

Health

'Inactive ingredients'

Gluten, lactose in drugs?
Study questions on risk

WASHINGTON, March 18, (Agencies): A man with celiac disease felt sicker after starting a new drug, but it wasn't a typical side effect. It turns out the pills were mixed with gluten the patient knew to avoid in food – but was surprised to find hiding in medicine.

A new report says pills often contain so-called "inactive" ingredients capable of causing allergic or gastrointestinal reactions in small numbers of people sensitive to specific compounds.

And it's hard for those patients, or even their doctors, to tell if a pill contains an extra ingredient they should avoid, researchers from the Massachusetts Institute of Technology and Boston's Brigham and Women's Hospital said Wednesday. When the doctor sends a prescription, the pharmacist issues whatever the person's insurance covers – without discussion of inactive ingredients that are buried in the drug's labeling.

Impact

"There's a tremendous under-appreciation of the potential impact that inactive ingredients may have," said Dr Giovanni Traverso, a Brigham gastroenterologist who spurred the research after his celiac patient's trouble.

Drugs contain an "active ingredient," what you hope will help your health. Patients may not realize that inactive ingredients make up the rest of the pill, substances that aren't supposed to directly affect your health. They're used to make it easier to absorb the drug, or to improve the taste or extend the shelf life.

Most people don't need to worry about inactive ingredients but the Boston researchers pointed to rare published reports of reactions in patients with allergies or intolerances to certain compounds – and called for more information about who might be at risk.

The study analyzed data on inactive ingredients from a database of more than 42,000 prescription and over-the-counter medicines. An average pill contains eight inactive ingredients, but some contain 20 or

more.

Consider that 39 percent of seniors take at least five prescription medicines daily, and even a small amount can add up, the researchers reported in the journal Science Translational Medicine.

The report found:

■ About 45 percent of the analyzed medications contained lactose. The amounts may be too small for some lactose-intolerant people to notice, but someone taking common drugs for high blood pressure and cholesterol could get about a gram a day.

■ A third of medications contained a food dye associated with allergic reactions.

■ More than half contained at least one type of sugar that people with irritable bowel syndrome are supposed to avoid.

■ In a recent survey, 18 percent of manufacturers said their medications contain gluten, which can cause severe reactions if patients with celiac disease consume as little as 1.5 milligrams a day. But labels may list only innocuous "starch".

■ That's what happened when a patient of Traverso's experienced worsening celiac symptoms after using a common stomach acid-blocking drug, omeprazole.

Also:

GENEVA: The Ebola outbreak in Democratic Republic of Congo is now concentrated in two areas and could be stopped by September, but the world must tackle Congo's broader crisis to make it count, the head of the World Health Organization said on Thursday.

The outbreak, the second worst in history, has killed 584 people in a region beset by violence and poverty, but a rapid international response has so far stopped the disease spreading into neighbouring countries.

"We have averted a much larger outbreak," WHO chief **Tedros Ghebreyesus Adhanom** told a news conference, adding that the affected area was contained and shrinking within a certain geographic area.



A group photo from the event

DDI hosts symposia on 'The Collaborative Advantage'

Dasman Diabetes Institute (DDI), founded by Kuwait Foundation for the Advancement of Sciences (KFAS) has recently hosted a full-day symposia titled "The Collaborative Advantage", in collaboration with Mount Sinai and Jaber Al Ahmad Center for Molecular Imaging. The symposia were held in the Institute on March 17.

The Undersecretary of the Ministry of Health, Dr Mustafa Reda inaugurated the event with an opening speech welcoming the speakers and participants. Dr Reda as well expressed his gratitude to the Institute for organizing important events such as these symposia. Dr Reda on a final note highlighted the benefits of having col-

laborations with such esteemed organizations like Mount Sinai. The Undersecretary's speech was followed by a presentation delivered by Dr Adnan Shihab Eldin, the Director-General of KFAS, where he outlined the opportunities for research partnerships with KFAS. The symposia consisted as well of a presentation delivered by Dr Qais Al-Duwairi, Director-General of DDI, titled "State-of-Art Diabetes from Bench to Bedside at DDI", who emphasized on the benefits of research collaboration, and the world-standard integrated facilities under DDI's roof.

The symposia comprised of many other valuable lectures and presentations delivered by

guest speakers from Mount Sinai and Dr Fahad Marafi, Director-General of Jaber Al-Ahmad Center for Molecular Imaging. DDI was honored to have HE the American Ambassador to Kuwait, Lawrence Silverman who delivered a presentation titled "Welcome to International Collaboration".

At the end, Prof Hilal Al-Sayer, Chairman of the Board of Trustees at DDI, thanked the distinguished guest speakers from Mount Sinai, Jaber Al-Ahmad Center for Molecular Imaging and HE the US Ambassador for making this collaboration and symposia a huge success.

Teens with high BP at risk of kidney disease

KUWAIT CITY, March 18, (RTRS): Adolescents who have high blood pressure are twice as likely to develop serious kidney disease by middle age as teens who don't, a study suggests.

The researchers followed almost 2.7 million teens over about two decades starting when they were 17 years old, on average. Nearly 8,000 of the teens, or about 0.3 percent, had high blood pressure but none had signs of kidney disease or damage.

By the end of the study period, about 2,200 people developed end stage renal disease (ESRD), which is kidney damage so advanced that patients typically need dialysis or a transplant to stay alive.

After researchers accounted for other factors that can contribute to ESRD – like age, education levels and obesity – those with high blood pressure, or

hypertension, as teens were still twice as likely to develop this chronic kidney disorder by middle age.

"Hypertension is associated with obesity and diabetes and both contribute to the effect on the kidney," said senior study author Dr Ehud Grossman.

"However, in our study we adjusted for these factors and elevated blood pressure by itself was associated with future renal failure," Grossman said by email. The doubled risk of ESRD in middle age held true even after researchers excluded teens with severe hypertension.

Half of the teens with high blood pressure were overweight or obese, and most were male. Yet the risk remained doubled for normal-weight teens with high blood pressure as well.

The study wasn't designed to prove whether or how teen hypertension might

directly cause ESRD.

One limitation on the results is that researchers lacked data on blood pressure during the follow-up period, which might impact the adult risk of ESRD, the study authors note in JAMA Internal Medicine.

"It is possible that high blood pressure and kidney failure are consequences of the same catalyst – such as a genetic variant or an undiagnosed kidney disease," said Dr Amy Kogon of the Children's Hospital of Philadelphia and the Perelman School of Medicine at the University of Pennsylvania.

"The important take-home message for parents and patients is to maintain a lifestyle that reduces the risk of developing hypertension," Kogon, who wasn't involved in the study, said by email.

Both hypertension and ESRD are rare

in young people, but parents should still focus on prevention, said James Gangwisch, a researcher at Columbia University Medical Center in New York City who wasn't involved in the study. These conditions that were once seen almost exclusively in adults are becoming more common at earlier ages, he said by email.

"The fact that we are now seeing these conditions in adolescents is troubling," Gangwisch said. "Behaviors such as getting adequate physical activity, eating a healthy diet and getting sufficient sleep can both prevent and treat hypertension."

When teens do develop high blood pressure, treating it quickly with lifestyle changes and medication may help ward off future health problems, said Dr Csaba Kovesdy of the University of Tennessee Health Science Center in Memphis.

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