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# The Health Reformer

## **The Pharmaceutical Companies Distort Medical Knowledge, Mislead Doctors, and Compromise Your Health**

Here's why Dr. John Abramson wrote *OVERDOSED AMERICA*—a book on How the Pharmaceutical Companies Distort Medical Knowledge, Mislead Doctors, and Compromise Your Health.

"Just before I left my practice to write this book, one of my longtime patients, Mrs. Francis, came in for a visit. I always enjoyed seeing Mrs. Francis, a widow then in her mid-eighties. Her greeting was warm and her presence made the exam room feel comfortable - an oasis in the midst of daily time pressures, multiple tasks, and complex patient challenges. During this visit, Mrs. Francis asked why I was leaving. This wasn't just a casual question, nor did I feel that she was prying. Over the years, we had enjoyed many conversations, and I felt as if she genuinely wanted to understand what had gone into my decision. I did my best to explain.

I told her that over the last few years a profound shift had been taking place in the culture of American medicine. I explained that tests unlikely to improve patient care were being routinely ordered and expensive drugs that had not been shown to be any more effective or safer than the older drugs they were replacing were being routinely prescribed. I told her that the research I had been doing at night and on weekends was confirming my sense that much of the 'scientific evidence' on which we doctors rely to guide our clinical decisions was being commercially spun, or worse; and that many of the articles published in even the most respected medical journals seemed more like infomercials whose purpose as to promote their sponsors' products rather than to search for the best ways to improve people's health.

I told her that many of my patients were being drawn in by the growing number of drug ads and medical news stories; that patients were increasingly arriving for their visits with a firm (if not fixed) idea of the outcome they wanted instead of the expectation that the best medical care would emerge from open discussion of their symptoms, concerns, and exam and then mutual consideration of the options. I told her that when I tried to refocus patients on interventions proved to be safe and effective, many were reacting as if I were purposely trying to withhold the best treatment, making me choose

between providing the best care and yielding to their demands in order to maintain the healing potential of our relationship. Finally, I told her that I had come to the conclusion that the best way I could help people to achieve better health was to find out what the scientific evidence really shows and explain this to the public - in much the same way that she and I had talked over the years - and to other medical professionals.

That was the best answer I could give Mrs. Francis at the time. I wasn't sure what I was going to find when I turned my full attention to these issues. But it was becoming clear that American medicine was like a runaway train picking up speed, fueled by the commercially generated belief that ever-increasing medical spending is necessary to achieve good health. It was also becoming clear that the train's brakes were failing. It seemed to me that, despite a few clear and brave voices, there was no effective counterbalance to the influence of commercially sponsored research. Nor was there even a way to determine whether all this expensive new care actually led to better health. And it was also clear that this crisis would soon come to a head when the burden of relentlessly increasing medical costs became more than many Americans could bear.

What I found over the next two and a half years of 'researching the research' is a scandal in medical science that is at least the equivalent of any of the recent corporate scandals that have shaken Americans' confidence in the integrity of the corporate and financial worlds. Rigging medical studies, misrepresenting research results published in even the most influential medical journals, and withholding the findings of whole studies that don't come out in a sponsor's favor have all become the accepted norm in commercially sponsored medical research. To keep the lid sealed on this corruption of medical science - and to ensure its translation into medical practice - there is a complex web of corporate influences that includes disempowered regulatory agencies, commercially sponsored medical education, brilliant advertising, expensive public relations campaigns, and manipulation of free media coverage. And last, but not least, are the financial ties between many of the most trusted medical experts and the medical industry." *Excerpted from Overdosed America. Copyright © 2004 by John Abramson, M.D. All rights reserved. HarperCollins Publishers.*

(Over, please)

## One Cup of Coffee a Day Can Produce Caffeine Addiction

If you missed your morning coffee and now you have a headache and difficulty concentrating, you might be able to blame it on caffeine withdrawal. In general, the more caffeine consumed, the more severe withdrawal symptoms are likely to be, but as little as one standard cup of coffee a day can produce caffeine addiction, according to a Johns Hopkins study that reviewed over 170 years of caffeine withdrawal research.

Results of the Johns Hopkins study should result in caffeine withdrawal being included in the next edition of the DSM or the Diagnostic and Statistical Manual of Mental Disorders, considered the bible of mental disorders, and the diagnosis should be updated in the World Health Organization's ICD, or The International Statistical Classification of Diseases and Related Health Problems.

"Caffeine is the world's most commonly used stimulant, and it's cheap and readily available so people can maintain their use of caffeine quite easily," says Roland Griffiths, Ph.D., professor of psychiatry and neuroscience at Johns Hopkins. "The latest research demonstrates, however, that when people don't get their usual dose they can suffer a range of withdrawal symptoms, including headache, fatigue, difficulty concentrating. They may even feel like they have the flu with nausea and muscle pain."

Griffiths, and colleague Laura Juliano, Ph.D., of American University published these findings in the October 2004 issue of the journal *Psychopharmacology*, available online now.

"Despite more than a century and a half of investigation into caffeine withdrawal, doctors and other health professionals have had no scientifically based framework for diagnosing the syndrome," says Griffiths. "Our goal was to critically review the literature regarding caffeine withdrawal to validate the symptoms and signs of illness associated with it, and to determine how often withdrawal produced clinically significant distress."

In their review, the researchers identified 57 experimental studies and nine survey studies on caffeine withdrawal, and examined each to assess the validity of the reported findings.

The researchers identified five clusters of common withdrawal symptoms: headache; fatigue or drowsiness; dysphoric mood including depression and irritability; difficulty concentrating; and flu-like symptoms of nausea, vomiting and muscle pain or stiffness. In experimental studies, 50 percent of people experienced headache and 13 percent had clinically significant distress or functional impairment -- for example, severe headache and other symptoms incompatible with working. Typically, onset of symptoms occurred 12 to 24 hours after stopping caffeine, with peak intensity between one and two days, and for a duration of two to nine days. In general, the incidence or severity of symptoms increased with increases in daily dose, but abstinence from doses as low as 100 milligrams per day, or about one small cup of coffee, also produced symptoms.

The research also showed that avoidance of caffeine withdrawal symptoms motivates regular use of caffeine. For example, the satisfying feelings and perceived benefits that many coffee users experience from their morning coffee

appear to be a simple reversal of the negative effects of caffeine withdrawal after overnight abstinence.

...According to the report, caffeine is the most widely used behaviorally active drug in the world. In North America, 80 percent to 90 percent of adults report regular use of caffeine. Average daily intake of caffeine among caffeine consumers in the United States is about 280 milligrams, or about one to two mugs of coffee or three to five bottles of soft drink, with higher intakes estimated in some European countries. In the United States, coffee and soft drinks are the most common sources of caffeine, with almost half of caffeine consumers ingesting caffeine from multiple sources, including tea.

*From Johns Hopkins News Release*

Note: "Coffee is a hurtful indulgence. It temporarily excites the mind to unwonted action, but the aftereffect is exhaustion, prostration, paralysis of the mental, moral, and physical powers. The mind becomes enervated, and unless through determined effort the habit is overcome, the activity of the brain is permanently lessened...In some cases it is as difficult to break up the tea-and-coffee habit as it is for the inebriate to discontinue the use of liquor. The money expended for tea and coffee is worse than wasted. They do the user only harm, and that continually."

*Counsels on Diet and Foods, pp.421, 422*

## Report questions alcohol's heart-healthy effects

NEW YORK (Reuters Health) - The idea that light to moderate alcohol drinking protects against heart disease has become entrenched, but findings from a new study challenge this.

Analyzing data from a decade-long study, researchers found that alcohol consumption was associated with a lower risk of heart disease, but only among whites. Among black men, the opposite was true -- alcohol consumption was associated with an increased risk of heart disease and death from heart disease.

This does not mean that the heart-protective effects of alcohol drinking depend on the race of the drinker, according to study author Dr. Flavio Fuchs of Federal University of Rio Grande do Sul in Brazil told Reuters Health.

"We believe that there is not a race-specific effect of ethanol," he told Reuters Health. "There is no scientific background to suppose that blacks would respond so differently to ethanol."

Rather, the researchers say in their report in the *American Journal of Epidemiology*, the contrasting findings between blacks and whites "raise the question of whether the cardioprotective effect of alcohol is real or may be confounded by lifestyle characteristics of drinkers."

The study's results cast doubts on the idea that people should drink alcohol as a preventive health strategy to protect against heart disease. "Moderate consumption of alcohol does not increase the risk for a heart attack...but it is not clear if it protects against a heart attack," Fuchs said.

This is important, he added, because "there is a trend in some countries to recommend the consumption of low amounts of alcoholic beverages to get some heart protection." .... *By Charnicia E. Huggins*

## Boost Your Health by Volunteering

Want to be happier, improve your health, boost kids' test

scores, and even lower crime in your neighborhood?  
Become a volunteer.

A British survey shows that communities with high levels of volunteerism tend to have healthier residents, better academic test scores, and lower crime rates than those that don't.

The study, funded by England's Economic and Social Research Council (ESRC), was conducted by Paul Whiteley, a professor of government at the University of Essex.

"It seems that when we focus on the needs of others, we may also reap benefits ourselves," says Whiteley in a news release.

Whiteley examined a variety of sources, particularly the ESRC Democracy & Participation research program, which ran from 1998-2003. Whiteley is the program's director.

Here are some highlights on volunteerism from Whiteley's report:

- More people had better health in communities with high levels of volunteerism.
- More people in communities with strong volunteerism said they're "very satisfied" with their lives.
- Communities with lots of volunteer activity had fewer burglaries.
- Students in areas with high levels of volunteerism performed better academically.

"Volunteer activity in the community is associated with better health, lower crime, improved education performance, and greater life satisfaction," says Whiteley.

The positive effects of volunteerism were open to everyone, regardless of an area's wealth.

"A relatively poor community with lots of voluntary activity can do better in relation to health, crime, and education than a relatively affluent community which lacks such activity," says Whiteley in the news release.

*By Miranda Hitti, WebMD Medical News*

## **Students + Alcohol = Riots**

Take a few hundred college students, throw in some alcohol, loud music and the police, and there's potential for a riot, according to student accounts gleaned from recent University research.

The University joined 11 schools in a 2003 national study exploring why off-campus parties occasionally turn violent. The project, which concluded Sept. 9, was the first of its kind in the nation and represented a step toward determining why the University and other participating schools have been subject to riots, said Sheryl Eyster, assistant dean and associate director of student life.

The West University neighborhood has seen 11 riots since 1988, three of which occurred between 2002 and 2003 after three years without riot activity, according to University Director and Associate Dean of Student Life Laura Blake Jones. Partygoers spilled onto streets, and, in some instances, uprooted street signs, burned a golf cart and hurled rocks and bottles that injured police officers, according to police reports and Emerald archives. On the tail of a five-year increase in parties that sparked violence, University students blamed a dangerous combination of booze and negative perceptions of police tactics for fueling violence.

The research summary also produced a definition of what

constitutes a typical party. It included three ingredients: "boys, girls and alcohol."

....In addition to problems with police response, alcohol plays a primary role in parties that escalate to violence, according to Blake Jones. Of more than 2,000 keg gallons registered during October 2003, nearly half were consumed in the West University neighborhood, according to OLCC data.

While police intervention is often necessary, officers should address situations that involve alcohol differently, University junior Jessica Eckenroad said.

"People get belligerent and stupid when they're drunk," Eckenroad said. "Police need to understand when people are drunk, they can't deal with them like they're sober. They should compromise more than demand, because people are more likely to resist demands when they're drunk."

*By Kara Hansen, Oregon Daily Emerald*





