

# HEALTH

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## DOCTOR FILES

# The shiny new pills, and the tried

By MARC SIEGEL  
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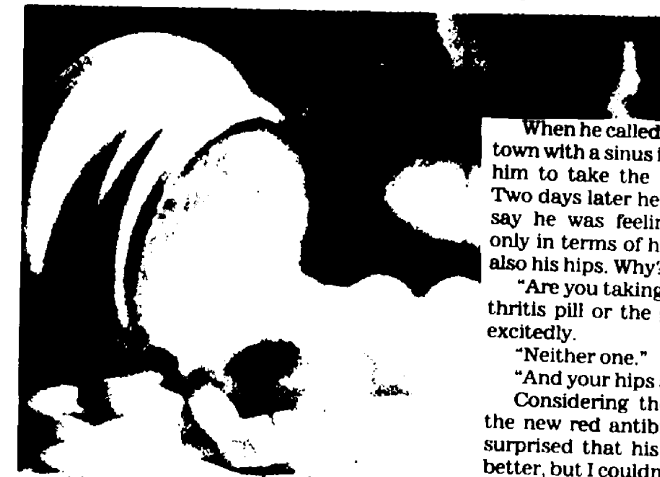
An arthritis sufferer for many years, Mr. B had tried one anti-inflammatory medicine after another. It was his habit to request whichever pill had been most recently touted in television ads promising miracles. But his hips ached no matter what drug I prescribed, and I shared his frustration during his subsequent office visits.

He was not alone in falling for the commercials. Recent studies show direct-to-consumer advertising as 16% of drug company spending, and surveys by the Food and Drug Administration and the Kaiser Family Foundation suggest that more than 50 million people respond to this aggressive salesmanship by making requests of their doctors for these same medicines.

"The expensive new pills don't work any better than the cheap old pills," Mr. B concluded during one of his worst days, when his hips could interpret the humidity as well as any weather forecaster portending rain.

I looked unhappily across my office desk. Sometimes the patients I was the most concerned about were the ones I could help the least.

Meanwhile, the drug salespeople brought free lunches as well as flashy product samples to my office, trying to entice me and my patients with the latest and greatest. It was tempting to believe that the new pill would work — we both wanted it to. It was easy to forget last year's pill, which was probably just as good and, having gone generic, a whole lot cheaper. But Mr. B was growing more and more cynical, not believing any pill could help his hip pain. On the rare day



when his symptoms eased and he felt well, he would claim that medications had nothing to do with it.

Mr. B would not consider hip surgery — he was afraid of complications — though he finally did agree to see an arthritis specialist. This doctor prescribed a yellow pill, the latest once-a-day medicine that was supposed to be easier on the stomach than other drugs. Taking it for a two-week trial, Mr. B reported that his stomach was fine, but he still limped noticeably. At his request, I sent him to a second arthritis expert, who switched him to a green pill, which didn't work even as well as the yellow one. The second arthritis expert recommended surgery, but Mr. B still refused it.

During a phone conversation, this doctor told me he felt that there was no cure-all for hip arthritis and that the billion-dollar arthritis drugs were almost interchangeable. "Pharmacies should be stocking, at most, one of these pills, not both," he said testily.

When he called me from out of town with a sinus infection, I told him to take the red antibiotic. Two days later he called back to say he was feeling better, not only in terms of his sinuses, but also his hips. Why?

"Are you taking the yellow arthritis pill or the green?" I said excitedly.

"Neither one."

"And your hips are better?"

Considering the hype about the new red antibiotic, I wasn't surprised that his sinuses were better, but I couldn't understand

In my office, the yellow pill competed with the green one for space in my sample closet. Both manufacturers clearly thought that I would end up prescribing the drug. All the drug salespeople seemed to know how much of their product I prescribed. They brought clumps of samples for various conditions all at once, probably believing if I gave out their green pill for arthritis, I would also start prescribing their red pill for sinus infections.

In fact, it was the red pill that had caught Mr. B's attention the time he came to my office just before a trip out of town. Besides his arthritis, he also suffered from sinus infections, a second condition I was having trouble treating. He asked me if he could have some of the red pills just in case he got sick on the trip.

"Sure," I said, happy to offer help. I'd always wondered why Mr. B continued to come to see me when I couldn't solve his hip problem. He'd once said, "No one can help my hip, but at least you won't give up."

# -and-true

the improvement in his hips.

"What are you taking besides the red pill?"

"Nothing. Just an aspirin every four or five hours, for the cold."

"Aspirin? That must be what's helping your hips!"

From that moment on, Mr. B would have nothing to do with any of the fancy pills that modern medicine or its sales representatives could offer him.

Cured of his penchant for the ads, he insisted on taking only aspirin for his hips. He was surprised to find out how cheap aspirin was and how well it could work.

And I was a better doctor for it as well, returning aspirin to a regular place in my doctor's bag. I told this story to the two arthritis experts I'd referred Mr. B to, and they both admitted that aspirin was a forgotten pill for arthritis that still had value for some people. I regretted not having thought of it sooner. I relearned an old lesson: Sometimes the old-fashioned remedy works better than the latest discovery.

As far as Mr. B's sinuses were concerned, I felt here was at least one clear instance where a new chemical invention had helped me to cure. But my patient differed. He didn't believe that his sinuses had cleared that night in his hotel from any state-of-the-art sports-car-red antibiotic but from the chicken soup and hot tea the bellhop had brought up to his room.