



Editorial Comment

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This Editorial comment is a reprint retraction from the El Paso Physician Vol 34 Number 2 pertaining to an article in this issue regarding procurement of medicines from Mexico.

“The desire to take medicine is perhaps the greatest feature which distinguishes man from animals.”
“One of the first duties of the physician is to educate the masses not to take medicine”
—William Osler, Canadian Physician, 1849-1919

Recently I have seen an increase in colds, allergies, viral gastroenteritis and pharyngitis. This is not an abnormal occurrence in a pediatric population since children share germs with each other on a regular basis at home and at school. However, when viral illness increases, there is also more of an increase of polypharmacy and self-medication by patients. Sometimes this is ok and sometimes not. Living on the border exponentially increases the potential polypharmacy and incorrect use of medicines.

In this issue, there is an excellent review of the literature on procurement of medicines from Mexico by El Paso residents. In this article it is stated that approximately one third of El Paso residents seek medicines from across the border. I see this every day in my practice.

When taking a history from a patient, I routinely ask about all medicines, herbs and supplements being used. Then I ask from where these items are being purchased and how they are being used. If the patient has the medicines with them, I look at the bottle or box to get the name of the medicine. I then look the name up on the internet or in my Mexican PDA. I do this to make sure I know what the active ingredient in the medicine is, since many medicines from Mexico have completely different names. The most commonly used medicines are comparable with those we might use here (i.e. decongestants, asthma meds, antihistamines and antibiotics). However, several of these medicines are often combined into one pill or suspension and dispensed without regards to age or weight. I have seen syrups containing albuterol, acetaminophen and an antibiotic given to a 2 week old with cough. I have seen eye drops containing atropine being given to a child with allergic conjunctivitis. I have seen high potency steroid creams being used on 4 year olds and the parents say, “it works great!”

This phenomenon of multidrug use on the border is real and the risk of toxicity is high, especially in children. The fact that the majority of medicines are dispensed by a pharmacist without a physician evaluation or prescription adds to the problem.¹

I encourage all physicians to discuss, without blame or censure, the issue of natural, herbal and non-US medicines on a regular basis.

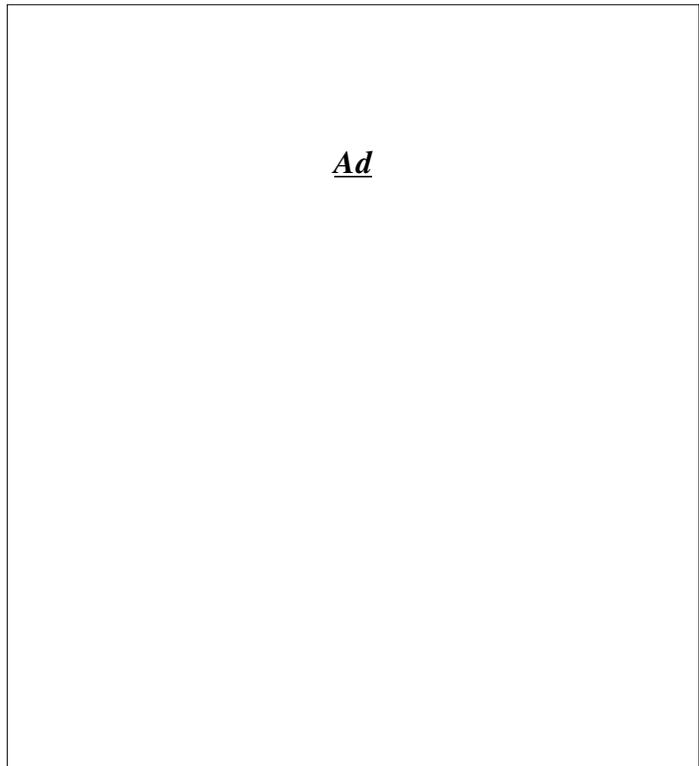
Educate the patient as to why the medicine could be harmful to them or to their children.

I also encourage you to read the article this month and the following articles that also speak to this issue:

1. Wirtz VJ, Reich MR, Leyva Flores R, Dreser A. **Medicines in Mexico, 1990-2004: systematic review of research on access and use.** Salud Publica Mex. 2008;50 Suppl 4:S470-9.
2. Mull DS, Agran PF, Winn DG, Anderson CL. **Household poisoning exposure among children of Mexican-born mothers: an ethnographic study.** West J Med. 1999 Jul;171(1):16-9.

¹Wirtz VJ, Taxis K, Dreser A. Pharmacy customers’ knowledge of side effects of purchased medicines in Mexico. Trop Med Int Health. 2009 Jan;14(1):93-100. Epub 2008 Nov 12.

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