ARC (ARACHNOIDITIS) NEWSLETTER

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EDITOR'S COMMENTARY

Does any one knows someone that has benefited from the so much touted "Medicare Reform" law, passed with so much fanfare and publicity by the Congress in 2003? I am still trying to find the patient that would enthusiastically confide in me that he or she is paying less for his/her medications. So if any of the readers know one person that has benefited from it, please let me know and have them write to me with the details so we can pass the advice to our readership of the Newsletter.
I want to meet that person!!!

Supposedly, drug costs are a small fraction of health care, but for many insured and for all uninsured patients they are a major cost. Claiming that drug costs have risen by 13% in the last year, some large companies are now charging their employees 50% of the price of the medication. On the other side, some Insurance companies have nearly tripled the co-pay that their beneficiaries have to pay for non-generic medications and doubled the co-pay for generics. It certainly discourages some patients from buying their needed medicines if they have to make the choice between food and drugs!!!

For decades, in my specialty, we have endured experts that are hired by manufacturers to tell us how terrible demerol was and portrayed the advantages of morphine as a whole anesthetics, a few years later the same experts came around to publish and lecture on the advantages of fentanyl, then when the patent was about to expire they came out with sufenta, and lately remifentanil occupies the top of the hit parade. There is no question that each new drug has some advantages, but they also had some disadvantages. The one sure difference that you could have predicted, was that the newer drug was considerably more expensive than the last medication. Amazingly, the price of the old drugs kept rising. That fact defies all my simple knowledge of how market forces act in regulating prices. Who knows!!!

In an attempt to reduce employees health costs, some employers have charged 50% of the drug price if they insist in having a medication that has a generic alternative, or like in some of my patients they have to pay $70 for each refill. If I want to prescribe a medication that requires 4 tablets per day, for two months, I have to write a prescription

for 240 tablets, so they do not have to pay each time they go to the pharmacy. If the prescription is for controlled substances, it is dangerous to have that many pills on hand. If they loose them, they can not get another prescription for 2 months.
Keep your medicines in a safe place!!!

A frightening trend has appeared in certain regions of the country; workers that require long term medical care (ie. pain management) are being "let go" so the employers do not have to pay for it! These are working patients making extraordinary efforts to keep their job and their insurance coverage.

One more reason for the elevated cost of medicines is the advertising, not only to doctors but specially to the public. Those television adds lasting 15 seconds, cost them tens of millions. Do we have to hear them every 30 min? NO, Are we convinced by them? NO. But one way or another we pay for them!!!

The fact is that everyone is still paying too much for the medications, and why not say it, the cost of health care is out of control. As a matter of fact it has been found that in the last year, the average cost for admission into a hospital in the USA increased by 9% to $10,600; while the average cost per day increased 17%. One of the main culprits are California hospitals with an increase to$20,500 for hospital stay, almost double that what is paid elsewhere. Do they get better medical care, I doubt it. Do they get all kinds of treats? It is questionable. Are they treated nicer by the hospital personnel?
Not according to patients complaints!!!

Another major factor in the increases in health costs is the price of drugs, newer medications are always more expensive when they are introduced. You would expect that as other alternatives enter he market, the older meds will be less costly. Unfortunately that is not the case. A typical example is the anti heart-burn medication Prilosec costs about $1.2 dlls per pill or $36/month. When Astra-Zeneca introduced the purple pill, Nexium, the cost went up to $50/month. Procter& Gamble dropped the price of Prilosec to $25/month but got approval from the FDA to sell it over the counter, it now costs about $25/month, but since most health plans do not pay for OTC drugs, they don't pay for the least expensive, so either the patient pays for the cheap version or the health plan pays reluctantly for the more expensive; that is if you can convince them. Somebody has to pay for the 233 million spent by Astra-Zeneca for television and magazines ads on Nexium (supposedly more than any other company has ever paid for advertising any one drug).
What is next?

A similar foolish arrangement has developed in the field of anti-inflammatory drugs; since it was thought that some of the medications that have specific action against the enzyme cyclooxigenase-2, produce better pain relief without the gastric side effects of the older analgesics, they have become very popular. The first one Celebrex was introduced in 1997, taking one 200mg tab/day came out to about $100/month; in 1999 Vioxx entered the market; one tab of 50mg costs approximately $150/month. Lately another

ANSAID drug came in Bastra, taking one 20mg tab/day, adds up to $115/month, so there you have it. A no-win, no-win situation.
Certainly considerably more expensive than 1 aspirin a day.!!!

What is going to happen when some of the biotech generated drugs enter the market for the treatment of asthma, rheumatoid arthritis, lung cancer, multiple sclerosis, and other rare diseases? Estimates range from $1,200 to $2,300 per month (somewhat similar to AIDS treatment) which comes out to about 40% of the expenditures will be used for less than 1% of the beneficiaries. Although there is a certain promise that these new drugs will improve these conditions, there is no guarantee that they will be completely cured. Someone is going to have to make some hard and difficult decisions.
Who that would be?

For the less fancy, but helpful medications that patients in chronic pain have to take, an alternative would be to purchase them in Canada or in Mexico, from reliable sources (beware of scams). In my experience American and European laboratories sell medications in these two countries at about half the price they can be bought in the US. For older drugs (beyond the patent period), there is no excuse for this markup of the price, as research and development costs supposedly have already been recovered. Why then, not lower the price?

So higher co-pays, limiting hospital stays, discouraging patients from using emergency rooms, managing who goes to the hospital and other controls are not preventing the steady rise of health care, but they are certainly giving a lot of hardship to patients and a hard time to doctors. Hospital prices are out of control, endoscopies supposed to have saved money, but since they have to be repeated frequently, they have actually increased the overall cost of health care.

Where do we go from here?

THE EDITOR

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HOT LINE TO THE ARACHNOIDITIS FOUNDATION, Inc.

THIS IS A VERY IMPORTANT SERVICE AVAILABLE TO PHYSICIANS EVERYWHERE

If at any time a neurologic deficit occurs immediately or soon after an invasive, interventional or surgical procedure, feel free to contact us. There is complete confidentiality and a consult may be provided by an expert advisor.

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SPINAL TAPS
FACET AND SACROILIAC JOINTS INJECTIONS
INTRATHECAL INFUSION PUMPS
SPINAL CORD STIMULATORS
VERTEBROPLASTY
AND ANY OTHER INVASIVE PROCEDURE PERFORMED IN THE SPINE.

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PUBLICATIONS

Like everyone else, I am certain, we have been extremely busy with a number of projects including clinical observations and research on ARACHNOIDITIS or related topics.

Presentations related to Arachnoiditis have been made in Mexico, Paris, Illinois, Ecuador, and Argentina.

"Cefalea postpunción." VI Curso Regional de Anestesiología region VI, Colegio de Anestesiólogos de León, Leó, Mexico, January 24, 2004.
"Síndrome transitorio de raíces nerviosas." VI Curso Regional de Anestesiología region VI, Colegio de Anestesiólogos de León, Gto, Mexico, January 24, 2004
"Diagnóstico y manejo de la Aracnoiditis postpunción." X curso del Noroeste y IV Intenracional de Temas Selectos en Anestesiología, Universidad Autonoma de Sinaloa, Mazatlán, México, March 6, 2004.
"Técnicas anestésicas con maniobras del neuroeje." X curso del Noroeste y IV Intenracional de Temas Selectos en Anestesiología, Universidad Autonoma de Sinaloa, Mazatlán, México, March 6, 2004.
"Beware of dural sac anomalies and abnormalities." 13th World Congress of Anaesthesiologists, Paris, France, April 19-22, 2004.
"Pain generators in patients with failed back syndrome." 13th World Congress of Anaesthesiologists, Paris, France, April 19-22, 2004.
"Epidural steroids vs paravertebral NSAID's + reduced steroids on outcomes inpatients with failed back syndrome." 13th World Congress of Anaesthesiologists, Paris, France, April 19-22, 2004.

"Outcome differences between lumbar. caudal, transforaminal or paravertebral injections of steroids for HNP and FBS." 13th World Congress of Anaesthesiologists, Paris, France, April 19-22, 2004.
"Lack of neurotoxicity from chronic intrathecal infusion of indomethacin in guinea pigs." 13th World Congress of Anaesthesiologists, Paris, France, April 19-22, 2004.
"Nerve Root Regeneration." 13th World Congress of Anaesthesiologists, Paris, France, April 19-22, 2004.
"Contribuciones Originales de Latinoamericanos a la anestesia." II Curso de Actualización en Anestesiología, Guadalajara, Jalisco, México, May 7, 2004.
"History of Anesthesia for Liver Transplantation." Key note speaker at AHA 2004 Spring Meeting, Rosemont, Illinois, May 8, 2004.
Open Forum "Estudio de una quimera: Aracnoiditis, de la ficción a la realidad." 1º Jornada Internacional de Educacion en Anestesia "Dr. Jorge Antonio Aldrete", Universidad Catolica de Santiago de Guayaquil, Guayaquil, Ecuador, May 14 – 15, 2004.
Open Forum "Contribuciones Originales de Latinoamericanos a la Anestesiología" 1º Jornada Internacional de Educacion en Anestesia "Dr. Jorge Antonio Aldrete", Universidad Catolica de Santiago de Guayaquil, Guayaquil, Ecuador, May 14 – 15, 2004.
"Aracnoiditis. Complicaciones secundarias a la administración de fármacos y maniobras quirúrgicas." Jornada de Actualización en Farmacología Centenario de la Facultad de Ciencias Veterinarias, Buenos Aires, Argentina, May 24, 2004.
"Cefalalgia post-punción dural." Primeras Jornadas Rosarinas de Anestesia en Cirugía Ambulatoria, Fundación Anestesiológica de Rosario, Rosario, Argentina, May 25, 2004.
"Deficits neurológico y aracnoiditis pos tanestesia neuroaxial." Primeras Jornadas Rosarinas de Anestesia en Cirugía Ambulatoria, Fundación Anestesiológica de Rosario, Rosario, Argentina, May 25, 2004.
"Charla final: Escalas de evaluación post anestésicas." Primeras Jornadas Rosarinas de Anestesia en Cirugía Ambulatoria, Fundación Anestesiológica de Rosario, Rosario, Argentina, May 25, 2004.

Having completed the second edition of the TEXTO de ANESTESIOLOGIA TEORICO PRACTICA, I was able to complete one other book that has been near the end for some years; it is called THE HUMAN FACTOR and deal with the relations between doctors and patients, between doctors and doctors as well as it explores doctors and patients in out of the ordinary circumstances, like the end of life, brain death, selecting donors and consoling patients of organ transplants that fail. As you can see most of these events have no date line they are always there and though I had wanted to publish it for some time, other more timely-dependant projects prevented me from completing it. But it is being printed, it will be available in English and Spanish with some distinguished collaborators who dwell in ethics, conversations, informed consent, dreams, hearing without listening, giving lives, taking lives, timely interventions and the always around hanging matter of our souls.

Our group is now engaged in a project that has been pending for some time; this is another book entitled Applied Pharmacology edited in conjunction with Dr. Miguel Paladino from Argentina. It contains chapters of non-steroidal analgesics, opiates, muscle relaxants, local anesthetics, antidepressants, hypnotics, and many more. I enjoyed writing two of the chapters that are of great interest and passion. The cost of treating Pain and the Genetics of Pain. The latter explores the few, but enticing advances in the field of genetics of pain, that may lead us to find out if there is a threshold of pain, why some patients respond to pain more than others and the genetic predisposition to develop certain painful conditions like reflex sympathetic dystrophy. Although I confess that not a great deal of knowledge has been gained in this field, the interest is there and we may understand some of the perplexing pain syndromes (fibromyalgia, migraines, back pain, etc.) that currently we are bewildered by. I will keep you posted on it.

Another very important achievement is the kind request by Dr. Steven D. Waldman to write for his forthcoming book entitled "PAIN MANAGEMENT" the chapters on
a) Arachnoiditis and Related Disorders and
b) The Failed Back Syndrome

Dr Waldman is the Director of the Pain Consortion of the Greater Kansas City and is Clinical Professor at the University of Missouri in Kansas City, MO. He has been a recognized figure in the field of Pain Management for over two decades, he is also the founder of the Society of Pain Practice Management, organizes two to three national meetings, yearly and has trained dozens of Pain practitioners. His books have been used as guidelines by third party payees to define the acceptability of a new diagnosis or a new therapeutic modality. We look forward to see them in print.

One of the studies Conducted by Dr. Socorro Romero and Dr. Gabriel Guizar-Sahagun at the Proyecto Camina in Mexico City, has been completed and has been sent for publication, it is essentially the first experimental model in which arachnoiditis has been histologically reproduced in rats, with all the characteristic lesions that we have described, in imaging studies, in man.

Similarly, Dr. Pablo Otero from the Department of Pharmacology in the Veterinary Faculty of Buenos Aires, has concluded the first phase of a study in the laboratory, reproducing the arachnoiditis, seen after the intrathecal injections of phenol, methylprednisolone, sodium bicarbonate, methylene blue dye, etc. He will present the first phase at the Annual Meeting of the American Society of Anesthesiologists in Las Vegas NV, on October 26, 2004.

Other publications and Presentations related to the topics of Chronic pain and Arachnoiditis are

> **Aldrete JA**, Ferrari H: Myelopathy with syringomyelia following thoracic epidural anaesthesia. Anaesth Intensive Care 2004;32:100-103.

Aldrete JA: Smallpox vaccination in the early 19th Century using live carriers: The travels of Francisco Xavier de Balmis. Southern Medical Journal 97:4, April 2004.

Aldrete JA, Ferrari HA: Paraplegia from thoracic epidural anesthesia in a patient with sickle cell disease and normal SaO_2. *Rev Mex Anest* 27:2:2004.

Aldrete JA: Letter to the Editor. Intrathecal Opioid Infusions. Anesthesiology 2004:101:1:256.

The ARACHNOIDITIS FOUNDATION, Inc is a non-profit organization founded and dedicated for the purpose to:
a) Disseminate awareness about ARACHNOIDITIS, the severe constant pain that it causes, the dysfunction it produces in certain organs and its chronic disabling and debilitating nature.
b) Make available information about how to prevent, diagnose and treat ARACHNOIDITIS to medical doctors, nurses, therapists, allied professionals, health maintenance organizations, authorities, governmental health care agencies and the public in general.
c) Request GIFTS, DONATIONS and GRANTS from patients, health professionals, legal professionals, drug and equipment manufacturers, private charities and the public in general.
d) Fund basic and clinical research on the causes, the diagnosis and the treatment of ARACHNOIDITIS.
e) Provide scholarships, seed grant monies, organize and support meetings and to present conferences that would foster, stimulate or advance the understanding and knowledge about ARACHNOIDITIS.

As you can see the objectives of the ARACHNOIDITIS FOUNDATION, Inc. are many and they are challenging, nevertheless all of us are determined to solve them. We cannot accomplish this alone, so we are asking for your help and support in this monumental task.

J. Antonio Aldrete, MD, MS
Founder and President

For more information visit our WEB SITE www.arachnoiditis.com , read the issues of our ARACHNOIDITIS NEWSLETTER, or contact me at my e-mail aldrete@arachnoiditis.com

Your tax deductible contribution to the Arachnoiditis Foundation, Inc. will allow us to learn more about arachnoiditis so we can eventually prevent it and treat it.

CALL FOR LETTERS, ARTICLES, CONFESSIONS POEMS, DEBATES, etc.

Readers are invited to write short, but meaningful, articles on any subject related to Arachnoiditis. They may be submitted with the author's name or anonymously, however, with the understanding that:

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The Editorial Board

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