The Risks of Over the Counter NSIAD's and What's New

"Complications from non-steroidal anti-inflammatory drugs, or NSAID, have been linked to over 103,000 hospitalizations and more than 16,000 deaths per year in the US, according to a study published in the American Journal of Therapeutics.

The FDA, normally the main cheerleader for pharmaceutical companies has stated, "FDA is strengthening an existing warning in prescription drug labels and over-the-counter (OTC) Drug Facts labels to indicate that nonsteroidal anti-inflammatory drugs (NSAIDs) can increase the chance of a heart attack or stroke, either of which can lead to death."

They also stated that there is no safe minimum dose for these drugs, even a low, single dose of a NSAID can lead to a heart attack, blood clot, or stroke.

In this conversation I would like to take a deeper look at pain as it relates to our daily diet and beverage choices and ask the question, "Are you, and your dietary choices, the primary cause of your pain?" The answer is probably yes.

Diet, Caffeine and Pain *(or have another cup of pain)*

Are You in Pain? People who are in pain are usually taking pain medication, from over the counter medications to opioid drugs. The list of pharmaceutical drugs designed to relieve pain is extensive. If you combine the numbers from the American Cancer Society, American Diabetes Association, American Heart Association, and the Institute of Medicine of The National Academies there are 170 million American's in pain. This means that over half of the US population is on pain medication. This makes sense since we know from the Journal of the American Medical Association that 60 percent of the US population is taking a prescription drug. Add to this number the number of people taking recreational drugs and drinking alcohol, and well – we are the most drugged nation on earth.

I routinely treat patients with two main health complaints. One, they cannot move, walk, lift, sit or engage in physical activities because of a loss of function in their limbs or back. Two, they are in pain. Most of these patients are on prescription medications, many of them are on two to six medications at once.

Since the 1970's I have been attempting to educate my patients regarding pain and diet. Allow me to express my frustration for a moment… What sense does it make to take a pain medication, perhaps one or more drugs with serious side effects and is addictive, and to consume foods and beverages which increase pain?

Take for example coffee and caffeinated beverages. 83 percent of the US population drinks coffee and when you add in energy drinks and products like Coke and Mountain Dew, well, that is just about everyone. The popularity of caffeinated beverages is based upon caffeine's effects on the central nervous and endocrine systems of the body. Caffeine is a stimulant that increases brain and nerve impulses and responses. Unfortunately, it also increases pain.

This fact seems to surprise people, that a chemical which increases nerve activity would increase your pain experience. There is conflicting information in books and on the internet, but it is well established that caffeine, in any form, makes pain worse. Washing down Motrin, Nuprin, or Advil with a swallow of coffee makes no sense at all. The more caffeine you consume the more pain you have and the more pain medication you need. It is a vicious cycle.

The next question is how much sugar do you put in each cup of coffee that you drink, or how much sugar is in a bottle of Mountain Dew? The average person consumes 3 to 4 cups of coffee per day and some consume 8 or more cups per day. The average coffee drinker adds 1 to 2 teaspoons of sugar to each cup of coffee. All sugar, but especially processed sugar, increases overall body inflammation and inflammation equals pain and degeneration of joints. For more on this topic go to Dr. Gregory Lawton's page and download my free booklet on aging, disease, and inflammation. By the way, there are 62 grams of sugar in one 16-ounce bottle of Mountain Dew and this is equal to over 12 teaspoons of sugar. When would you ever sit down and just eat 12 teaspoons of sugar one after the other?

If you are in pain to the point that you need pain and/or anti-inflammatory medication, then you need to understand that the processed sugary foods that you eat and the caffeinate beverages that you drink reduce the effects of your medication and increase your pain. Pain and caffeine do not go well together.

Here is the dietary equation to remember:

Sugar and alcohol fuels inflammation and inflammation causes pain."

This Article was Written by,
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FDA Study…

Prescription NSAIDs are an important treatment for the symptoms of many debilitating conditions, including osteoarthritis, rheumatoid arthritis, gout and other rheumatological and painful conditions. OTC NSAIDs are used to temporarily reduce fever and to treat minor aches and pains such as headaches, toothaches, backaches, muscular aches, tendonitis, strains, sprains and menstrual cramps. Common OTC NSAIDs include ibuprofen (Motrin, Advil) and naproxen (Aleve). In addition, some combination medicines that relieve various symptoms, such as multi-symptom cold products, contain NSAIDs.

"Be careful not to take more than one product that contains an NSAID at a time," says Karen M. Mahoney, M.D., deputy director of FDA's Division of Nonprescription Drug Products. How will you know? Check the list of active ingredients in the Drug Facts label.
The labels for both prescription NSAIDs and OTC NSAIDs already have information on heart attack and stroke risk. In the coming months, FDA will require manufacturers of prescription NSAIDs to update their labels with more specific information about heart attack and stroke risks. FDA will also request that the manufacturers of OTC NSAIDs update the heart attack and stroke risk information in Drug Facts labels.

FDA added a boxed warning to prescription drug labels for this risk in 2005. More recent data and information are prompting FDA to update NSAID labeling. Today we know that the risk of heart attack and stroke may occur early in treatment, even in the first weeks.
"There is no period of use shown to be without risk," says Judy Racoosin, M.D., M.P.H., deputy director of FDA's Division of Anesthesia, Analgesia, and Addiction Products.
People who have cardiovascular disease, particularly those who recently had a heart attack or cardiac bypass surgery, are at the greatest risk for cardiovascular adverse events associated with NSAIDs.

FDA is adding information in the drug label for people who already have had a heart attack. This vulnerable population is at an increased risk of having another heart attack or dying of heart attack-related causes if they're treated with NSAIDs, according to studies.
But the risk is also present in people without cardiovascular disease. "Everyone may be at risk – even people without an underlying risk for cardiovascular disease," Racoosin adds.

Full FDA Article Here.

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