but those indications have not been spelled out, to my knowledge, in the popular press. Why aren't the experts at NIH publicizing those indications so that women can have this information in hand when they go to their doctors?

Since there is a tendency among some doctors to classify far too many pregnancies as "high risk," it is not sufficient to merely say that ultrasound should be used in "high risk" pregnancies. Clear criteria for what constitutes high risk pregnancies should be publicized by these eminent researchers so that each pregnant woman can judge for herself whether her pregnancy is high risk or low risk, instead of depending blindly on the doctor's evaluation.

If doctors who now are overusing ultrasound cut back, how are they going to afford those expensive machines? Furthermore, the NIH/Harvard authorities have not spelled out the kind of disciplinary measures that should be taken on doctors who continue to overuse ultrasound. Will these errant docs be disciplined by their state medical licensure boards, specialty societies, county medical societies? Or will we have to wait for the lawsuits that may develop 10 or 20 years from now if the early statistics suggesting ultrasound-induced leukemia and other forms of damage are confirmed?

The ultimate question (which the researchers thus far have failed to answer) is why—since ultrasound has never been shown to improve the outcome of pregnancy for either mother or baby—should it be used at all? Shouldn't parents be clearly informed that diagnostic ultrasound is an experimental procedure? And shouldn't they be required to sign the special consent forms for experimental procedures?
A prospective study which was designed to determine whether food ingested during the first months of life is related to the development of asthma, dermatitis and rhinitis in the offspring of allergic families has revealed (surprise!) that the best protection a youngster has against allergic disease is having been breastfed. As reported in Clinical Pediatrics (August, 1982) the study followed children in the private practice of Connecticut physician, Frank L. Gruskay, M.D., from birth to 15 years of age. The 328 children who had a positive family history of allergy--some breastfed, some fed soy-based formula and others fed cow's milk formula--were compared to a control group of children who had no family history of allergy. Dr. Gruskay found that babies breastfed for at least three months (even though their feedings were supplemented with cow's milk formula at least once a week) had about half the incidence of allergic reactions of infants who were fed cow's milk or soy formula. (Imagine the results if they had selected infants who were totally breastfed!)

While there was a threefold increase in clinically apparent allergic disease in offspring of allergic families when compared to the controls, there was only a twofold increase if the infants were breastfed. Breastfed patients also had a significantly later onset of allergic disease than did those who were bottlefed. Interestingly, substituting soy formula for cow's milk was not shown to provide any advantage in preventing allergies. While soy formula has been widely advocated as a cow's milk substitute for potentially allergic infants, evidence is accumulating that soybean protein, like animal proteins, still are foreign for humans and are not an appropriate substitute for breast milk.

As study after study continues to point out the unique advantages of human milk for our babies and the hazards of substitute feeding, we can't deny that what we feed our babies does make a difference. And this realization has become a catalyst for change, coming as it does at a time when large numbers of mothers are employed outside the home. Even with outside job responsibilities, we see an increasing number of women choosing to breastfeed their babies. In 1966, only 18 percent of American babies were breastfed at birth. Today, that number has risen to almost 66 percent. And having experienced the special closeness of the nursing relationship, many of these women are fighting for extended maternity leaves or other accommodations that will allow them to be the caretakers of their own children.

When we admit that breastfeeding is important and that the nursing relationship has benefits that go beyond infancy, we have to begin thinking in terms of supporting those women who choose to give their babies the best, rather than penalizing them when they later reenter the work force. If a woman is involved in a particular career, keeping in touch with that field while she's at home should pose few problems today because of the many tools available for accessing information.

Yesterday I met a young woman who is a lawyer by profession. She's married, but childless by choice. Yet when she set up her law office several years ago, she deliberately chose a woman to run it who had spent the last 14 years at home raising three children. The lawyer reasoned, "Who would be better qualified to intelligently screen my calls, to juggle three tasks at one time and to keep her head amid chaos, than a mother!" And you know, she's never regretted her choice!