

EDITOR'S COMMENT

Drugs of abuse



BRIDGET FARHAM
ugqirha@iafrica.com

A couple of weekends ago I went to Durban to watch the Comrades marathon and support members of my running club. I have never watched Comrades in person before and it was definitely a worthwhile experience. To my husband's great relief it has cured me of ever wanting to do the run myself, but it was wonderful to watch in person and experience the atmosphere in the oval in Pietermaritzburg at the end of the race.

However, it brought into sharp relief a major source of concern – the indiscriminate use of anti-inflammatories by distance runners. One of the runners I was travelling with had a neck problem and she was popping high-dose prescription anti-inflammatories like sweets. She had been doing so for days before the race and intended to do so during the race as well – she wasn't convinced by my suggestion that she could do herself long-term damage as a result – she just wanted to finish Comrades (she didn't, in fact, but not because of her neck!). Waiting for my friends on Cato Ridge a couple of runners came up to a man next to me and each took packets of Myprodol from him. I asked if he had booked their renal dialysis and he laughed and said they were already full of the drugs.

At registration there are large notices everywhere warning people not to take any drugs during the run – all obviously ignored by the eager runners, quite convinced that nothing can ever happen to them.

It is not only during runs that these far from innocuous drugs are abused. I remember remarking that I knew I had become a runner when I started talking about 'my physio' – if I were not as knowledgeable as I am, I would also have marked my transition into this world by frequent use of both over-the-counter and prescription anti-inflammatories. All my friends take them regularly – running causes injury and pain and both pharmacists and GPs seem quite happy to hand out these drugs with little regard for the consequences of overuse. And it is the way in which people who should know better advise on the use of anti-inflammatories that is particularly worrying.

These drugs have become so commonly used that when I start on my tirades against them people are genuinely puzzled, not entirely

surprising if their own doctors are happily handing them out. I have even tried going into the science of inflammation to suggest that in the short term it is probably better to allow the inflammatory process to take place after an injury to speed up its resolution. Very few people take me seriously.

I admit to using the occasional Transact patch – I did so in the run-up to the Two Oceans half marathon for a knee injury that wasn't settling on the usual regime of elevation, ice and rest. But, in this issue of *CME* on pharmacology, I would urge readers to think hard about prescribing these drugs to athletes or the elderly (the other major target group), for anything other than the three to four days of acute use for which they are designed.



CME is published monthly by the South African Medical Association Health and Medical Publishing Group, Private Bag X1, Pinelands, 7430 (Incorporated Association not for gain. Reg. No. 05/00136/08). Correspondence for CME should be addressed to the Editor at the above address.

Tel. (021) 681-7200 Fax (021) 685-1395 E-mail: publishing@hmpg.co.za

Head Office: PO Box 74789, Lynnwood Ridge, 0040. Tel. (012) 481-2000 Fax (012) 481-2100

Please submit all letters and articles for publication online at www.cmej.org.za