



**How to Prevent Dangerous Interactions, Avoid Deadly Side Effects, and Be Healthier with Fewer Drugs**

**Armon Neel, Jr., PharmD, CGP  
and Bill Hogan**

**“[This book] could not be more timely or important” – *Library Journal***

In this groundbreaking new book, an award-winning pharmacist and investigative journalist team up to uncover the dangers behind prescription drugs, showing how older people are most at risk, then explaining what you can do to make the drugs you take safer for you and your loved ones.

**Prescription drugs are a leading cause of death in America, right behind heart disease, cancer, and stroke, despite being widely trusted and defended by doctors. They kill an estimated 100,000 people a year and severely harm, to the point of requiring hospitalization, another 1.5 million. To make matters worse, the debilitating effects of prescription drugs are routinely misdiagnosed as disease symptoms or, in those most vulnerable, dismissed as natural signs of aging. People 65 and older account for more than a third of all reported adverse drug reactions.**

“Too many older Americans are being prescribed drugs their bodies can’t handle, and as a result they’re getting sick and dying sooner than they should,” declares acclaimed pharmacist and trailblazing activist, **Armon Neel, Jr., PharmD, CGP**. His assertion is based on rigorous research into drug therapies and four decades of consulting with many thousands of older patients to ensure that they’re taking the right medications in the right doses for their overall health, as well as specific ailments. In **ARE YOUR PRESCRIPTIONS KILLING YOU? *How to Prevent Dangerous Interactions, Avoid Deadly Side Effects, and Be Healthier with Fewer Drugs*** (Atria Books; July 3, 2012; \$25.00 Hardcover), written with investigative journalist Bill Hogan, Dr. Neel offers a comprehensive guide to drugs that pose dire threats to seniors—the very people most commonly prescribed them.

As Dr. Neel explains, in patient-friendly language, the changing body chemistries of older people make many potent drugs less effective and more difficult to tolerate. Since kidney and liver functions decline with age, the body loses its ability to break down and put drugs to work quickly and efficiently and then flush out the “excess.” Gradually, the drug builds up in the body—to potentially toxic, even life-threatening levels. When drugs fail to achieve the desired effect and, worse, provoke disturbing symptoms, doctors often make the perilous mistake of prescribing additional drugs.

**ARE YOUR PRESCRIPTIONS KILLING YOU?** focuses on helping readers answer that vital (or fatal) question for themselves. By arming patients and their families with hard pharmaceutical facts, Dr. Neel eases the way to informed, respectful conversations with doctors and better medical care for not only today’s seniors, but also the **77 million Baby Boomers between the ages of 48 and 65.**

Packed with compelling stories of patients who needlessly suffered—and, in some cases, died—from faithfully taking an array of medications, **PRESCRIPTIONS** exposes the hazards of a quick-fix, pill-heavy approach to treating conditions associated with aging. Among many drug-related problems and risks for older patients, Dr. Neel calls urgent attention to:

- Why older patients are susceptible to being misdiagnosed with hypertension and may not need all those blood-pressure drugs (which can cause muscle pain, migraines, blackouts, diabetes, and kidney failure, for starters).
- How NSAIDs (nonsteroidal anti-inflammatory drugs), the treatment of choice to alleviate the pain of osteoarthritis, are “phantom killers,” inflicting serious damage on patients’ intestinal lining, without any warning signs.
- Why proton pump inhibitors, the touted “miracle drugs” for gastroesophageal reflux disease (GERD), have never been studied in groups of older patients and, with long-term use, have been associated with stomach cancers, bone fractures, a variety of intestinal infections, and a host of other nightmares.
- Why statins, relied on to lower LDL (“bad”) cholesterol and prescribed, according to recent National Center for Health Statistics data, to *50 percent of all men age 65 to 74*, are among the most ineffective and dangerous drugs on the market.
- What every postmenopausal woman should know about bisphosphonates, drugs prescribed to treat and prevent osteoporosis, which not only lack the power to reverse bone loss but also may make bones more brittle and vulnerable to spontaneous fractures.
- How many drugs (including Detrol, Pfizer’s answer for “overactive bladder”) can impair cognitive function in older people, causing confusion, disorientation, memory loss, and hallucinations, leading to “false positive” diagnoses for Alzheimer’s disease.

In 2009, the American Society of Consultant Pharmacists gave Dr. Neel its annual achievement award. Because of his advocacy and determination to help the often voiceless, the organization then announced that Neel so personified excellence in the field that the award would be renamed for him. This hard work and purpose is

evidenced throughout **PRESCRIPTIONS** as Dr. Neel offers welcome alternatives – safe and effective prescriptions for lifestyle changes and nutrition supplements, combined, when needed, with medications that aging bodies can metabolize and that actually do more *good* than harm. Along with gains in vitality, his methods will allow patients to enjoy dramatic savings on medical costs. Culminating with a call to action and concrete recommendations for fixing our broken health-care system, **ARE YOUR PRESCRIPTIONS KILLING YOU?** is an invaluable resource for older patients, their loved ones and caregivers, and anyone who strives for a long, healthy life.

### **ABOUT THE AUTHORS**

**Armon Neel, Jr., PharmD, CGP** is a board-certified geriatric pharmacist who has been counseling older patients and their caregivers on the safe, effective use of medications for more than 40 years. His work has been featured in *AARP Bulletin*, *Prevention*, and *Reader's Digest*, and recognized with a Lifetime Achievement Award from the American Society of Consultant Pharmacists. He serves as a resource on drug therapy management for seniors through his website, MedicationXpert.com, and is AARP.org's "Ask the Pharmacist" columnist in addition to maintaining an active private consulting practice, at age 73. Married, with two sons and seven grandchildren, Neel makes his home in Georgia and proudly represents the fifth generation of Neel pharmacists.

**Bill Hogan** is an award-winning investigative journalist based in Washington, D.C. He has worked as a consultant to CBS News, as well as a consulting editor and writer for the *AARP Bulletin*, for which he wrote a piece about Armon Neel in 2004.

### **ARE YOUR PRESCRIPTIONS KILLING YOU?**

***How to Prevent Dangerous Interactions, Avoid Deadly Side Effects, and  
Be Healthier with Fewer Drugs***

**By Armon Neel, Jr., PharmD, CGP and Bill Hogan**

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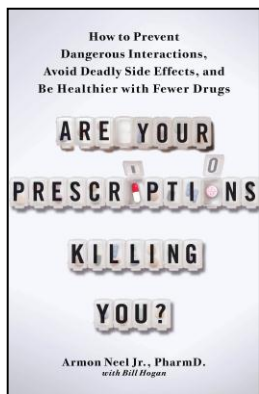
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# DON'T BECOME A STATISTIC

## Little-Known Facts about the Dangers of Drugs Doctors Routinely Prescribe to Older Patients

- ✓ Adverse reactions from prescription drugs are the fourth leading cause of death in the United States, after heart disease, cancer, and stroke (and that's not counting the drug-induced deaths mistakenly attributed to illness). Older Americans are most at risk. Why? Because they often lack the body chemistry necessary to break down the drugs, distribute them throughout the body, and eliminate them promptly, yet many of them are on five or more medications. As a result, the risk of prescription drug errors is seven times greater for people 65 and older than for younger people.
- ✓ Antihistamines, widely used to relieve the symptoms of allergies, hay fever, and the common cold, are hazardous to older people. Constipation, difficulty urinating, blurred vision, confusion, and short-term memory problems are among the common side effects.
- ✓ Benzodiazepine drugs, like Librium, Restoril, and Valium, typically used to treat insomnia, anxiety, and panic disorders, can cause unsteadiness, dizziness, and even vertigo in older patients. Older people taking benzodiazepines increase their risk of falls by at least 70 percent, and their risk of hip fractures by at least 50 percent, studies show. This is all the more alarming because these drugs have no proven long-term benefits and are often prescribed unnecessarily.
- ✓ Beta-blockers, one of the six major classes of blood pressure medications, are the most mis-prescribed in patients 65 and older. For starters, they make older people more vulnerable to insomnia, muscle pain, memory loss, and depression. In patients with diabetes, beta-blockers can wreak havoc with glucose control.
- ✓ Nonsteroidal anti-inflammatory drugs (NSAIDs), widely relied on to relieve joint and muscle pain, are not at all friendly to older people. All NSAIDs can cause gastrointestinal toxicity that can lead to internal bleeding and hospitalization or death. The larger the dose or the longer you take them, the greater the risk. Alarming, older patients often supplement prescription NSAIDs with over-the-counter NSAIDs, like Aleve, Motrin, and Advil.
- ✓ Statin drugs, like Lipitor, Crestor, Pravachol, and Zocor, prescribed to control cholesterol, are particularly toxic to older people. Studies show that statins can cause permanent muscle damage and serious cognitive problems. Statins can increase the risk of developing diabetes and suffering a hemorrhagic stroke. What's more, statins can interfere with the body's ability to metabolize other drugs and for many patients, may do nothing to reduce the risk of death from heart disease or stroke.



Adapted from **ARE YOUR PRESCRIPTIONS KILLING YOU? *How to Prevent Dangerous Interactions, Avoid Deadly Side Effects, and Be Healthier with Fewer Drugs***  
by Armon Neel, Jr., PharmD, CGP and Bill Hogan

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## **PRAISE FOR ARMON NEEL, JR**

**"It's becoming increasingly clear that medical historians will judge the last 50 years as the 'dark age of drug therapy.' Though there are many advances in modern pharmacy, the truth is that many drugs produce a desired effect only to create many more that are unwanted. Armon Neel's book provides concrete evidence that the problems with many prescription medications are known today. Fortunately, he also provides some practical guidance to help navigate the land mines of drug therapy." —Michael T. Murray, N.D., author of *What the Drug Companies Won't Tell You and Your Doctor Doesn't Know***

**"[This book] could not be more timely or important." —*Library Journal***

**"[Armon Neel's] expertise in the pharmaceutical management of patients is unparalleled." —James Gore, MD, and George Capo, DO**

**"Armon Neel literally saved my life." —Carla Moore, patient**

**"In my 32 years as a practicing geriatrician, I have not met a healthcare professional who better understands the pathophysiological principles behind the use of medications for the elderly." —Zaheer Khan, MD, MRCP, founder and president of the Center for Aging, Huntsville, AL**

**"Armon Neel is a pioneer in the field of geriatric drug therapy and has a wealth of experience." —Thomas R. Clark, RPh, MHS, CGP, Executive Director of the Commission for Certification in Geriatric Pharmacy, Alexandria, VA**

**"After seeing many doctors over the years, I had hit rock bottom. Then I found Armon Neel, and within six months, I was a new person." —Diane Marsh, Williamson, GA**

**"I can't adequately express my gratitude to you. My mother's turnaround has been remarkable; she has a whole new lease on life." —Jeanne Craft, Assumption, Illinois**

**"Practicing with Armon was an education. His knowledge of drugs is second to none, and his skills of application are genius." —Robert V. Brandon, MD**

**"After four agonizing years with neurologist and neuropsychologists, after our first visit with Dr. Neel my wife showed dramatic mental changes, and she is now back to her normal self. I have my wife back. Thank you, Dr. Neel." —Randolph Darby, Johnson City, Tennessee**

**"Working with Armon for thirty-plus years has been an inspiration. I've seen many geriatric patients who were considered to be no-hope situations, and were oftentimes in Hospice, given back their lives. Many have been discharged from Hospice and many sent back home." —Morris David, MD**

**"After dealing with our aging mother's failing health and her many prescriptions, our visit to Armon Neel, and his many recommendations, added years to her life." —Joan Morris**

**"Armon Neel's contributions to pharmacy, patients, and other pharmacists like myself who wish to truly practice clinical pharmacy are immeasurable." —Charles Feucht, Pharm.D.**

**"I was a 53-year old female, taking 17 prescribed medications and was hospitalized three times in two months for unknown causes. I was referred to Dr. Armon Neel, who did extensive research on each drug and gave me the opportunity to discuss each with my doctors. I am now over 70, take four prescribed medications, and I am healthier and happier than I have ever been." —Sidney Watson, Griffin, Georgia**

**"Dr. Neel's vast knowledge of medications, their actions, and interactions is unmatched." —Peter Perrin, Torrance, CA**



COVER STORY

# The Pharmacist Who Says No to Drugs

Armon Neel tells patients how to save money and lives

BY BILL HOGAN

**R**uby Gifford has come to see Armon B. Neel Jr. out of fear and perhaps desperation. Gifford, 86, hasn't been feeling well lately, all these allergies," Gifford begins. (Her name has been changed in this story to protect her privacy.)

Neel asks to see the blood pressure log she's been keeping at his request, along with all the medications she's been taking. Gifford reaches



Is Your Parent Over-Medicated?

## Is Your Parent Over-Medicated?

When Siri Carpenter suspected her mother's multiple prescriptions were causing memory loss, she discovered an epidemic that affects millions

By Siri Carpenter




About a year ago, my mother told my father there was a movie she really wanted to see and suggested they catch it that evening. Great idea--except that, as my dad gently reminded her, they had just seen it. Though he tried to make light of it at the time, Mom's memory lapse was not an isolated event. She often repeated herself, misplaced one thing after another, and neglected commitments she didn't remember making. A woman with a gift for banter, she now found it difficult to carry on a conversation because she was so easily distracted. Most disturbing of all: She was only 61.

Neel is a rebel with a cause --- namely, advancing the idea that pharmacists must serve and protect the people who take the medications they dispense. "I get paid by the patient," he says, "not the doc." The way he sees it, pharmacists are often a patient's last line of defense in a nation of doctors who, more often than not, don't know much about the drugs they are prescribing and the geriatric population they are treating.

**AARP.org**

ask the pharmacist  
**DR. ARMON B. NEEL JR.**

Armon B. Neel Jr., PharmD, CGP, is a board-certified geriatric pharmacist who has devoted his career to guiding health professionals and older adults in the appropriate use of medication. He and journalist Bill Hogan, with whom he writes AARP's *Ask the Pharmacist* column, are co-authors of the forthcoming book, *Are Your Prescriptions Killing You? How to Prevent Dangerous Interactions, Avoid Deadly Side Effects, and Be Healthier With Fewer Drugs*, to be published next year by Atria Books.



Dr. Armon B. Neel Jr. — Photo by Andrew Kornylak

[Submit A Question](#)

Neel's report [29 pages] was dense and nuanced, but its message was clear: My mom's medications were making her sicker. She, like me, was inclined to follow his recommendations, but the truth is that making such radical changes was intimidating. What if we were wrong? Nonetheless, we plunged ahead and booked an appointment with my mother's internist. To our relief, the doctor said the plan was worth trying. A few days into her new regimen, the fog that enveloped my mom's mind receded and her mood brightened. The asthmatic cough that plagued her for years has vanished, and recent tests showed normal lung function — no asthma after all. Her muscle pain has dramatically diminished. When I asked recently how her acide reflux was, she reorted, "What reflux?"