

Your Medications: Working With Doctors to Find the Right “Fit”

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The Right “Fit”?

When it comes to medications, what’s good for the gander is not necessarily good for the goose and one size does not always fit all. In other words, a medication that works for one person cannot be counted upon to work for another. Or the dose that works for one person may not work for another. There are many reasons for this, one of which has more recently come to the forefront. That is, your genes, gender, age and ethnicity can make a difference in the way your body breaks down and uses particular drugs – making a difference in how well they help, or how seriously they harm, you.¹ With some drugs, for instance, women need lower doses than do men. The same is true for East Asians compared with Caucasians and, because their slowed-down liver and kidneys tend to process medications more slowly, elderly people compared with younger people.² Even the climate you live in and whether you smoke or drink alcohol can influence your body’s response to particular drugs. Finding the right fit with medications, then, means finding drugs or drug doses that work for you, given your biology, habits, beliefs and so on. What can you do to help find it? To this we reply, yet again, learn what you can and talk with your doctor.

What To Do

Consider three scenarios. First, pain medication is prescribed for relief of an elderly woman’s arthritis pain. After getting information about the drug and possible harmful interactions from her doctor, her pharmacist, drug reference books or one of our government’s [health information](#) web sites for patients, she starts taking it as directed. It helps and no other problems arise. This is good. At this time all she needs to do is to make sure she takes it according to instructions and keep an eye out for any problems that might arise while taking it. In our second scenario, the same woman gets information about the drug. This time, she becomes concerned by what she learns and decides not to take it. What she needs to do now is let her doctor know about this – then and there if she is still with the doctor or by calling or visiting if she’s already left the office.

Turning to the third scenario, we find the same woman taking her medication. It does relieve her pain, but this time, she finds that she can’t stay awake. Because she sleeps away most of the day, she decides to continue taking the pill, but to take only a part of it – by cutting it in half. As with the second scenario, she needs to let her doctor know what she has done. She needs to find out if cutting the pill is appropriate and, if not, she needs to discuss other options.

How To Do It

What you should remember, when telling doctors you’ve decided not to follow their advice, is that *how* you do this can matter. As with everyone else in this world, tact counts. According to Dr. Korsch, you should begin by telling doctors your concerns and then ask for their help.³ Examples might be:

- *I’m worried that this drug is too much for me. Does my age have anything to do with it? Will taking a smaller dose make me less sleepy and still help?*

- *I can't swallow pills this big. Is there something else I can take?*
- *With my work schedule, I don't think I can take these pills when I should. Is there some medication that I can take in the morning before I leave and at night when I return?*

The thing to remember is that sharing your concerns with your doctors helps them do their best for you. Also, working with your doctors to find the right fit provides an opportunity to build relationships marked by trust and respect. ف

¹ Kristy Lopez, "Researchers Study Genetic Variations Impact on Drug Therapy," U.K. Chandler Medical Center News, at www.mc.uky.edu/mcpr/news/2001; Valentine J. Burroughs, MD, Randall W. Maxey, MD, PhD, and Richard A. Levy, PhD, "Racial and Ethnic Differences in Response to Medicines: Towards Individualized Treatment," *Journal of the National Medical Association*, 94(10): (October 2002, Supplement); and Russell Wild, "How to Be Drug Smart", *AARP The Magazine Online*, at www.aarpmagazine.org/tools/Articles/a2003-01-16-drugsmart.

² See Russell Wild, Note 1.

³ Barbara M. Korsch, MD and Caroline Harding, *The Intelligent Patient's Guide to the Doctor-Patient Relationship*, NY: Oxford University press, 1977, pg. 88.

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