SHOULD YOU BE ALLOWED TO ACTUALLY MAKE AN INFORMED CHOICE OR SHOULD YOUR DOCTOR, PHARMACIST AND THE PHARMACEUTICAL COMPANY DECIDE FOR YOU?

Article dated June 18, 2015, by Chinye Uwechue, Esq. at Pacific Atlantic Law Corporation, Woodland Hills, California.

Summer is back ushering the travel season and trips to warm climates. Vacationers are taking inoculations and medicines. Warm climes may mean mosquitoes which translate into anti-malaria products. Which product should you take? Should you decide or should the doctor, pharmacist and the pharmaceutical company using statistics/data decide what risks your body should or should not bear?

Some weeks ago my sister (who happens to have been living in the UK at the time) e-mails me telling me that she when she went to pick up her anti-malaria tablets for a trip she was going on she was asked to sign a waiver before picking up the product. Needless to say that she was quite alarmed enough to do her own research. My sister happens to have a post-graduate science background, so unlike most people, she knew where to look and what to look for. After her research she opted for another anti-malaria tablet. She made a highly informed decision and determined for herself what she would allow her body to risk and what she would not.

Let's take a look at anti-malaria medication – required by travelers and soldiers going to many warm parts of the world. Would you know which medicine to take? Would you know the risks you would be willing to take for a particular product or would you simply rely on your doctor?

Let's select 2 types of anti-malaria products that are common in the US: (1) Atovaquone - Proguanil and (2) Mefloquine. Which would you select? There are

studies and data on both. Let's take a look at some comments that are in the public domain[1].

CITATIONS/EXCERPTS

"*In late July, 2013, the FDA issued a powerful "black box" safety warning for a drug which has been taken by hundreds of thousands of troops to prevent malaria. The drug is called mefloquine, and it was previously sold in the U.S. by F. Hoffman-La Roche under the trade name Lariam. Since being developed by the U.S. military over four decades ago, mefloquine has been widely used by troops on deployments in Africa, Iraq and Afghanistan.We now recognize, decades too late, that mefloquine is neurotoxic and can cause lasting injury to the brainstem and emotional centers in the limbic system. As a result of its toxic effects, the drug is quickly becoming the "Agent Orange" of this generation, linked to a growing list of lasting neurological and psychiatric problems including suicide.*" Excerpt from **Mefloquine: The Military's Suicide Pill** - Posted: 09/25/2013 10:57 am EDT Updated: 11/25/2013 5:12 am EST by **Dr. Remington Nevin** - Former Army Epidemiologist and Preventative Medicine Officer.

"*Mefloquine side effects - Most people who take mefloquine do not experience side effects. For those who do, the most common reported side effects include nausea, vomiting, diarrhea, dizziness, difficulty sleeping, and bad dreams. These symptoms are usually mild and do not cause people to stop taking the medicine. People with liver problems, or those who drink alcohol or take medicines that affect the liver, may take longer to eliminate mefloquine from the body. Occasionally, mefloquine may cause more serious side effects. Examples include psychiatric symptoms such as anxiety, paranoia, depression, mood changes, hallucinations, agitation, and unusual behavior. Other uncommon side effects may include muscle weakness, irregular heartbeat, and lung problems such as pneumonitis (inflammation of lung tissue). Rare cases of suicidal thoughts have been reported.*" Excerpt from the **U.S. Department of Veterans Affairs'** website taken from the web on the afternoon of 6/18/15.

"*Veterans may file a claim for disability compensation for health problems they believe are related to mefloquine use during military service. VA decides these*

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[1] This is **not** a complete analysis of available data. This is **not** a promotion of one product over another. Remember, **it is for you the reader to do your own research and make your own decision.**

claims on a case-by-case basis." Excerpt from the **U.S. Department of Veterans Affairs'** website taken from the web on the afternoon of 6/18/15.

"*Malaria prevention Drug prevention measures are not totally protective and must be combined with the use insect repellent, insecticide-treated bed netting, and protective clothing. Doxycycline is now the drug of choice to prevent malaria in the deployed U.S. military. Mefloquine (Lariam®) is not recommended as a primary choice, but can be used by those who cannot take either doxycycline or atovaquone-proguanil (Malarone®).*" Excerpt from the **U.S. Department of Veterans Affairs'** website taken from the web on the afternoon of 6/18/15.

"*Table 3. Adverse Experiences in Active-Controlled Clinical Trials of Atovaquone and Proguanil hydrochloride for Prophylaxis of P. falciparum Malaria*

	Percent of Subjects With Adverse Experiencesa (Percent of Subjects With Adverse Experiences Attributable to Therapy)			
	Study 1		*Study 2*	
	Atovaquone and Proguanil hydrochloride n = 493 (28 days)b	*Mefloquine n = 483 (53 days)b*	*Atovaquone and Proguanil hydrochloride n = 511 (26 days)b*	*Chloroquine plus Proguanil n = 511 (49 days)b*
Diarrhea	*38 (8)*	*36 (7)*	*34 (5)*	*39 (7)*
Nausea	*14 (3)*	*20 (8)*	*11 (2)*	*18 (7)*
Abdominal pain	*17 (5)*	*16 (5)*	*14 (3)*	*22 (6)*
Headache	*12 (4)*	*17 (7)*	*12 (4)*	*14 (4)*
Dreams	*7 (7)*	*16 (14)*	*6 (4)*	*7 (3)*
Insomnia	*5 (3)*	*16 (13)*	*4 (2)*	*5 (2)*
Fever	*9 (<1)*	*11 (1)*	*8 (<1)*	*8 (<1)*
Dizziness	*5 (2)*	*14 (9)*	*7 (3)*	*8 (4)*
Vomiting	*8 (1)*	*10 (2)*	*8 (0)*	*14 (2)*
Oral ulcers	*9 (6)*	*6 (4)*	*5 (4)*	*7 (5)*

Pruritus	*4 (2)*	*5 (2)*	*3 (1)*	*2 (<1)*
Visual difficulties	*2 (2)*	*5 (3)*	*3 (2)*	*3 (2)*
Depression	*<1 (<1)*	*5 (4)*	*<1 (<1)*	*1 (<1)*
Anxiety	*1 (<1)*	*5 (4)*	*<1 (<1)*	*1 (<1)*
Any adverse experience	*64 (30)*	*69 (42)*	*58 (22)*	*66 (28)*
Any neuropsychiatric event	*20 (14)*	*37 (29)*	*16 (10)*	*20 (10)*
Any GI event	*49 (16)*	*50 (19)*	*43 (12)*	*54 (20)*

a Adverse experiences that started while receiving active study drug.
b Mean duration of dosing based on recommended dosing regimens." Excerpt from **http://www.drugs.com/pro/atovaquone-and-proguanil.html** taken from the web on the afternoon of 6/18/15.

We all know that most medicines have side effects, some serious and some mild. That is not the issue. The issue is that every **must** be given information of **all** the serious side effects and **all** the permanent side effects no matter how minor and **all** side effects they may be genetically inclined to suffer etc… It is for the patient[2] (not the doctor or the pharmaceutical company) to decide.

Unfortunately this is often not the case. Take my situation as an example. I actually asked the prescriber for all the side effects of the malaria product he prescribed. Neither the prescriber nor the pharmacist who later dispensed the product mentioned the possibility of psychotic episodes and mind/emotional altering consequences of taking the prescription. However, because of my sister's experience and her warning I did my own research. I made one mistake – I did the research after purchasing the product. Guess what – I have no intention of taking the product and plan on going back to the prescriber to ask for a particular product that has a lower risk of psychosis because it was not for the doctor, pharmacist or pharmaceutical company to decide what risks my body is to take. IT IS FOR ME AND YOU TO DECIDE. After all when things go wrong for you does it console you to know that you are among the 2% and that 98% of the rest are healthy while

[2] Or his/her family if the patient is comatose, a minor or otherwise unable to decide.

you battle with your new negative reactions to the product knowing that some of them may be permanent? Does it console you that the irony is that you actually paid for the product that caused you to be the 2% when **had you known** you could have paid for another product that had a much lower risk of the symptoms that you have now added to your own life's challenges? SHOULD YOU BE ALLOWED TO ACTUALLY MAKE AN INFORMED CHOICE OR SHOULD YOUR DOCTOR, PHARMACIST AND THE PHARMACEUTICAL COMPANY DECIDE FOR YOU? *Chinye Uwechue, Esq. at Pacific Atlantic Law Corporation, Woodland Hills, California.*