

Polypharmacy Problems Go Beyond Tiger Woods



By *Jamie Wells, M.D.* — August 16, 2017



Credit: Wikipedia [1]

In ['Drugged Driving' Not Just Tiger Woods' Issue](#) [2], I discussed the hazards and general status of intoxicated driving in the United States along with the May events surrounding the DUI arrest of the embattled golfer who at the time publicly apologized for his actions and attributed what happened to “an unexpected reaction to prescribed medications.”

As I stated then, many preconceptions exist that substances must be illicit in nature to cause problems. Whether legally prescribed, over-the-counter (OTC) or illegally obtained, certain medicines or drugs whether used properly or abused can impair a person. The combinations, dosages, chemical make-up of ingredients, underlying medical conditions present, size of the person and frequency of personal exposures matter. As do individual tolerance and short- and long-term duration history.

In [Tiger Woods' statement](#) [3] this week, there has been further clarification of how such items came into his possession: “Recently, I had been trying on my own to treat my back pain and a sleep disorder, including insomnia, but I realize now it was a mistake to do this without medical assistance,” he said. “I am continuing to work with my doctors, and they feel I’ve made significant progress. I remain grateful for the amazing support that I continue to receive and for the family and friends that are assisting me.”

Due to being found asleep at the wheel on the side of the road, having slurred and slowed speech as well as a failed field sobriety test, police had arrested Mr. Woods on suspicion of driving under the influence. As the complete picture of these situations tends to evolve with time due to the slow divulgence and disclosure of information, his [just released toxicology report](#) [4] confirmed the presence of the five following drugs: Hydrocodone (opioid/narcotic pain reliever), Hydromorphone (opioid/narcotic pain reliever), Alprazolam (benzodiazepine, anti-anxiety medication), Zolpidem

(sedative) and Delta-9 carboxy THC (marijuana metabolite).

Polypharmacy used to be a term that emphasized the importance of safe drug usage in elderly patients, especially, who had a tendency of being on four or five (or more) medications for various health conditions. When treating multiple disease states, it is essential for medical personnel to appreciate and avoid the risks of multi-drug interactions. These are taken into account in treating patients and require continuous close monitoring to ensure untoward effects of the drugs themselves don't take place—even when properly administered—as well as drug-disease and drug-drug adverse events. Other common names for polydrug use include multiple drug intake or combined drug intoxication.

Now, the term has morphed in its meaning to also include more recreational use, often abuse, of prescription to street drugs. Basically, polypharmacy tends to include those using multiple drugs—some define as four, others five or more but these become mere semantics in the more broad discussion.

Self-medicating is a rampant societal issue. There are many reasons for it and they are more complex than a highly clicked headline. Some self-medicate for underlying mental illness, diagnosed or not (e.g. depression, anxiety). Others battling addiction who may or may not have associated physical or mental health problems. Some with chronic pain. And so on.

The drugs listed in Mr. Woods' police report individually and together can suppress a person's respiratory drive and level of consciousness potentially leading to issues with coordination, coma, even death.

This is why using medications as they were intended in consultation with your physician who knows your comprehensive clinical picture and medical history is crucial to doing so safely. Not taking other people's prescriptions or using medications that were prescribed for an old condition are smart practices. The results of which could spare you, strangers and your loved ones much agony.

Always conveying with your healthcare provider what supplements, OTC or other substances legal, alternative or otherwise that you are ingesting is in your best interest. The hydrocodone drug, for example, is often prescribed with an acetaminophen component. This is the active ingredient in tylenol. Taking medicines that can affect cognition can predispose someone to making medical errors, in general. Ingesting that combination drug and also taking OTC tylenol can be especially toxic to your liver and at specific levels can even prompt liver failure. To be well-informed about what to avoid and how to take medications properly, you should be having recurrent conversations with your physician who is actively involved with the fluid, dynamic nature of your medical care.

According to the [National Vital Statistics Reports](#) ^[5] put out by the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC):

“From 2010 through 2014, the number of drug overdose deaths per year increased 23%, from 38,329 in 2010 to 47,055 in 2014. During this time period, the percentage of drug overdose deaths involving at least one specific drug increased, from 67% in 2010 to 78% in 2014. Among drug overdose deaths with at least one drug specified on the death certificate, the 10 drugs most frequently involved in overdose deaths included the following opioids: heroin, oxycodone,

methadone, morphine, hydrocodone, and fentanyl; the following benzodiazepines: alprazolam and diazepam; and the following stimulants: cocaine and methamphetamine...In 2014, of the 36,667 drug overdose deaths involving at least one specific drug, 52% of these deaths specified one drug, 38% specified two or three drugs, and 11% specified four or more drugs."

Bottom Line: Multiple drug use contributes to many overdose deaths. When self-medication is in the mix, there is a false sense of security individuals have that they truly understand their body's limits. The statistics I listed don't support this narrative and are also an underestimation since I did not include all of the near-death experiences to deleterious events that warranted emergency medical treatment and hospitalization.

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- [2] <http://www.acsh.org/news/2017/06/01/drugged-driving-not-just-tiger-woods-issue-11353>
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