Dr. Wolfe’s Diet Revolution

The following is an excerpt from an article written by Health Letter Editor-in-Chief, Dr. Sidney Wolfe. The full article has been published in previous editions of this newsletter. We feel that the article is just as valid today as when it was written over 20 years ago, and just as timely, too. This January, as many of us resolve to make 2007 the year we win the battle of the bulge, keep in mind Dr. Wolfe’s advice on attainable and sustainable weight loss.

Principles of Weight Loss

For most people, losing weight is a problem of how to shed five to 20 pounds. Despite the unhappiness and impatience you may feel with this extra weight, the best approach to losing it safely and permanently is to take it off slowly and with painstaking attention to traditional diet principles. In dieting, as in other activities, there is a balance sheet that says, if more calories are eaten than burned, weight is gained; if more calories are burned than eaten, weight is lost. It’s as simple as that — and as uncompromising.

Unfortunately, as most would-be dieters can testify, losing poundage is not easy. Dieting is a long-term project involving permanent changes in eating habits and physical activity. In fact, experts agree that the best short-term solutions to moderate weight loss, namely the 1,200-calorie diets that help you shed pounds in a hurry, are the hardest to maintain over the long haul. Why? Possibly because choice is more difficult to handle in long-term dieting than in the strict dietary alternatives that are more life modified fasts. The critical factor in any diet attempt is that concurrent with cutting down calories, you work on permanently changing your eating habits.

Even if you are 20 pounds or so overweight, you may not need to go on an extreme diet. It’s simple arithmetic again: at 3,500 calories per pound of flab, you need to account for 70,000 excess calories, and this can be done in a number of ways. If you cut your energy intake (or raise your energy output) by 250 calories a day, you will lose 20 pounds in about nine months without having to practice a lot of self-denial. Just being careful might be more successful for you than participating in any kind of prescribed diet or system. Once again, we’re talking about choices — and those are strictly yours to make: cutting down on portion sizes, selecting foods carefully, preparing them conscientiously, and eliminating desserts and junk foods — by making these sorts of conscious interventions, it’s possible you will be very successful over the long run. Remember, the name of the game is not just taking weight off, it’s keeping it off.

Many moderately overweight people won’t find slow reduction as rewarding as the crash diet that supposedly will get you into the size 10 dress within two weeks. The temptation always exists to take shortcuts and try “get-thin-quick” reduction schemes. But slimming is like most other things in life: if a proposition sounds too good to be true, it probably is. Any program that promises short-term weight loss without any dietary or lifestyle changes will typically fail after early success. Most people on so-called low calorie

CONTENTS

Recalls
November 21, 2006 – December 15, 2006
This month, acetaminophen and children’s toys are on the list

Health Letter Volume Index 2006 and Cumulative Index
Order back issues of the Health Letter on the topics important to you

Outrage
Conflicts of interest run rampant in health care

VISIT HEALTH RESEARCH GROUP'S WEB SITE AT WWW.CITIZEN.ORG/HRG/
WEIGHT LOSS, from page 1
diets regain weight back almost as
quickly as they lost it.

A Reasonable Plan: How to Lose a
Pound a Week — Safely

Setting a caloric adjustment that will
result in permanent weight loss and
allow you to integrate these changes
into your life is a considerable chal­
lenge. The goal is to develop new,
healthier diet and exercise habits, not
just to lose weight fast (only to gain it
back). Minor or gradual alterations in
diet are a more realistic approach to
long-term weight loss than switching
into a radically different diet.

A reasonable, fairly ambitious
program is to make an adjustment of
3,500 calories per week, resulting in
an average weekly loss of about one
pound, assuming that your weight is
now fairly constant with your current
diet and activity.

In a long-term program like this one,
weight loss may be more pronounced
early in the program than later on, as in
any weight loss regimen. During the
initial period significant water loss
occurs, along with other bodily adjust­
ments. After this initial drop, your
weight may level off (sometimes for a
few weeks) before falling again. Don't
be discouraged! This pattern of
plateaus followed by resumed weight
loss continues throughout a reducing
program.

A caloric adjustment of 3,500 calo­
ries per week requires a net change of
500 calories each day. We recommend
that 80 percent of this (400 calories) be
accomplished through a decrease in
dietary intake and the other 20 percent
(100 calories) through stepped-up
physical activity.

Diet: How to Eat 400 Fewer
Calories Per Day

Any effective weight control
program involves changes in diet. We
suggest that you design a reduction in
calories that you can live with for
good, not just for the short-term.

To cut your daily diet by 400 calo­
ries, review what you eat to see what
you can eliminate. You may find a

The goal is to develop
new, healthier diet and
exercise habits, not just
to lose weight fast
(only to gain it back).

• Make some sensible substitu­
tions, using more low-calorie
foods in your regular daily diet.
For example, if you eat a lot of
meat, substitute chicken (skin
removed), fish, or seafood for beef,
lamb, or pork. They have less fat
and, generally, fewer calories. Eat
more vegetables and less meat. Tofu
(bean curd), one of a variety of
vegetable protein sources that has
become widely available, has even
calories that are a more realistic approach to
fewer calories than poultry and fish
and is a good source of protein.
Other simple substitutions can
include: low-fat cottage cheese for
regular cheese; skim milk for whole
milk; raw veggies for sweet, salty or
fried snacks; and fresh fruit for higher-calorie desserts.

• Eliminate “invisible calories”
calories that do not add to the
taste, quality or appearance of food) by trying new methods
of food preparation. Several excellent
cookbooks now on the market
will help you prepare flavorful
meals with far less fat and sugar.
Try trimming visible fat from meat,
removing skin (a major source of
fat) from poultry prior to cooking,
preparing foods in bouillon or broth instead of butter or oil, and
using lemon juice or bouillon to
baste or season fish and vegetables. These culinary tricks will
eliminate calories that you will
scarcely miss.

• Learn to be calorie-wise when
dining out. Ask the server to
remove temptation in the form of
rolls or bread from the table, and, if
possible, substitute fresh celery or
carrots. Enjoy a glass of club soda
with a wedge of lime instead of a
drink before dinner — alcohol is a
major source of non-nutritional calo-
ries. On salads, substitute a squeeze of lemon for oily, fat-heavy salad dressing. Avoid fried foods.

- Arrange for low-calorie meals. If your meals are prepared in a school dormitory, company cafeteria, or similar mass-feeding center where you do not control food preparation, talk with the director of food services. It may be possible to work out a low-calorie meal plan using available foods, and sometimes, depending on the size and resources of the institution, a dietician can help you get specially prepared meals. Most major airlines serve low-calorie meals if notified a day before the flight.

- Keep a record of what and when you eat; check out portion sizes with a small scale. This will help you to learn what you should avoid in order to acquire and maintain your desirable weight. If you tend to be a fast eater, a constant snacker or someone who pays no attention to what you consume, a big part of your weight reduction program could be managed right here, through making yourself aware of all the little extras that add up in the course of a day.

- Learn to recognize and handle stress without responding by overeating. Frequently people with weight problems use food as a way of coping with stress. Anxiety, anger, sadness, even boredom are feelings attributable at times to stressful situations. People sometimes handle uncomfortable emotions by seeking comfort in food, leading to overeating. This, in turn, leads to guilt feelings, which lead to more stress and so ad infinitum.

- Seek help from others. Losing weight can be a long and frustrating process. Find people in your life who can support your effort. Sometimes talking with a family member, friend, clergy, counselor, or psychotherapist will help. Choose people who understand the importance of what you are doing.

Proper Nutrition and Dieting

During a weight control program, it is especially important to provide the body with proper nutrition. A program involving only minor changes in old habits, as described in this section, should not result in nutritional deficiencies as long as the old habits themselves were nutritionally adequate.

The average American diet provides about 50 percent of its caloric intake from fats, 30 percent from carbohydrates and 20 percent from proteins, which is far from an ideal mix. We ought to be getting 50 percent of our calories from carbohydrates, 15 percent to 20 percent from proteins and 20 to 30 percent from fats, mainly non-animal fats (de-emphasizing butter, cheese, and ice cream). Our nutritional goal of a well-balanced diet calls for an increase in calories obtained from complex carbohydrates and a decrease in fat, sugar, cholesterol and salt. Many high fiber foods, whole grains, vegetables and beans are also higher in complex carbohydrates and better sources of energy than simple sugars (such as cane sugar, honey, or molasses).

If you plan to diet on less than 1,200-1,500 calories a day, it's advisable to take a multivitamin/mineral capsule daily.

Exercise: 100 Calories More Per Day

As anyone who has tried it knows, losing weight and keeping it off by dieting alone is very difficult. As an example, a woman of 120 lbs. in a sedentary job (burning about 1,800 calories per day) would have to cut caloric intake by 28 percent (500 calories per day) to lose one pound per week through dieting alone. She would have to cut her meals back to Spartan portions (maintaining only minimally adequate nutrition), with little or no leeway for fattening "treats". By contrast, if she walked briskly for 20 minutes (such as to and from her job) each morning and evening, she would only have to cut back calories by 17 percent (300 calories per day) to lose the same amount.

Starting a serious exercise program after years of relative inactivity can be a strain on your body, especially your heart. If rigorous exercise has not been a part of your life for some time, we recommend starting with brisk walking rather than more strenuous exercise.

As noted earlier, you should seek medical advice before starting an exercise program if any of the following are true:

1) You are over 45 and have not had a check-up by a physician in the last two years, especially if you have been fairly inactive.
2) You have heart disease, high blood pressure, diabetes, or kidney disease or are under the care of a physician for any other chronic disease.
3) You have a family history of heart attacks.
4) You experience any chest pain, dizziness, or shortness of breath with or without physical exertion.

We recommend that you burn at least 100 additional calories every day. One hundred calories is roughly equivalent to one of the following: 20 minutes of brisk walking (about one mile); 12 minutes of bicycle riding; nine minutes of swimming; or five minutes of fast running. Exercise hard enough to make yourself breathe faster, but precede and follow any new kind of exertion by several minutes of stretching exercises, especially at the ankles and hips.

Depending on your physical condition, you may find that you are able to increase this amount of exercise, and hence burn more calories, thus helping move your weight control program along. But don't do this just off-and-on; any increased exercise should become a permanent daily activity.

Keep a log of your exercise. This can serve not only to keep you faithful to your program, but also to encourage progress. Perhaps surprisingly, exercise won't necessarily make you ravenous. It gives many people an increased sense of energy and a decreased desire for food.
Product Recalls

November 21, 2006 — December 15, 2006

This chart includes recalls from the Food and Drug Administration (FDA) Enforcement Report for drugs and dietary supplements, and Consumer Product Safety Commission (CPSC) recalls of consumer products.

DRUGS AND DIETARY SUPPLEMENTS

The recalls noted here reflect actions taken by a firm to remove a product from the market. Recalls may be conducted on a firm's own initiative, by FDA request or by FDA order under statutory authority. If you have any of the drugs noted here, label them "Do Not Use" and put them in a secure place until you can return them to the place of purchase for a full refund. You can also contact the manufacturer. If you want to report an adverse drug reaction to the FDA, call (800) FDA-1088. The FDA Web site is www.fda.gov. Visit www.recalls.gov for information about FDA recalls and recalls issued by other government agencies.

Recalls and Field Corrections: Drugs — CLASS II

Indicates a problem that may cause temporary or reversible health effects; unlikely to cause serious injury or death

Name of Drug or Supplement: Problem: Recall Information

Citalopram HBr Tablets, 20 mg, 100 Tablet bottles, Rx only; Presence of foreign substance — potential metal contamination. Lot #: P12047, exp. date: 06/2011, Inwood Laboratories, Inc.

Paxil CR (Paroxetine HCl) controlled-release tablets, 37.5 mg, 30 tablet bottles, Rx only; Due to an intermittent manufacturing equipment malfunction some tablets may not contain active ingredient. Lot #:s: 303-6P08, exp. date 03/2008; 304-6P08, exp. date 03/2008; 305-6P08, exp. date 03/2008; Sb Pharmco Puerto Rico Inc.

Tetracaine Hydrochloride Ophthalmic Solution, USP, 0.5%, 12 x 0.7 mL Single use containers, Sterile, Rx only; Subpotent. Lot #: 05368, exp. date 09/2007; Altaire Pharmaceuticals, Inc.

Neaclear Liquid Oxygen Scar Advantage, Hydrocortisone 0.5%, 1.0 oz (30 ml) bottles; Defective container. Lot #:s: 6994 and 8050; Diversified Manufacturing Corp.

Contact the Consumer Product Safety Commission (CPSC) for specific instructions or return the item to the place of purchase for a refund. For additional information from the Consumer Product Safety Commission, call their hotline at (800) 638-2772. The CPSC web site is www.cpsc.gov. Visit www.recalls.gov for information about FDA recalls and recalls issued by other government agencies.

### Name of Product; Problem; Manufacturer and Contact Information

<table>
<thead>
<tr>
<th>Product Type</th>
<th>Problem Description</th>
<th>Manufacturer and Contact Information</th>
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<tbody>
<tr>
<td>Air Conditioners</td>
<td>The heating element on the commercially installed PTEE and PTHE Series Packaged Terminal Air Conditioners (PTACs) can become displaced and, if it contacts metal, could short circuit. If the electric heater on one of those units short-circuits, wiring problems on 265 volt models could allow the unit to remain energized while the unit’s fan is turned off, causing it to overheat and smoke.</td>
<td>Trane Co., (800) 235-2152 or <a href="mailto:buddy.sholar@trane.com">buddy.sholar@trane.com</a>.</td>
</tr>
<tr>
<td>Children's Parka Jackets</td>
<td>Children's parka jackets with drawstrings have a drawstring through the hood, posing a strangulation hazard to children.</td>
<td>Silla America Inc., (877) 837-9569 or <a href="http://www.dollardays.com">www.dollardays.com</a>.</td>
</tr>
<tr>
<td>Air Rifles</td>
<td>The scope mount on GAMO Air Rifles can be installed incorrectly, causing the rifle to unexpectedly fire. This poses a serious injury hazard to consumers.</td>
<td>GAMO USA Corp., (877) 246-3831 or <a href="http://www.gamousa.com">www.gamousa.com</a>.</td>
</tr>
<tr>
<td>Climbing Harnesses</td>
<td>The buckles on the Edelweiss Challenge Climbing Harnesses' leg loops could fail, posing a fall hazard for climbers.</td>
<td>Liberty Mountain, (800) 366-2666 or <a href="http://www.libertymountain.com">www.libertymountain.com</a>.</td>
</tr>
<tr>
<td>Butterfly Necklaces</td>
<td>The clasps on the necklaces contain high levels of lead. Lead is toxic if ingested by young children and can cause adverse health effects.</td>
<td>U.S. Toy Co., (800) 832-0224 or <a href="http://www.ustoy.com">www.ustoy.com</a>.</td>
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<tr>
<td>Door Handle Locks</td>
<td>The brackets holding the Emerson 60-inch Designer Ceiling Fan blades can break, causing the blade to detach. Falling pieces can hit and injure bystanders.</td>
<td>Air Comfort Products Division of Emerson Electric Co., (866) 478-8564 or <a href="http://www.emersonfans.com">www.emersonfans.com</a>.</td>
</tr>
<tr>
<td>Furniture</td>
<td>Some of the Antique White Furniture from the Cottage Collection contains paint with high levels of lead. The lead level exceeds that allowed by the federal ban on lead-containing paint which is designed to protect children who might ingest paint chips or peelings.</td>
<td>Pottery Barn, (800) 922-9245 or <a href="http://www.potterybarn.com">www.potterybarn.com</a>.</td>
</tr>
<tr>
<td>Gourd Candles</td>
<td>The gourd candles can have excessive flame height and could fail to self-extinguish when burning down to the bottom of the candle, posing fire and bum hazards to consumers.</td>
<td>Liberty Mountain, (800) 366-2666 or <a href="http://www.libertymountain.com">www.libertymountain.com</a>.</td>
</tr>
<tr>
<td>Chain Saws</td>
<td>Chain Saws. Troy-Bilt and Craftsman Brand Gasoline Chain Saws' plastic front handles can break during operation. If this occurs, the saw would be difficult to control and poses a risk for lacerations.</td>
<td>MTD Southwest Inc., (888) 848-6038 or <a href="http://www.troybilt.com">www.troybilt.com</a>.</td>
</tr>
<tr>
<td>Lemonade Jars</td>
<td>The metal spigot of Gemco® Lemonade Jars contains lead and is in direct contact with the contents of the lemonade jar. Lemonade and other beverages can cause the lead to leach from the spigot. Long-term exposure to lead in children may be associated with behavioral problems, learning disabilities, hearing problems and growth retardation.</td>
<td>Lifetime Brands Inc., (888) 561-2269 or <a href="mailto:lemonadejar@lifetimebrands.com">lemonadejar@lifetimebrands.com</a>.</td>
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*continued on page 6*

Public Citizen's Health Research Group ♦ Health Letter ♦ 5
Polly Pocket Toys. Tiny magnets inside Polly Pocket dolls and accessories with magnets can fall out undetected by parents and caregivers. The magnets can be swallowed, aspirated by young children or placed by a child in their nose or ears. When more than one magnet is swallowed, the magnets can attract each other and cause intestinal perforation, infection or blockage, which can be fatal. Aspiration to the lungs requires immediate surgery. Magnets placed in the nose or ears can cause swelling and be difficult to remove. Mattel, Inc., (888) 597-6597 or www.service.mattel.com.

Powerpuff Girls Necklaces. Children’s Powerpuff Girls necklaces contain high levels of lead. Lead is toxic if ingested by young children and can cause adverse health effects. Rhode Island Novelty, 1-800-528-5599 or www.rinovelty.com.

Pressure Cookers. The Ultrex-brand Pressure Cooker’s lid can open while its contents are under pressure, allowing the hot contents to be expelled and causing burn injuries to bystanders. Innova Inc., (877) 710-1527 or www.hsn.com.

OUTRAGE, from page 16 and benefits are made explicit to participants, and that no one is subjected to harm. IRBs should therefore be free of undue influence by financial interests or by the appearance of such interests. Yet this is not always the case.

A recent study published in the New England Journal of Medicine reported findings from a survey of 893 IRB members at 100 academic institutions, asking them about their financial relationships with industry. The latter included employment, membership on boards, consulting, receipt of royalties, and paid speaking. The researchers found that 36.2 percent of the respondents had had at least one relationship with industry in the past year. Seventy-eight respondents (15.1 percent) reported that at least one research protocol had come before their IRB during the previous year either by the company with which they had a relationship or by a competitor of that company, both of which could be considered conflicts of interest. Even more worrisome, more than half of those answering the survey reported that their IRB did not have a formal process for disclosure of relationships with industry or that they did not know of one.

Scientists and those who vet their research should never be placed in the position of juggling their financial self-interest against their stewardship of the public’s trust.

Another recent survey by researchers at UCLA queried editors of 135 peer-reviewed publications on specific conflict-of-interest (COI) policies, restrictions based on conflicts of interest, and the public availability of these disclosures. While 93 percent of the 91 respondents had a conflict-of-interest policy for authors, 77 percent reported collecting COI data on all author submissions and only 57 percent published all author disclosures. Interestingly, the absence of disclosure was more common for narrative reviews, editorials, policy statements and guidelines — precisely the types of articles that reflect the opinions of the authors and may well have the greatest influence on readers.

These three examples show the extent to which medical institutions involved in the discovery and dissemination of knowledge have failed to protect the public. Because NIH, IRBs, and professional journals all concern “behind the scenes” aspects of medical research and practice, their conflicts of interest are less exposed to the public and therefore more difficult to combat. But cozy relationships between the arbiters of good science and industry are unacceptable, and researchers, academic reviewers and publishers should be held to the highest and most stringent standards concerning conflicts of interest. Scientists and those who vet their research should never be placed in the position of juggling their financial self-interest against their stewardship of the public’s trust.


January 2006, V22#1
Saving Money When Buying Prescription Drugs: Part III: Caution When Purchasing Drugs on the Internet
Recall Update
Product Recalls

June 2006, V22#6
Public Citizen’s Health Research Group Ranking of State Medical Board Disciplinary Actions: 2003-2005
Poll: People Understand Systemic Problems at FDA
Product Recalls
Exercise Status and Future Dementia
Study Finds Glucosamine, Chondroitin Ineffective for Joint Pain
Outrage: Pharmaceuticals Need Price Controls

July 2006, V22#7
Patients Without Borders: The Emergence of Medical Tourism
Study Finds Many Favor A Single Payer System
Product Recalls
Much-Needed Corrective Lenses for the “Clinical Eye”
Laser Therapy for Smoking: Shining a Laser on Bad Advertising Practices
The Growing Gap in Reproductive Health

August 2006, V22#8
Health Care Reform in the United States: Arguments for a Single Payer System
The Changing Dynamics of C-Sections in the United States: Part I
Product Recalls
Pharmaceutical Marketing and the Invention of the Medical Consumer

September 2006, V22#9
The Changing Dynamics of C-Sections in the United States: Cesarean Delivery on Maternal Request: Part II
Patients Without Borders: The Emergence of Medical Tourism: Part II

October 2006, V22#10
Crime and Punishment, Medical Style
The US FDA at a Crossroads
No “Alternative”
Product Recalls
The Number of Uninsured in the United States Reaches 46.6 Million

November 2006, V22#11
New York City’s Answer to the Diabetes Epidemic: Screen, Trace, Track and Act: More Public Health, Fewer Pharmaceuticals
A Broader Context: Diabetes in the United States and in the World
What is Diabetes?
Bogus Cures for Diabetes on the Internet
The New York City Department of Health’s Recommendations for Living with Diabetes

December 2006, V22#12
Report of Doctor Disciplinary Information on State Web Sites: A Survey and Ranking of State Medical and Osteopathic Board Web Sites in 2006
Product Recalls
What If We Were Equal?
Health Letter Cumulative Alphabetic Index

(through 12/06)

Topics are listed alphabetically. Following each topic, the volume and issue number of the Health Letter containing the article is listed. For example, an article on the topic of Acetanilide can be found in volume 4 number 5 (V4#5) of the Health Letter. Volumes are chronological (volume 1 was issued in 1985). Back issues cost $3.00 each. Indicate the desired issues and send check made out to Public Citizen, 1600 20th Street, NW, Washington, DC 20009.

A

AARP: V5#6,7;V7#6,8;V8#1,3,4,8; V9#2,5,12;V10#2,9;V20#2
Acetanilide: V8#9,10
ACE Inhibitors: see Hypertension
ACE inhibitors: see Tobaco
ACE inhibitors and Propoxyphene
Acetylsalicylic Acid: V22#4
ACL: V9#9 (tobacco),V10#1
Ad: V1#4
Advil: V2#9
Advance Directives: V7#11
Adverse Drug Reactions: V6#1,2,9;V7#8;V8#7
Advertising: see DrugAdvertising
Reporting: V8#10;V9#9;V12;V14#6,5;V15#6,5;see also Food and Drug Administration
Affirmative Action: V15#4 (doctors)
AIDS: V1#5;V5#8;V6#2;V19#7
Allergy: V5#11
Drug Price Control: V4#10
HIV Unethical Experiments: V13#6,V14#5,6
Home Test Kits: V13#11
Knowledge: V7#7;V8#1
Needle Exchange Programs: V12#3,11
Unapproved Drugs: V4#9
Vaccinating Children: V6#6
Vaccine Studies (army): V10#12
Air Force, Drug Use: V4#9;V19#3
Air Traffic Controllers: V3#12
Akalo: V2#3,4;V3#6,9;V4#4,5;V5#7
Albuterol: V10#2;V17#4,9
Aldehydes: V22#3
Aldrenolate: see Fosamax
Aleva: V1#8
Allergy: V1#6;V6#12
Allosetron: see Lotronex
Alprazolam: see Xanax
Alternative Medicine: V1#11;V22#10
Alupent: V10#3
Alzheimer’s Disease: V18#10,11;V20#3
American Cancer Society: V14#5;V18#3
American Council on Science & Health: V5#5
American Heart Association: V14#5;V18#5
American Medical Association: V4#4; V5#6,11;V6#2;V7#10;V10#1,2,9;V11#6; V13#4,5;V14#3;V15#4;V18#2,9
American Red Cross: V17#1;V18#2
Amiloride: V22#3
Amoxicillin: V15#9
Angioplasty Catheters: V9#12
Anthrax: V17#11
Antibiotics: V5#5;V11#8;V13#10;V19#6; V20#6 (overuse of)
Anticoagulants: V9#9
Antidepressants: V1#2
Cost: Comparison: V1#9; Marketing of: V21#7
Suicide and: V20#5,8

Antihistamines: V8#9
Anti-inflammatory drugs (NSAIDS): V17#3
Antipsychotics: V14#5 (cost comparison)
Apnea Monitors: V9#10
Aripiprazole: V20#3,9
Arthritis: see Feldene and Celecoxib
Arthritis Foundation: V10#12
Artificial Nail Glue: V6#11
Asbestos: V4#8;V5#8
Aspirin
Atreal fibrillation: V6#5
Heart attack/stroke: V2#1;V4#9;V5#9; V7#9
Reye’s Syndrome: V1#2,5,6;V2#2;V3#5; V5#10;V9#7;V15#12;V19#10
Asymptomatic: see Hipmanal
Asthma: V1#6;V6#2;V12;V14#3,9;V15#4; and Women: V7#3
Ativan: V3#1;V16#8
Attention Deficit Hyperactive Disorder: V22#5
Autologous Blood: V3#4
Avandia: V16#4;V22#11
Awards: V9#3;V11#5;V12#5; see also Project Censored

B

Back Pain: V1#1
Baldness: V3#3,7;V5#8
Bankruptcies: V21#3 (health care costs and)
Bag: V21#3
Baker International: V21#5 (diabetes machine contamination and)
Bed Rest: V15#1
Benadryl: V20#8
Bendrofulumethiazide: V22#5
Benzenes in Dental Adhesives: V7#3
Benzodiazepines: V3#4;V6#4;V8#12;V16#8
Benzodiazepines: V16#7;V17#12;V19#5;V21#2
Beryllium: V7#11
Bergman, Henry: V17#8
Beta-Blockers: V6#5
Bexta: V20#9;V20#11
Bhopal: V1#1
Blaxin: V21#10
Bicycle Helmets: V10#8
Biochoice: V17#9
Bioequivalence: V21#12
Birth Control Pills: V4#5,5;V5#2,8;V7#12,12; V13#4
Bjork-Shiley Heart Valve: V1#5;V3#1;V5#10; V6#5;V8#4;V9#4;V10#9; see also Pfizer
Bladder infections: V20#6 (improper antibiotic use and)
Blood Donors: V3#4
Blood Supply Safety: see Red Cross
Blood Thinners: V5#9
Blood Transfusions: V2#4;V8#3;V10#7
Blood Cross/Blue Shield: V5#6 (fraud
squads);V6#12;V12#5;V17#2
Botox: V18#8
Boulevard medicine: see Concerge medicine

Bovine Spongiform Encephalopathy (BSE): see Mad Cow Disease
Breakthroughs, Medical: see Medical Breakthroughs
Breast Cancer: V14#3;V3#6;V7#6;V10#8; V16#3 (and HRT) 10 (and Health Food Store Recommendations) V17#7 (and HRT); V18#1; V20#1 (and mammography) see also DES, Silicone Gel Implants, Tamoxifen
Breastfeeding: V15#10
Breast Implants: see Silicone Gel Implants
Breast Self-examination: V3#6
Bromocriptine: see Parlodel
Buckets, Danger to Children: V6#10
Budget Bill: V13#10
Bumetanide: V22#3
Bumex: V22#3
Buproprion: see Wellbutrin
Burt, Dr. James: V4#12
Buspar (Buspiron): V21#12;V4#4
Bypass Surgery: see Coronary Bypass Surgery

C

Cadmium: V2#3;V5#8
Calcium: V3#6;V14#2;V16#11,12
Calcium Channel Blockers: V6#11
Canadian healthcare system: V20#4
Cancer: see also type of cancer
Cautions: V8#4;V14#12
Chemical Industry: V14#6,7;V15#12
Chemical Warning: V11#8
Chemicals in Carpets: V9#3
CASHCOW: V17#4
Cataracts: V3#5;V5#5;V14#4,4,
Catastrophic Coverage: see Medicare
Celebrex: V16#6;V17#3;V20#11
Celenox: see Celebrex
Cefazolin: V20#8
Cellular Phones: V12#7, see also Pencamakers
Centrax: V1#4;V3#4;V16#8
Cervistantin: see Baycol
Cesarean Sections, Unnecessary: V3#11,12; V4#1;V5#3;V8#6;V10#6;V22#8,9
Cesarean Sections, Rates: V7#6,9
Chemical Burns: V9#4
Chemical-caused Sterility: V13#12
Chemical Hazards: V15#5;V13#12
Chemical Industry: V1#1
Chemicals in Carpets: V9#3
Chickenpox: V11#8
Childbirth: see Cesarean Sections, Midwifes
Child mortality: V21#8
Children, poisoned: V13#12
Children's jewelry: see Lead Children's Jewelry
Child-Proof Medication Containers: V6#5
Chlorpropamide: V1#11
Chlorazepate: see Tranxene
Chlordiazepoxide: see Librium
Chlorothiazide: V22#3
Chlorothalidone: V22#3
Cholesterol: V4#8; V5#12; V10#12; V20#4; V2#3
Cholesterol-lowering Drugs: V10#12; V20#4
Cholestyramine: V4#9
Chondroitin: V22#6
Chromium: V9#7; V16#8; V18#12
(Hexavalent, and lung cancer)
Chronic Fatigue Syndrome: V4#4
Cigarettes: see Tobacco
Cigna: V16#4
Cisapride: see Propulsid
Citralom: see Celexa
Clarithromycin: see Biaxin
Clarithromycin: see Biaxin
Clarin: V9#10; V16#5
Clinical trials: see medical research
Clioquinol: see Viokon
Clozapine (clozaril): V7#7
Coffee, Decaffeination: see Methylene Chloride
Cognes: V10#1
Colchicine: V21#10
Cold: V9#1; 1,2; V17#11
Colorectal Cancer, screening: V16#4; V20#11
Color Additives: see Food Dyes
Columbia/HCA: V12#9; 10; V13#5,11
Commerce Department Health Cost
Statistics: V8#2; V9#2; V10#2
Community Mental Health Centers: V6#5
Community Right to Know: see Right to Know
Concierge Medicine: V19#10; V20#8
Constitution: V3#4,7
Consumer Product Safety Alert: see Product Safety Alert
Contact Lenses: V3#3; V4#11; V6#11
Contaminated Blood: V10#7
Cordis Corporation: V4#10
Cornsilk Powder: see Lates Limes
Coronary Bypass Surgery: V2#3; V3#11
Coronary Disease: see Heart
Corporate Power: V16#12
Cosmetic Surgery: V6#4,10; V18#8
Coumadin: V11#1; V13#9
Cox-2 Inhibitors: V17#5
C.R. Bard: V9#12
Crestor: V21#3; V22#4
Cretzu/SFeldman/Jacob Disease: see Mad Cow Disease
Crohn's Disease: see Inflammatory Bowel Disease
Cytomegalovirus: V5#9

D
Dalmane: V1#4; V3#4; V16#8
Dannomine: see Alar
Danthrone: V3#-4,7
Davyocet: V22#4
Davon: V5#8; V17#8; V22#4
Decaffeination: see Methylene Chloride
Defibritilators: V9#10; V21#10
Delaney Clause: V3#12; V8#10; see also Cancer
Delsym: see dextromethorphan
Demadex: V22#3

Dental X-rays: see X-rays
Dentine Adhesives: V7#3
Deprenyl: see Eldepryl
Depression: V5#4; V6#12
DEP: V1#2,3,4
Device: see Medical Devices
Dextrose: V4#9; V14#10
Dextromethorphan: V20#8
Diabetes: V4#12; V13#2; V22#11
Diuretics: see Anti-Diuretic Drugs
Diazepam: see Valium
Diclofenac: see Voltaren
Diet: V2#1; V17#4
Clinics: V14#3
Pills: V7#1; V14#3; V19#10
Products: V5#6; V13#11
Dietary Supplements: V17#5,9,10; V18#7,9; V19#5; V22#3,10
FDA Regulations: V16#2,5
Diabetic Mellitus: see DES
Dicumar: V22#3
Diuretic: V22#3
Diphendydramine: see Benadryl
Disease Mongering: V22#5,9
Doctor
Bribery: V20#7,8
Brining Hotline: V6#3; V8#5; V13#10
Competency Testing: V5#1
Corporate Deals: V12#2
Data Disclosure: V13#5; V5#11,12; V17#7; V21#5 see also National Practitioner
Data Bank
Doctor Defamation Suit: V11#4
Diversity: V13#4
Fraud: V5#6
Incomes: V3#11; V5#1,5; V6#7,10; V8#6; V9#2; V11#3; V1#2
International: V20#7
Kickbacks: V5#6,7; V6#1,3; V7#1;
V14#10; V15#8,10; V17#11
Managed Care Opinions: V13#3,4,9,11;
V14#1; V16#2
Patient Relationship: V11#4; V12#11;
V14#1; V16#2
Physician Profiles (Massachusetts): V12#12
Quality of Care: V4#8
Sanctions: V6#8; V7#7; V9#10,11;
V10#5,8; V11#4; V12#4,5,12; V15#2,3,7;
V14#3,4; V15#8; V16#3 (web sites), 9;
V17#4,5,7,8,18#2, V21#6
Appeals from Sanction: V8#11
California Law Allowing Doctors to Have Sex With Patients: V8#11
Drug Enforcement Administration: see Drug Enforcement Administration
Medicare: see Medicare, Doctors Sanctioned
Ranking of States: V15#5; V3#2;
V4#4; V5#11; V7#1; V9#3,8;
V10#6; V11#5; V12#5; V13#5;
V14#5; V17#5; V18#5; V19#5;
V20#5; V21#6
State Boards: V6#8; V7#7; V9#11;
V12#5,12; V13#5; V14#3,4; V16#3
(web sites); V17#5; V18#5; V22#12
(web sites); V19#2; V20#3; V21#6
State Initiatives: V7#1; V12#2; V22#10
Self-referral: V7#10; V8#3,4; V9#1, 5,10
Selling Patients: V3#9
Sex-Related Offenses: V13#7
Training: V5#9; V9#1; V17#6

Working Hours: V17#6
Donepezil: see Aricept
Dobutamine: see Danitron
Doxidan: see Danitron
DPT: V4#5
Drug: see also Over-the-Counter
Advertising: V1#4; V5#8; V8#8; V10#2,12;
V11#8,9; V12#12; V13#8; V14#2;
V15#7,10,12; V17#5,7,9; V18#7,9;
V19#8; V20#5,4,8
Direct-to-consumer: V21#7,9,10
Flu Drugs V16#2
Medical consumerism: V22#8
Medical journals and: V21#7
To Doctors: V21#7,8
To Medical Students: V12#3
To Pharmacists: V12#10,
USA Today V14#10
Antidepressants: V11#2; V19#12
Approval: V26#5; V4#9; V5#10 (Council on Competiveness Plan); V8#1; V14#8;
V15#2; V17#4; V20#2
Consumer information: see Medical Guides
Exports: V3#1; V8#12; V9#9
Generic: V5#8; V4#11; V6#10;
V11#3; V15#5; V21#12
Importation: V20#4,5,7
Induced Diseases: V4#9; V5#8; V7#8;
V13#2; V6#14#6
Industry: V15#12 (mergers); V16#8;
V17#7; V18#12;
Congressional Oversight: V18#11
Conflict of Interest in Studies: V16#9
Criminal Activity: V7#3; V17#11;
V19#7
Funded Trials: V20#2
Gifts: V7#10; V13#8; V14#10;
V17#9; V18#7; V19#9
Influence: V21#11
Labeling: V9#9 (Third World);
V11#9,11
Liability: V6#7
Misleading Media Reports: V16#8;
V20#1
Off-Label Uses: V15#9; V18#9
Older Adults Study: V10#9
Optical Isomers: V19#3,4
PACS and: V20#11
Painkillers: V11#2
Perks: V5#5; V6#1; V13#8,9
Policies: V15#6
Post Marketing Research Studies: V16#0
Prescribing: V5#1; V5#2
V6#4; V8#5; V12#1; V13#6; V20#4
Price Controls: V22#6
Profits: V17#4,7; V20#4; V21#12
Public opinion and: V20#8
Third Party Companies: V14#4
Medication Guides: V21#6
Misdiaerscribing: V21#4,5
Overprescribing of: V21#4,5
Patients: V20#6
Physician Information Leaflets (PILs): V21#8
Pedigrees: V20#5
Pharmaceutical representatives:
V21#7,8
Prescribing practices: V21#4,5
Prescription Information: V12#1;
V13#6; V14#6; V19#9, V21#8

Public Citizen's Health Research Group • Health Letter • 9
Institutional Review Boards: V14#7, see also Experimentation, Human
Insulin: V13#2, V14#5

Insurance Companies: V6#12, V7#2, see also AARP
CIGNA: V16#4
Golden Rule Company: V15#2

Insurance, Health: V3#11, V6#12, V15#3,
V20#12 see also National Health Insurance
Access: V1#5, 10, 12
Age Discrimination: V7#12
Blue Cross: see Blue Cross
Bradley, Bill vs. Gore, Al: V15#11, V16#1
Canadian System: V14#4, V15#12, V20#4
Censorship: V16#4
Costs: V7#6, V11#7, V20#2
Coverage: V14#3, V16#12
Diabetes Coverage: V13#2
Employee Benefits: V12#8, V17#11
Fraud: V11#4, V13#2
Long-Term Care, see Long-Term Care Medical Bills Claims: V13#3, 7
Medical Savings Accounts: V12#10; V13#10
Medical Service Problems: V11#4
Medigap, see Medicare, Medigap
Mental Illness Payment: V12#11, V13#3
Michigan: V13#2
Personal Information: V17#2
Pets: V13#5
Risk-Rated: V8#8, V11#6
State Health Plans: V6#11; V7#3, V8#7; V14#10
Tax Credits: V17#11
Veterans: V20#11
Uninsurance, Epidemic of: V7#7, V6#6, V9#1, V11#2, 3, V14#11, 12, V15#1, V17#11, 12, V18#4;
V20#11 (veterans and); V22#10
Universal Coverage: V14#9, 12, V16#12;
V17#11, 12, V22#5
Internet: V13#9, V14#10 (health information); V15#6 (drug information), 7; V17#1, 7; V19#11; V20#7, V22#1 (prescription drug ordering), V22#11 (bogus cures)

Intracranial Lenses: V3#3
Iodinated Glycerol: V4#12, V9#6
Iodochlorxyquin: see Vioform
Irradiated Food: V2#1, 5, V3#6, V8#9
Isoniazid: V7#5
Ivermectin: V3#2

J

Jail Survey: see Mental Health
Jaw Implants: V7#6
Joint Commission on Accreditation of Health Care Organizations (JCAHO): see Hospital, Joint Commission on Accreditation of Health Care Organizations

Jim Bu Huan: V11#2
Journalism Awards for Health Letter: V9#3; V11#4; V12#5

K

Ketoprofen: see Orudis
Ketorolac: see Toradol
Kidney Dialysis Centers: V16#1; V18#12; V20#3
Kidney Dialysis Machines: V21#4 (contamination of)

Kidney Disease: V6#6
Kidney Failure: V7#3; V11#2 (drug-induced)
Kidney Transplant: V14#11
Koop: V15#8, V16#5

L

Lab Testing: V5#10
Labeling: see Food
Labetalol: see Normodyne
Lactation Suppressants: see Bromocriptine
Laparoscopy: V1#5
Laparoscopic Cholecystectomy: V8#8
Larium: V11#6
Lasix: V9#4, V22#3
Latex Gloves: V14#2, V16#5
Latin America: V17#4
Laxatives: V5#4, 7
Lead Candle: V16#4, 8; V17#3
Lead Children's Jewelry: V21#3
Leaded Crystal: V7#5
Leuprolide: see Lupron
Levamisole: V8#7
Lexapro: V20#7
Liability (Drug & Device): V6#7
Liability reform: V21#3 ()
Librum: V1#4, V3#4, V16#8
Lisinopril: see Prinivil
Listeria: V8#6
Liver Problems: V11#2
Living Will: V7#11
Lollipop: see Fentany
Long-Term Care Insurance: V6#5, 6, 8, V7#10, 12, V13#7, 12
National Program: V8#1, 7; V10#5
Nursing Homes: V11#10
Plan FE (AARP): V9#12
Veterans: V7#11
 Loratidine: see Claritin
Lorazepam: see Ativan
Lotroxen: V17#6
Lozol: V22#3
Lumpectomy: V6#2
Lupron: V17#11; V20#7
Lung Cancer: see Chromium, Hexavalent
Lyme Disease: V3#7, V17#11

M

Malignant Disease: V13#7, 3, 5, V20#3
Malpractice: V7#7, V14#3, V19#2, 8; V21#6, 10, see also DoctoSanctions
Causes of: V21#9
Mammography: V7#8, 9, V11#1, V13#8; V18#1, V20#1
Managed Care: V10#3, 4, 12, V11#7, 9;
V12#2, 7, 8, 11, 12, V13#1, 2, 3, 9, 11; V14#2, V15#2, 5, 12, V16#2, 6; V17#2
Humor: V13#2, 4, 9, 11, V14#2, V16#2
Managerial Medicine: V11#4
Manoplasty: V9#7
Marijuana, Legallzing for Medical Treatment: V10#9
Massachusetts
Behavioral Health Partnership: V17#2
Physician Profiles: V12#12
Mastectomy: V1#5
Outpatient: V12#10, 11
Medicaid: V4#1, V11#4 (Florida), 12 (HMOs);
V12#1, 2, 9; V21#5
Medical Advice: V10#11
Medical Care: V11#6, 7
Medical Breakthroughs: V3#10, V6#6
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Conflicts of Interest: The Hidden Side of Science

New evidence indicates that conflicts of interest permeate much of what passes as unbiased scientific judgment, and that three gatekeepers of medical knowledge — the National Institutes of Health (NIH), institutional review boards, and major medical journals — are part of the problem.

The situation at NIH surfaced more than three years ago and has not been adequately addressed. Conflicts of interest gained prevalence after 1995 when NIH relaxed its restrictions on the outside activities in which its staff members could engage. The new policy struck down a ban on the acceptance of honoraria, lifted the cap on the amount of money employees could earn from outside activities, and allowed payment in stocks and stock options, thereby cementing long-term links between NIH scientists and the pharmaceutical and medical equipment industries.

In 2003, when the press revealed that some ranking NIH officials were getting tens of thousands of dollars in honoraria from industry, the issue became a political problem. Committed to eliminating all "real and apparent conflicts of interest" within the agency, the director of NIH appointed a Blue Ribbon Committee and adopted new rules and regulations banning NIH staff members from engaging in paid consulting with the pharmaceutical and biotechnology industries.

Despite assurances of accountability and transparency, however, NIH has been slow in putting its house in order. Last September, agency officials revealed that 34 scientists had been disciplined for violating the ethics rules by failing to seek approval for, or report, consulting relationships with industry; failing to take annual leave while consulting; or by consulting in areas that overlapped with their official duties. But most of these (21/34) received only a letter of caution, and six others received an oral admonishment, punitive actions that can best be described as "slaps on the wrist." As a result, NIH's reputation has lost credibility as a promoter of scientific knowledge and bastion of unbiased research.

The case of institutional review boards (IRBs) is more subtle, but no less important. IRBs are charged with monitoring patient studies at hospitals and research facilities. Primarily concerned with the protection of research participants, IRBs ensure that there is informed consent, that all risks...