



RISKY DRUGS

Dangers of Tylenol (Acetaminophen)

By Dan Murphy, D.C., D.A.B.C.O.

In 1994, researchers from Johns Hopkins Medical School published in the *New England Journal of Medicine* an article noting¹:

Risk of Kidney Failure Associated With the Use of Acetaminophen, Aspirin, and Nonsteroidal Anti-inflammatory Drugs

New England Journal of Medicine
December 22, 1994.

"People who take analgesic drugs frequently may be at increased risk of end-stage renal disease (ESRD)."

"Heavier acetaminophen use was associated with an increased risk of end-stage renal disease in a dose-dependent fashion."

Those who took 105-365 acetaminophen pills per year had a 40% increased risk of end-stage renal disease compared to those who took 2-104 acetaminophen pills per year. For some, the risk of end-stage renal disease was as great as a 140% increased risk.

For those who took more than 365 acetaminophen pills in a year, the increased risk of end-stage renal disease was 110%. For some, the increased risk of end-stage renal disease was as high as 270%.

For those who took more than 1,000 pills containing acetaminophen in their lifetime (compared to those who took fewer than 1,000 acetaminophen-containing tablets), their increased risk of end-stage renal disease was 100%. For some, the increased risk of end-stage renal disease was as high as 220%.

For those who took more than 5,000 pills containing acetaminophen in their lifetime, their increased risk of end-stage renal disease was 140%. For some, the increased risk of end-stage renal disease was as high as 380%.

The increased risk for end-stage renal disease noted in this study was adjusted for race, sex, age, and intake of other analgesic drugs.

The authors noted that 8-10% of the overall incidence of end-stage renal disease is attributable to acetaminophen use.

The authors concluded, "People who take acetaminophen often have an increased risk of end-stage renal disease."

In 1997, researchers from the Department of Internal Medicine, Univer-

sity of Texas Southwestern Medical Center, published in the *New England Journal of Medicine* an article noting²:

Acetaminophen Toxicity in an Urban County Hospital

New England Journal of Medicine
October 16, 1997

Acetaminophen ingestion accounts for 12% of all patients hospitalized with drug overdoses.

Acetaminophen ingestion accounts for 40% of patients with acute liver failure.

In 2004, Tim Davern, MD, a liver transplant specialist at the University of California, San Francisco, published³:

The Danger Of Mixing Candy And Poison

San Francisco Chronicle
August 14, 2004

"First Do No Harm" is a cornerstone of modern medicine.

"I think the practice of combining acetaminophen (Tylenol is one popular brand) and an opiate, such as hydrocodone bitartrate, together as a single drug (as Vicodin does) defies logic, if not common sense."

Acetaminophen is a "potent dose-dependent poison for the liver; simply stated, if you take too much, your liver dies."

Acetaminophen overdose is the "leading cause of acute liver failure in the United States today."

On the other hand, opiates, such as hydrocodone bitartrate and codeine,

while safe for the liver, are highly addictive.

"Vicodin is currently the most popular prescription drug in the United States."

Some patients become addicted to the opiate component of Vicodin and consume increasing amounts of acetaminophen, "ultimately leading to acute liver failure."

"With overwhelming liver injury from acetaminophen, what follows is a particularly grisly death punctuated by bleeding, confusion, coma, brain swelling, damage and death."

"Patients typically take too much acetaminophen for fever or pain over several days, not realizing the potential for liver damage."

"Many are unaware that acetaminophen is contained in dozens of over-the-counter cold and flu preparations."

"This situation is particularly tragic in young children accidentally over-

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