LETTERS TO THE EDITOR

On Diabetes Care in America
And the Power of Prevention

Dear Dr. Nash,

I am preparing to complete my fourth year of medical school at the University of South Florida College of Medicine. As a strong proponent for lifestyle medicine, I greatly enjoyed your recent editorial that appeared in the March 2008 issue of P&T, entitled “Changing Diabetes Care: An Opportunity for the Feds.”

Your reflections were right on target and very timely. I was also struck by how closely a recent presentation I gave was mirrored in your words and figures. The presentation, called “The Power of Prevention,” was made to a group of students and faculty at USF. I recently posted it online for public viewing at www.authorstream.com.

The presentation carefully outlines the growth of lifestyle diseases (type-2 diabetes and the metabolic syndrome in particular) over the last 30 years. It then presents the medical literature that supports lifestyle intervention and addresses common misconceptions and challenges ahead. The data are disturbing when you look at the personal and financial costs to our nation, but they are optimistic when you see how powerful lifestyle interventions can be. I hope you will pass on the link, and I know you will never stop being a passionate voice for rational health care.

Many thanks for your continued leadership in this area. I am hopeful that the future will bring change, and I am excited by the opportunity to be part of it.

Sincerely,

Stephan Esser

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Dear Mr. Barlas,

I enjoyed your column in P&T, Vol. 33, No. 4, April 2008. Pharmacists, of course, have long been aware of the dangers of prescription drug abuse. It is by far a much more significant problem than most people are aware of, and it is more significant than the typical drugs of abuse (heroin, cocaine, methamphetamine).

Interestingly, Mr. [Heath] Ledger’s autopsy report showed “normal” levels of each drug that was in his system, thereby concluding that he did not purposely overdose. But even with these normal doses, it is obviously very risky and life-threatening to put seven different depressant drugs into the human body.

Your article contained one minor misstatement. You stated, “They are opiates [oxycodone and hydrocodone], as are cocaine and heroin.” You are correct in stating that heroin is an opiate. However, cocaine is not an opiate. Opiates are very potent depressant or sedative drugs, directly or synthetically derived from a specific poppy flower, used to treat moderate-to-severe pain. Cocaine is a very potent stimulant, derived from the coca plant. Its legitimate use is as a topical anesthetic, used prior to and/or during nasal or sinus surgical procedures.

Thanks for giving this case and this problem some badly needed awareness.

Sincerely,

Greg Evans, PharmD, Director of Pharmacy, Memorial Hospital, Los Banos, California