

Question: According to CDC data, what fraction of patients experience joint pain after the second Moderna vaccine? A) 1/10 B) 1/4 C) 1/3 D) 1/2

Book Review: Pharma – Greed, Lies, and the Poisoning of America

By Gerald Posner

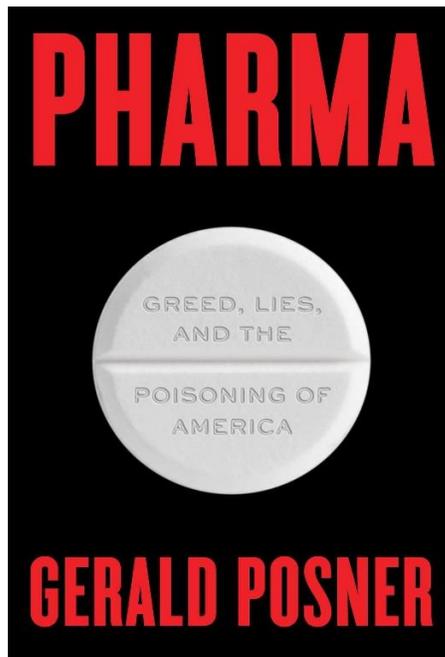
This book, published in 2020, was recommended to me by a curator at The Mob Museum in Las Vegas. He and I had discussed the possibility of a museum display or some other way to communicate the nature of the Sackler ‘Mob’ in the overmarketing of OxyContin, the drug that produced the opioid epidemic in America. *Pharma* did not disappoint me. The author, a highly regarded investigative journalist, dug deeply into the history of pharmaceutical companies that began to form in the mid-nineteenth century. Initially, these grew from hucksters marketing ‘patent medicines,’ into companies that focused on the production of morphine to deal with the pain experienced by wounded soldiers. Posner provides the reader with interesting stories about the background of key players in the growth of Pharma and how their values were formed, and then reformed to focus on making profits over patients.

The tales are enhanced by the weak and often too late regulatory structure that was eventually to become the Food and Drug Administration. Laws were proposed in Congress to better manage the safety and efficacy of drugs, but these were often successfully fought by special interests including medical associations, pharmaceutical associations, and drug manufacturers. This allowed the ‘mob’ to operate

with near impunity to find ways to dupe the medical community to enhance profits at the expense of inordinate risks to patients.

The Sackler’s intense focus on making money was facilitated by secret interests in various companies and medical enterprises. Arthur Sackler was brilliant as a strategist and a convert from communist leanings after WWII to raw capitalism blooming as Americans sought drugs to solve many common ailments or disease threats. Vaccines were prominent, followed by pain relievers, birth control pills, chemotherapeutic drugs, and mood-altering antidepressants. In many instances these drugs were welcomed by the public and physicians, but the pharmaceutical companies often hid the limitations of efficacy and the possibility of serious harm.

Posner wraps up his long, convoluted tale with a chapter called “Essentially a Crime Family.” The physician community had duped itself into thinking long-acting opioids would not be addictive, and Purdue pushed their OxyContin with abandon. The death toll from the epidemic exceeded 200,000 and continues growing to this day. This tome consists of 52 chapters, 534 pages of reading, and 190 pages of notes. It is for the avid reader who enjoys fascinating true stories of human nature from deceitful to heroic. I suspect you may find it on sale at the Mob Museum Bookstore. Online, it is available for about \$20. FIVE Stars.



Medical Boards and Sexual Misconduct Allegations

The Federation of State Medical Boards (FSMB) convened a gathering of stakeholders to explore ways to improve the way allegations of sexual misconduct of physicians toward patients is handled. State medical boards are supposed to protect patients yet reports of serious abuse continue to appear. Experts opine that there are important issues to consider: [State Medical Board Recommendations for Stronger Approaches to Sexual Misconduct by Physicians | Ethics | JAMA | JAMA Network](#). First, there is the reality that sexual misconduct may be subtle, involving inappropriate words, or extend to outright sexual assault. The authors note that sexual harassment of women colleagues and students in science and medicine is common. The encounter between physicians and patients is inherently imbalanced, inviting an opportunity for sexual misconduct.

The solutions to this problem will require better transparency for patients to know if their physician has been disciplined. The public should be better informed about how to report sexual misconduct. Professional colleagues must know that it is their duty to report possible sexual misconduct. Some states have fines up to \$100,000 for failure to report possible sexual misconduct. Statute of limitations may be as short as 3 years. The authors opine that there should be no statute of limitations. One thing I did not see in the article is the need for a law requiring medical boards to report serious sexual misconduct to law enforcement. In fact, if a woman suspects she has been the victim of sexual misconduct, her best bet may be to report this to law enforcement at the same time she reports it to the state medical board.

You may find information on the misconduct of any licensed physician in the U.S and report suspected sexual misconduct through this FSMB website: [DocInfo](#).

Patient Preferences for Statin Use

Statins are the medication of choice for reducing the possibility of a cardiovascular disease (CVD) event in the patient's future by reducing hyperlipidemia. A team of investigators noted [\(Patient Preference Distribution for Use of Statin Therapy | Cardiology | JAMA Network Open |](#)

[JAMA Network\)](#) that guidelines differ from 7.5 to 12 % on when to start a statin based on the 10-year risk of a CVD event. No guidelines account for variability in individual patient preferences once they are informed of the benefits and risks of a statin. Hence, the study.

A team of investigators surveyed 309 people in May-June 2020 from 42 states between the ages of 40 and 75 years. Their CVD risk was assessed by a standard method. Of the respondents, 45 % declared they definitely would or probably would take a statin. As the risk increased using the CVD assessment, the percentage of respondents wanting to take a statin increased from 31% (<5% CVD risk) to 83% for a >50% CVD risk. The authors opine that their results suggest awareness of patient preferences when the clinician considers a statin for his patient. Guidelines should reflect this approach. They also suggest larger studies to assess a wider variety of patient types. **If you are a patient considering a statin, but sure you know your CVD risk and have engaged your clinician in shared decision-making.**

Health Goals of Older Adults

As life progresses into its 'sunset years,' the question of how a person wishes to live is important for their clinicians to know. From February 2017 through August, researchers found 163 adults with an average age of 78 years to complete a questionnaire concerning how they wish to live. [Outcome Goals and Health Care Preferences of Older Adults With Multiple Chronic Conditions | Geriatrics | JAMA Network Open | JAMA Network](#). The patient group had at least 3 chronic conditions and took 10+ medications. They often saw a specialist or had been admitted to a hospital.

Patients wanted to continue activities with friends and family, be able to shop, and to exercise. The most common barriers to this lifestyle were identified as follows: pain, fatigue, unsteadiness, and difficulty breathing. Interestingly, the most 'bothersome' medications mentioned were statins and antidepressants. This study makes the clear point that patient preferences vary widely among people suffering from the ravages of ageing. The message for clinicians is that **patient preferences must guide care and shared decision-making is a must.**

Quality of Life for Cancer Patients

Folks with a potentially debilitating form of cancer certainly value their quality of life (QOL) as they make choices about what therapy to use in consultation with their oncologist. For many, the QOL will be more important than the *quantity* of life. One might suppose that chemotherapy drugs would have information on the QOL experienced by patients taking these often-powerful drugs. Wrong. A team of investigators looked at chemotherapy drugs approved from 2006 to 2017 by the FDA for use in the U.S and the European Medicines Agency (EMA) for cancer treatment indications. [Assessment of Food and Drug Administration– and European Medicines Agency–Approved Systemic Oncology Therapies and Clinically Meaningful Improvements in Quality of Life: A Systematic Review | Oncology | JAMA Network Open | JAMA Network](#). Here I will focus on the FDA-approved drugs.

The FDA approved 214 such drugs in the study interval. Of those, only 40% had QOL information published at the time of approval. Over time until 2019, there was no increase in QOL data on FDA approved drugs. The investigators call for the patients' voices to be heard. That voice says, "We want to know what QOL we will be facing by taking this drug." With that in mind, they call for more QOL measurements during studies of chemotherapy drugs so clinicians can confidently deliver patient centered care. Despite the lack of data feeding the regulatory system approvals, I suspect that most oncologists know how much QOL will be lost during intense chemotherapy. **Cancer patients must ask about QOL effects of any cancer therapy they may choose to take. This applies to non-cancer drugs as well.**

Do You Need this Antibiotic?

Overuse of antimicrobials is a well-known feature of the U.S healthcare industry. A recent study executed by a huge team of investigators [Assessment of the Appropriateness of Antimicrobial Use in US Hospitals | Infectious Diseases | JAMA Network Open | JAMA Network](#) asked about appropriate use of specific antimicrobials in hospitalized patients (n=1566). They looked at patients admitted with community acquired pneumonia (n=219), those with a urinary tract infection on admission (n=452), those receiving

fluoroquinolone (n=550), and those receiving vancomycin (n=403). The investigators found that 876 of the patients received treatment that was unsupported by information in the medical records. The study used data from 2011, so it may not be applicable to inappropriate prescribing these days. None-the-less, patients or their advocates should ask about the indication for prescribing any antimicrobial during hospitalization or at discharge.

Over Diagnosis of Attention Deficit/Hyperactivity Disorder

A small group of scientists dug out 273 primary studies published from 1979 to 2020 to estimate whether ADHD is being gradually over-diagnosed and over-treated in children and adolescents. [Overdiagnosis of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents: A Systematic Scoping Review | Adolescent Medicine | JAMA Network Open | JAMA Network](#). Their analysis showed an increase in diagnosis of milder cases during the study years, and that the use of medications was increasing. Only 5 studies attempted to deal with the benefits and harms of diagnosis of milder forms of ADHD and its treatment. The authors opine that they have found evidence of overdiagnosis and overtreatment of youths with 'mild' cases of ADHD. The authors ask for more research to optimize care of these young folks.

Side Effects of Pfizer and Moderna Vaccines

A Centers for Disease Control and Prevention (CDC) report on the side effects of the above vaccines is interesting, at least to me. [Reactogenicity Following Receipt of mRNA-Based COVID-19 Vaccines | Vaccination | JAMA | JAMA Network](#). Maybe you have had one or more of these side effects. The table below summarizes the side effects within 7 days after the second dose of either vaccine. Data are from the CDC's v-safe database for shots given by February 21, 2021. The side effects after the first dose were less prevalent than after the second shot. The responses are called reactogenic. The reactogenicity of adults over the age of 65 was less than those under 65 years of age. The effects listed are most common on the day after the second dose and decline quickly by day 7.

Side effect	Pfizer percent with effect	Moderna percent with effect
Injection site pain	65	78
Injection site redness	6	19
Injection site swelling	10	26
Injection site itching	6	16
Fatigue	48	60
Headache	40	53
Myalgia (muscle pain)	37	51
Chills	23	40
Fever	21	38
Joint pain	20	32
Nausea	13	20
Vomiting	1	2
Diarrhea	6	8
Abdominal pain	5	7
Rash not at injection site	1	2

Here is a link to report your vaccine experiences:
[V-safe After Vaccination Health Checker | CDC](#)

COVID and General links

Updated (April 27) guidelines from the CDC:
[Updated Recommendations from the Advisory Committee on Immunization Practices for Use of the Janssen \(Johnson & Johnson\) COVID-19 Vaccine After Reports of Thrombosis with Thrombocytopenia Syndrome Among Vaccine Recipients — United States, April 2021 | MMWR \(cdc.gov\)](#)

Good and bad news from Kevin Kavanagh, MD on COVID 19: [COVID-19 Variants Make Road to Normal a Bit Rocky \(infectioncontroltoday.com\)](#)

Answer to question: C) about 1/3. Actual percent is 32 %. See above table.

New Jersey law on sexual misconduct by professionals just became comprehensive: [AG Grewal Orders Sweeping Reforms to Crack Down on Sexual Misconduct by Licensed Professionals - New Jersey Office of Attorney General \(njoag.gov\)](#)

OSHA’s actions to protect healthcare workers from the SARS virus, which the American Hospital Association lobbied against: [National Emphasis Program – Coronavirus Disease 2019 \(COVID-19\) \(osha.gov\)](#)

CMS blocks hospitals’ attempts to obscure access to their pricing information: [CMS bans coding hospitals use to hide prices from web searches \(beckershospitalreview.com\)](#)

You can no longer be blocked from free access to your medical records and notes: [Federal Rules Mandating Open Notes](#)

Industry fights Biden’s plan to ban surprise billing: [Biden faces health industry fight over new ‘surprise’ billing ban - POLITICO](#)

Leapfrog hospital safety grades are out: [Home | Hospital Safety Grade](#)

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