## Dynamic Chiropractic

**HEALTH & WELLNESS / LIFESTYLE** 

## **A Dangerous Trend**

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Results of a recent study¹ showed that the rate of "drug mentions" continues to climb at a very aggressive rate. The study recorded all "new or continued medications ordered, supplied or administered at the visit, including prescription and nonprescription preparations, immunizations, desensitizing agents, and anesthetics." These were termed "drug mentions," so as to include all aspects of providing drugs to patients.

They study found that between 1985 and 1999:

- The number of office-based physician visits increased by 19 percent.
- The visit rate per person in the U.S. increased by only two percent, suggesting that the 19 percent increase in office visits was primarily due to the increase in the U.S. population.
- The number of drug mentions increased by 59 percent, to 1.104 billion in 1999.

So while the percentage of the U.S. population who see a medical doctor isn't increasing much (two percent over 14 years), the amount of drugs they are given or prescribed has gone up almost 60 percent.

It gets worse.

The increase in the number of drug mentions per 100 office visits differs by age:

Less than 15 years old	29% increase
15 - 24 years old	19% increase
25 - 44 years old	31% increase
45 - 64 years old	28% increase
65+ years old	27% increase
Increase for all ages	34% increase

What is really alarming is the number of drugs prescribed for those age groups.

For every 100 office visits made by children 14 years old and under in 1999, there were 116 drug mentions (prescribed, administered, etc.) This is because the percentage of office visits in which two or more drugs were prescribed increased by 39 percent between 1985 and 1999. For every 100 office visits made in 1999 made by those 65 years or older, 192 drugs were "mentioned." This equates to an average of almost two drug prescriptions, medications, etc., every time a senior walks into an MD's practice.

On average, two-thirds of all visits resulted in at least one prescription. Almost 60 percent of those visits (58.1%) resulted in "multiple medications." For every 100 office visits made, regardless of

age, 145 drugs were mentioned. In 1999, physicians were 43 percent more likely to prescribe multiple drugs than in 1985.

One of the motivating factors behind the increase in the amount of drugs being taken is DTC (direct-to-consumer) advertising on the part of the drug companies. Pfizer discovered that when it increased advertising "six fold between 1998 and 1999," there was a 50 percent increase in the number of prescriptions for its drug Lipitor. Needless to say, this is on top of its efforts to buy office supplies, lunches and seminar travel for the MDs.

With medical doctors talking more about drugs, the pressure is on the chiropractic profession to communicate more effectively with our patient population. The good news is that the percentage of the population visiting offices of medical physician increased by only two percent. The bad news is that the author of this study predicts that "drug spending will likely double in the next five years."

DCs not only need to educate their patients about alternatives to using drugs to maintain health, but also should always be asking if their patients are taking medication (or in the case of seniors, how much). It is probably time to allocate some of our precious few research dollars to understanding how drugs affect the chiropractic adjustment, and vice-versa. There is also the obvious need to learn how the more popular drugs interact with nutritional products, and which herbs and vitamins can be a valid substitute for which drugs.

The trend is clear and not likely to reverse, given the outrageously enormous advertising budgets maintained by the drug companies. Education and communication are our only real weapons. Our first goal is to keep our patients off drugs as much as possible. Our second goal has to be to make them aware of the dangers and alternatives in hopes that they will see the value in living drug-free.

We can make a difference, even if it is only one patient at a time.

## Reference

1. Burt CW. National trends in use of medications in office-based practice, 1985-1999. Health Affairs, July/August 2002:206-14.

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