EDITORIALS

Drug induced illnesses

A century ago, many treatments were worse than the disease. Nowadays, many treatments produce disease, especially when sound therapeutic principles are not employed. Every physician should be on guard to detect these drug and surgically induced disorders.

The best known and easiest to recognize are those associated with steroid therapy. Symptoms include hypertension, drowsiness, hyperglycemia, sodium retention, potassium loss, acne, buffalo hump, hirsuitism, and negative nitrogen balance with muscle wasting and osteoporosis. The abrupt withdrawal of steroids may cause headache, nausea, vomiting, restlessness, and muscle and joint pain. The steroids also are capable of bringing about adrenocortical atrophy leading to adrenal exhaustion at the time of some future stress situation. As a result, it may be wise to test adrenocortical function or administer hydrocortisone to anyone who has received steroid therapy within three to six months previous to encountering a severe burn or accident or when surgery is contemplated.

The rising incidence of periarteritis nodosa since 1936 has been blamed on a nonspecific hypersensitivity reaction to the sulfonamides. A similar reaction to serum injections and other drugs also may play a role.

The hydralazine syndrome (rheumatoid arthritis and lupus erythematosus) has occurred in patients treated successfully with hydralazine hydrochloride (Apresoline). This phenomenon usually begins with the rheumatoid arthritis phase (chills, migrating arthralgia, and myalgia). If the drug is continued the patient progresses into the lupus erythematosus stage, with fever, prostration, cutaneous sensitivity to ultraviolet light, lupus type rash, and enlargement of spleen and lymph glands.

The prolonged administration of hexamethonium for hypertension may lead to interstitial pulmonary fibrosis. This syndrome is characterized by a relentless, progressive dyspnea that may bring death from acute fibrosis within 30 days. Symptoms of epilepsy and parkinsonism have been precipitated with Rauwolfia serpentina.

Many drugs have been implicated in toxic psychoses, hepatic coma, and neuritis. Streptomycin, for example, affects the eighth nerve; and stilbamidine gives rise to facial paresis and hypesthesias. Hepatic diseases have been associated with the use of chlorpromazine, arsphenamine, thiouracil, and methyltestosterone. Toxic hepatitis has been known to follow the use of picric acid, dinitrophenol, gold compounds, chloroform, arsenobenzol compounds, and the sulfonamides.

Hemotoxic drug reactions also are common. A depression of all the bone marrow elements may ensue after amphetamine, Atabrin, phenylbutazone, hydralazine, and anti-epileptic drugs such as Tridione, Mesantoin, and Dilantin. The granulocytic elements of the bone marrow are depressed by dinitrophenol, sulfapyridine, thiouracil, Butazolidin, chloramphenicol, and anti-

histaminic agents such as antergan and Pyribenzamine.

The use of high oxygen concentrations is responsible for retrolental fibroplasia. The dumping syndrome is a well known aftermath of gastrectomy. After eating, the patient experiences a sensation of fullness and churning in the epigastrium, generalized weakness, sweating, tachypnea, tachycardia, pallor, and transient hypertension.

A number of gastrointestinal disorders, ranging from anorectal syndrome to Candida albicans infections, have been traced to the broad spectrum antibiotics. Diseases caused by resistant staphylococci are being recognized, including septicemia and endocarditis. Ulceration and perforation along the gastrointestinal tract follow steroid medication.

In the past, these reactions and drug induced illnesses were blamed on impurities, overdosage, or individual sensitivity. Even though we now know about these syndromes, we remain in the dark as to their cause. Various biochemical, enzymatic, and metabolic lesions are suspected. Idiosyncrasy and hypersensitivity reactions are other possibilities.

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