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BOOK REVIEW

The Risks of Prescription Drugs, edited by Donald W. Light. Columbia University Press, 2010. 184 pp. $45 (hardcover), $15 (paperback). ISBN 978-0231146937.

The traditional concern of anomalistics has been to demonstrate that its interests are substantive and worth attending to, within a wider social context that has treated mainstream science as a touchstone of an authenticity that anomalistics still has to earn. Increasingly over the last few decades, however, mainstream science has become less and less trustworthy as a result of excessive competition and concomitant dogmatism (Bauer 2012a). This has happened quite markedly in medical science and practice, and *The Risks of Prescription Drugs* describes this retreat from reliability.

Complementary and alternative medicine have traditionally been decried by mainstreamers and their groupies on two related grounds: that any claimed successes of alternative treatments can be ascribed to the placebo effect rather than to the treatment, and that eschewing mainstream treatment robs patients of health-safeguarding, possibly life-saving benefits.

The Risks of Prescription Drugs takes the wind out of both sails. Eschewing rather than accepting drug-based mainstream treatment can safeguard health and save lives. Moreover, the ability to summon the placebo effect is no mean feat and brings tangible benefits (Brody & Brody 2000).

The Risks of Prescription Drugs covers much ground succinctly but comprehensively and with full documentation. The subject is of concern for everyone, because prescription drugs have become so widely used. The context for this pandemic of promiscuous prescribing includes:

- **Vastly expanded definition of illness**: 1) Doctors used to be consulted when there was obviously something wrong, when one felt ill. Nowadays, by contrast, illness is defined by biomarkers, surrogates for clinical condition: blood pressure, blood sugar, EKG, etc. Departures from population averages for such numbers are defined as illness or potential illness even when the "patient" seems in perfectly good symptom-free health, and drugs are prescribed to bring about population-average numbers for the individual. 2) Normal conditions are redefined as illness, in particular natural changes with age. Menopause is defined as something whose effects should be eliminated, for example.

➢ **Drugs for all seasons**: Infectious diseases have been treated effectively with drugs, antibiotics that kill intruding bacteria or parasites selectively enough that host tissues remain relatively unharmed. The major virus-borne diseases have been stymied effectively through vaccination. Now that infectious diseases are largely controlled, drugs and vaccines are being applied against non-infectious conditions that have been defined as illness even though they are normal accompaniments of living and aging (Bauer 2012b).

➢ **Symptoms and not causes are being treated**: Blood pressure and other such measures are *markers*, not ailments. Yet deviations from population-average numbers are defined as ill health or potential ill health and markers are treated as though they were causes.

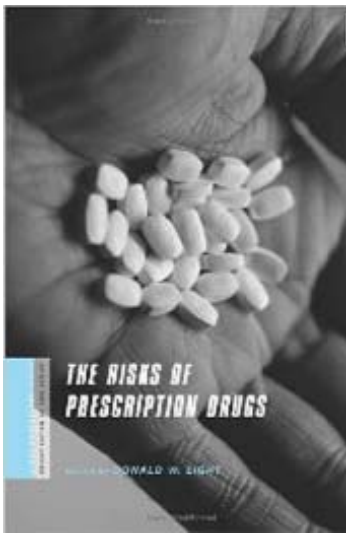
One of the authors (Howard Brody) of *The Risks of Prescription Drugs* is an MD, the others are sociologists specializing in economic or medical issues. With copious citing of the research and review literature, they describe the parlous state of contemporary medical practice: dominated by the prescribing of drugs that are often unsafe, often not as good as those they replace, and exorbitantly and unwarrantedly expensive. Regulation is quite inadequate, in part because the pertinent agencies are specifically hobbled by laws and by gross underfunding.

Those circumstances are even less excusable since many books over the last decade or so have described various aspects of this state of affairs—books by well-informed people: editors of medical journals and physicians both in academe and in medical practice as well as trustworthy science writers and journalists (Bauer no date). But these comprehensive critiques have so far had no discernable effect. Pharmaceutical companies have been able to bend Congress and federal agencies to their own benefit. Sooner or later this dysfunctional bubble must burst, under pressure both from economics and from increasing recognition of the harm done by "side" effects of drugs that should never have been prescribed, some of which should never have been approved in the first place.

Here are some of the salient points:

➢ Senator Estes Kefauver held hearings in the 1950s that revealed deficiencies and dangers that have not been reduced let alone rectified since then (pp. 47–48.). Retroactive evaluation revealed that hundreds of drugs in common use were not effective; they had been approved on the basis of unsound submissions by the manufacturers (pp. 50–51).

➢ Political interference has emasculated drug evaluation (p. 51 ff.). The definition of normal conditions as illness and associated advertising has meant that ~80% of adult Americans and ~50% of children take at least one prescription drug (p. 24). About 20% of seniors take ten or more.



— Menopause was declared a treatable disorder many decades ago. Over time it turned out that the supposed cure could be worse than the supposed disorder (Chapter 5).

— Diagnoses of Attention Deficit Hyperactivity Disorder have increased from less than 1% two decades ago to nearly 8% by 2003. Two million children take stimulants to treat this condition (p. 93).

— About 10% of teenagers are diagnosed as having a Major Depressive Disorder and are chiefly treated with drugs (p. 94). But the efficacy of antidepressants is minimal, e.g., 65% vs. 58% for placebo, among pre-teen children (p. 95).

— Prescriptions of psychotropic drugs increased seven-fold during the 1990s (p. 100). "Social anxiety disorder" is said to affect six times as many people as a decade earlier (pp. 103–104).

➢ Drugs are prescribed not only for manifest illness, but also for people said to be at risk of illness for such reasons as elevated blood pressure or genetic predisposition. If that trend continues, the results could be disastrous (pp. 111–112).

➢ Clinical trials that form the basis for drug approval are typically too small and too short to properly test safety and efficacy (p. 7). Trials are also readily biased in many ways (pp. 15–16). That they are biased in actual practice is demonstrated by the fact that trials funded by a given company almost always yield a result favorable to that company's drug (p. 81).

— The Food and Drug Administration often approves drugs championed by manufacturers even against the advice of its own in-house experts. Well-known drugs bearing serious risks or little advantage over others include Avandia, Bextra, Celebrex, Crestor, Lamisil, Levitra, Singulair (p. 6).

— Statins do not have the claimed benefit of reducing risk of cardiovascular disease by lowering cholesterol levels. They do have seriously damaging other effects (Chapter 3).

— Most new drugs are no better than the ones they replace. Often they are not as good, as well as often more toxic, but always they are more expensive. Only 2–3% are significant advances, and only ~10% represent any improvement at all (pp. 5, 11).

➢ The frequency of adverse events caused by prescription drugs was

ten times greater in 2005 than in 1985 (p. 3). The number of serious adverse events reported to the Food and Drug Administration is on the order of only 1% of all the occurring serious adverse events (p. 3).

— After toxic effects become known, warnings on labels are slow to appear, for reasons both of bureaucratic inertia and influence exerted by drug companies (p. 11). Drugs continue to be marketed even after serious toxicity has become known to manufacturers and the FDA, for example with streptomycin or Vioxx (pp. 46–47).

— One estimate claims the lifetime risk of severe injury from a prescription drug to be 26 in 100. By comparison, the risk from an auto accident is 2 in 100 (p. 54).

➢ Most doctors get most of their information from drug companies, through visits from sales representatives, and from advertisements in medical journals (p. 46). Many doctors do not recognize well-established side effects of drugs, for instance muscle aches and cognitive impairment associated with statins; patients remain uninformed and at serious risk (p. 10).

➢ Drug companies spend far more on marketing than on research (p. 5). They break laws against marketing off-label use (p. 22) and continue to pay enormous fines—hundreds of millions of dollars—because their profits from such marketing are much greater (p. 6).

➢ The national costs of prescription drugs are enormous, owing in part to Congressional deference to pharmaceutical companies (p. 26 ff.). Sales of psychotropic drugs increased tenfold in a decade to ~$6.7 billion by 2001 (p. 110).

The weakest part of *The Risks of Prescription Drugs* is the Epilogue, which suggests strategies to correct the present dysfunctions in a striking table (p. 159) that contrasts present-day practices with what would serve the public good. The suggested strategies amount to eliminating conflicts of interest, relying on independent evaluations of drugs, and funding federal agencies well enough to make that possible. It seems highly unlikely that the political will for this can be summoned in the foreseeable future. Nothing will be done until the influence exerted by the pharmaceutical industry is curbed, but that industry has swamped Congress with lobbyists and campaign contributions. It is hardly an exaggeration to say that Pharma has the best Congress that it could buy.

In addition to its important specific substance, this book also illustrates the general applicability of the aphorism that war is too important to be left to the generals. On any matter of public policy, the specialists should not be the decision makers. They see trees but not the landscape, and they suffer inevitable conflicts of interest, intellectual as much as material. Historians and sociologists have discerned fatal problems with medical

practices that remain unacknowledged by professional medical associations and official agencies. Some individual specialists do try to raise the alarm over inappropriate mainstream professional practices, of course, but these minority voices are generally ignored in this era of professional dogmatism (Bauer 2012a).

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