

# Medication Side Effects Shouldn't be Ignored?

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“It’s the Paxil!” I exclaimed as the TV announcer rattled off the possible side effects of a medication prescribed for my late husband Donald. In addition to drugs intended to prevent another stroke, Paxil was supposed to be suppressing depression. Not that Donald was displaying any—in fact, he was wonderfully upbeat about learning to maneuver a wheel chair using his left hand and foot and learning to feed himself again.

Then he developed a tremor so severe, he couldn’t handle a spoon anymore. He was at home, so I tried cutting out the Paxil. It wasn’t long before the tremor stopped.

We older folks are just about the only audience for the Six O’clock News, and these days that means exposure to hundreds of prescription drug commercials. I wonder how much they contribute to the recent U.S. National Institute of Health finding that “persons aged 65 years and older comprise only 13 percent of the population, yet account for more than one-third of total outpatient spending on prescription medications in the United States.”

The snake oil salesmen have to mention potential side effects, but do we really listen? I’ll bet the only one we all remember is

that Cialis can cause erections lasting more than four hours. Believe me, it could be worse!

This summer I rushed to southern California. My mother was being released from the hospital after her third fall in two weeks. The hospital discharge notes for the eleven different drugs and supplements she was taking made stimulating reading, particularly the parts about possible side effects.

How about fast, pounding or irregular heartbeat; uneven breathing, dizziness, confusion, light headedness, and fainting; and nausea, vomiting, stomach discomfort, and loss of appetite? These were the very conditions my mother was experiencing or complaining about.

What's a daughter to do? Years earlier, I had a go-round with her doctor about what my mother and I both considered overmedication. I got a long letter detailing why each one was essential; my mother got side effects.

The morning after I arrived, I telephoned her doctor with my conclusions: "I think some of these medications my mother's taking caused her to fall."

"You're very likely right," he agreed, "but I'm trying to prevent a stroke."

"When you're approaching ninety-four," I responded, "which is worse? A stroke? Or confusion, dizziness, and fainting—and then falling flat on your face or back?"

After a long pause, he asked, "Have you considered hospice?"

In the United States, I soon learned, hospice means treating for comfort, not recovery. Before I knew it, my mother had a new doctor, a team of nurses, a social worker, and a chaplain, all making home visits. I had to agree not to dial 911.

The new doctor gradually weaned her off many of her medications, but the long term damage from the one that probably was causing nausea and stomach discomfort had already been done. Tablemates at her assisted living facility told me she hadn't been eating much of anything for months, always claiming that she felt sick to her stomach. The day after I arrived, she said to me, "I don't want to eat anymore because food makes me throw up."

I was still in treatment for recovery mode, but it took only two occasions in the dining room watching her vomit after just a bite or two of food for me to realize she was in a state of constant nausea. Food was making her sick—unless, of course, it was one of her medications.

My mother had wanted to live to be 100, but she had never counted on the terrible side effects from the medicines that were supposed to be keeping her going. She died one month after I arrived.

Last year, I was prescribed one of the drugs my mother was on. I knew it caused dizziness and I was learning to live with that. Then, last spring, I was diagnosed with an irregular heartbeat. I had to leave for California before I could be scheduled for follow up testing. When I updated my travel medical insurance, I dutifully reported my irregular heartbeat, guessing I'd have to pay more. Instead, I was denied insurance

for any cardiovascular event whatsoever. The reason: I had “a pre-existing, untreated condition.”

After reading my mother’s hospital discharge notes, it didn’t take me long to guess that my irregular heartbeat was being caused by a medication for bringing down high blood pressure!

I’ve learned a lot from this whole experience, but the most important lesson is this: pay attention to the fine print. You can bet I’ll be having a discussion with my doctor about my prescription drugs as soon as possible.