



Dr. Randy Elde Weighs In on Drugs and Devices

As a practicing pharmacist for over forty years and a diabetes care and education specialist for twenty-four years, I have witnessed an explosion of medication use in our country such that today the United States now has one of the highest medication-use rates per capita in the world. (As noted in the chapter, this phenomenon is labeled polypharmacy.) Certainly, medical conditions like heart disease and diabetes may require multiple medications, but reducing the number of them taken is best for patients for the reasons Chad has listed.

Multiple studies have demonstrated that the simpler any medication regimen is, the more likely it will be followed. If a patient is to take one tablet per day, they are highly likely to do so—but more frequent dosing is less likely to be adhered to. Prescribing the appropriate medication is always important, but sometimes deprescribing or discontinuing a medication that is no longer needed is just as important.

Both the American Diabetes Association and the American Association of Clinical Endocrinologists produce updated guidance each year on all aspects of diabetes care. These are the principal guidelines that providers use to direct their care. For several years now, both sets of guidelines have

extolled the primary importance of lifestyle changes, but this needs even more emphasis—because all too often the recommendation is disregarded in favor of prescription medications. In short, whenever possible, it's usually best for you and your care provider to think in terms of nutrition and exercise first and then consider medications.

Again, this is not to minimize the importance of needed medications; for example, many cannot do without insulin.

An often-overlooked method for evaluating one's medication list is to turn to a personal pharmacist for expertise. Many insurance plans, including Medicare, will pay for a periodic extensive consultation with a pharmacist, referred to as medication therapy management. This consultation will examine your entire medication regimen, including analyzing the appropriateness of each drug for you, potential side effects, potential interactions, cost-saving options, whether the medications are being used correctly, and any duplication of medications.

During such reviews, on several occasions, I uncovered a patient's misunderstanding of their insulin. Many insulin-requiring patients use two different types: mealtime insulin and longer-acting basal insulin. In one instance, a patient was using two mealtime insulins, and on another occasion, a patient was using two long-acting insulins. In both cases, their blood sugar control was inadequate and, at times, in danger of leading to significantly low blood sugar reactions.

It's important to be aware of any medication side effects, including the relative incidence of any effect. Does the side effect occur in a significant number of patients, or is the

incidence so low that you're very unlikely to experience the effect? It's also important to recognize that the side effect profile of a drug can change over time. As continued experience occurs with any drug, additional side effects may be noted, or previously mentioned significant side effects may turn out to be of minimal significance. This is similarly true with drug interactions: What is the significance of a potential interaction? Your pharmacist is a wonderful resource to help sort out this information for you.

Unfortunately, many patients with diabetes have other medical conditions such as high blood pressure or high cholesterol. Some of the medications used to treat these conditions are also involved in the most commonly seen drug interactions. On one such occasion, a patient of mine was experiencing considerable side effects from his cholesterol medicine. He had been taking it for several years without any noticeable problems. I learned that he had recently started a new blood pressure medicine, which was around the same time the side effect began. My investigation revealed that the new blood pressure medicine increased levels of the cholesterol medication, which in turn caused discomfort. Through discussions with his care provider, the patient was able to reduce the dose of his cholesterol medication. My follow-up revealed no deterioration in the patient's cholesterol lab values, and his side effect disappeared.

The price we pay for drugs in the United States is receiving more—and needed—attention, especially the cost of insulin. The complexity of this issue, coupled with political stalemates in our country, leads to feelings of

helplessness for many. Again, focusing on nutrition and exercise can empower people with greater agency.

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Dr. Randy Elde, a retired certified diabetes care and education specialist, earned his doctorate in pharmacy in 2011 and became board-certified in advanced diabetes management in 2014. Dr. Elde's involvement in diabetes care was piqued nearly thirty years ago by his daughter's diagnosis of type 1 diabetes in her adolescence. His career in western Washington State as a pharmacist and diabetes educator spanned over forty years. In 2017, the Washington Association of Diabetes Educators honored him with their Diabetes Educator of the Year award.

Whether in pharmacy or diabetes care, his driving force was the personal relationships he established with patients, in which he strove to always be the best listener. In addition to his daughter, he credits all the young children with diabetes with whom he was honored to work with for many years as part of the medical staff at a summer camp for these children.