12 drugs you should never take (part 3 of 3)

This week, I finish up my three-part series, “12 drugs you should never take.” I hope that the previous two installments have enlightened and informed, and that some of you have begun the process of ditching these medications from your treatment regimens and are replacing them with more effective therapies.

If you’re new to *Intelligent Medicine*, or simply want to review, the first two installments can be found here and here.

Without further ado, the final four:

9) Depo-Provera. Ladies, are you tired of those messy condoms? Can’t be bothered to pop in your diaphragm when things heat up? Careless about taking The Pill? Well, then Depo-Provera’s for you! (If you find this line of questioning offensive, read on.)

Depo-Provera is a handy shot your doctor or a birth control clinic can administer every 3 months, and it’s virtually 100 percent effective at preventing pregnancy. So what could be wrong with that?

For starters, the marketing. Depo-Provera's marketers often target their product at young women who are thought too unsophisticated or too irresponsible to select a safer, less side effect-ridden form of contraception and use it effectively.

Check out these breezy talking points taken from an actual 2002 sales presentation for Depo-Provera:

- "Research shows college women most likely early adopters of new birth control measures."
- "The college campus offers a liberal audience of inquisitive, sexually active women."
- "Freedom from birth control fits their new-found independence."
- "Posters on campus notice boards and women's rooms mirrors."
- "Posters on stall doors in clubs, bars, and restaurants."
- "Informative literature distributed at concerts and events."
- "Triple increase in sales; brand awareness doubled!"

Translation: If your "active" social life might make it hard for you to, say, remember to pop a pill once a day or carry a few condoms in your cute clutch, Depo may be for you! We congratulate the marketers of Depo-Provera for their audacity, but unwary women who go for the convenience of the shots may find them anything but sexy.

Medroxyprogesterone, in contrast to the natural progesterone that the body makes, has some wicked side effects. The majority of users experience substantial weight gain and water retention, accompanied by increased hunger and an inordinate desire for sweets (a related drug, Megace, is actually used to help emaciated patients regain their appetites and pack on the pounds). In addition, Depo-Provera almost invariably kills women's sex drives. Many users report acne, increased body and

facial hair, excess perspiration and worsening body odor—not quite the sexy social butterfly image they seem to be advertising!

Other side effects include irregular or heavy periods, blood clots, headaches, depression and bone loss.

And, predictably, women who eschew barrier contraception in favor of Depo-Provera are significantly more likely to acquire chlamydia and gonorrhea infections.

BOTTOM LINE: The "convenience" of Depo-Provera is far outstripped by its side effects. Doctors and clinics that prescribe this drug as "the lesser of two evils" aren't taking their patients' best interests to heart.

10) Orlistat (Alli/Xenical). What can you say about a weight-loss drug that has earned the unique distinction of the first U.S. Government blessing for over-the-counter sale, that is backed with a stupendous ad campaign, but that has experienced a precipitous plummet in sales since its introduction in 2007?

Orlistat is a fat-blocker, which deliberately interferes with fat absorption. While it does reduce the number of calories absorbed by the body, this is problematic for several reasons.

First, the body needs fats. Essential fatty acids such as EPA and DHA and fat-soluble vitamins such as A, D, E and K are malabsorbed in dieters taking Orlistat. The directions say to take a vitamin to provide these, but how much of these vital nutrients is actually depleted in habitual users of Orlistat?

Plus, many other critical nutrients such as lycopene, lutein and zeaxanthin are fat-soluble. The average takers of

Orlistat, and even most doctors, are not aware of this. Even if you try to replace lost nutrients with a daily vitamin, ordinary cheap multis don't provide many of these fat-soluble essentials.

Additionally, just when Orlistat was introduced, the popularity of low-fat diets for weight loss was on the wane. New studies strongly suggest that low-carb dieters garner more weight loss and accrue more health benefits than low–fat dieters.

Which brings me to the final and decisive disadvantage of Orlistat. There's no way to put this more delicately: It causes "anal leakage." Because it interferes with fat absorption, any fat you inadvertently consume rushes through your intestinal tract like a freight train, prompting urgency.

You might say that Orlistat is simply a behavior modification technique in pill form; the incautious dieter soon learns to cut WAY back on fat intake–or else!

As you might suspect, long-term compliance with Orlistat is abysmal. Dieters inevitably stop using it, and when they do, the pounds come roaring back.

Credit the makers of Orlistat for an earnest campaign to convince consumers it's not just a matter of taking a pill, but rather, that successful efforts at dieting must be accompanied by proper food choices and regular exercise.

But a drug that requires you follow a strict diet or else experience distress and potential social embarrassment (not to mention nutritional deficiency) is not engendering repeat sales. After a brief flurry of excitement, revenues from Orlistat dropped precipitously.

BOTTOM LINE: There's no "magic bullet" for weight loss. Pharmaceutical companies are spending billions in search of the "Holy Grail" that will safely jump-start sluggish metabolisms, but so far the best solutions remain low-carb diets and addressing underlying health problems such as insulin resistance, excess cortisol and suboptimal thyroid function.

11) Chewable Lipitor. Here's one that should take its place in the Pediatric Hall of Shame along with anabolic steroids for Little Leaguers or boob jobs for middle schoolers.

Yes, there are now CHEWABLE forms of Lipitor, to make it easier for kids as young as 5 or 6 to ingest the potent cholesterol-lowering statin.

These products were introduced in the wake of newly-revised recommendations for cholesterol screening and treatment by the American Academy of Pediatrics in 2008. The recommendations elicited a firestorm of controversy because they urged screening for high cholesterol in kids as young as 2 and urged "treatment" for kids with the highest 5 percent of cholesterol.

Anachronistically, the AAP-recommended diet treatment for high cholesterol featured fat-free dairy, avoidance of eggs and red meat, strict limits on cholesterol and saturated fats, and gobs of fruit, potatoes, whole grain breads, pasta and cereal—oblivious to the now-acknowledged role carbohydrates play in lipid disorders.

Statins were positioned front and center in a "preventive" program for kids with elevated cholesterol.

The result will be a vast, uncontrolled experiment with our children as guinea pigs. With cholesterol essential for brain growth and development, and as an essential precursor of sex

hormones, what unforeseeable consequences might we encounter?

BOTTOM LINE: With the exception of the rare kid with astronomical cholesterol (>400) due to some weird inherited lipid disorder, giving kids statins is a terrible idea. Aim for optimal body weight with a varied diet low in synthetic junk and empty calories, along with lots of physical activity. Ditch the skim milk and the Egg Beaters, and concentrate on real food.

12) Drisdol. These days, if you're lucky, your doctor may recognize the importance of vitamin D to your health. He or she may even be willing to test your levels. This especially may be the case if you're suffering from an autoimmune disease such as MS or rheumatoid arthritis, for which high-dose vitamin D therapy is now touted in medical journals.

Instead of prescribing a paltry daily dose, your newly enlightened D-friendly practitioner may reach for the big guns: 50,000 IUs weekly. Good start.

Unfortunately, the prescription form of vitamin D 50,000 is Drisdol; it's the right dose, but the wrong form of vitamin D. It's vitamin D2, or ergocalciferol, made from mushrooms "tanned" with ultraviolet light. (Just like people, mushrooms exposed to UV manufacture D in their "skin.")

The preferred and more bioavailable form of D is D3, or cholecalciferol. It's made from lanolin derived from newly shorn sheep.

Studies show that not only is D3 more effective at raising vitamin D levels but that D2 may compete with it for absorption. This makes D2 an irrational choice for D supplementation.

Most D sold in health food stores and nutritional pharmacies is D3, but lately D2 is being sold especially via Internet discounters as a cheaper, “vegetarian” form of D. (Admittedly, D3 is animal-derived, but it’s a cruelty-free product because the sheep are happy to give up their coats in spring.)

BOTTOM LINE: Sidestep Drisdol and other brands of vitamin D2, and use D3 instead. Unfortunately, prescription D is only available in the D2 form. I prescribe high-dose D3 to Hoffman Center patients only, because if I were to offer it for purchase to non-patients via the Hoffman Center store I’d be concerned over the possibility that users—unmonitored—might overdose.

The good news is that even without whopping doses of D, most users—even those with the lowest vitamin D levels—eventually respond to daily use of readily available vitamin D3 5000 IU.

Remember, being an informed patient is your right and responsibility, and your practitioner should always be willing to address your questions and concerns about a particular medication he or she prescribes. For your own sake, it’s important to be assertive about your care and remain informed about the trends and developments in the health and medical field. For the latest developments, continue to read our *Intelligent Medicine* content and follow us on Facebook.