

Media Plea:

PLEASE do a story on the potential for severe, horrifically disabling adverse effects of the fluoroquinolone class of antibiotics. Greater awareness on this issue is essential. Patients have a right to informed consent regarding the potential adverse effects from Fluoroquinolone antibiotics, including possible life-long disabilities. Widespread public pressure through the media is the best hope to provide awareness for all and to pressure physicians to prescribe responsibly, the pharmaceutical companies to warn adequately, and the FDA to regulate appropriately.

Another life here completely destroyed almost five years ago within a few days of starting Cipro. My doctor, who had "never seen a FQ toxicity before", did not deny it as at least my symptoms started within a few days of taking the drug. Since then, she's a general practitioner who has now recognized it in several of her patients; imagine if all doctors did this. I suspect the numbers of those of us affected would be staggering, ranging from milder cases of carpal tunnel and plantar fasciitis with "no known cause", to all those torn cruciates and knee damage, to the severely disabling and crippling cases of generalized tendinitis, peripheral neuropathies, and fatigue often diagnosed as one of the "mystery illnesses" (chronic fatigue syndrome, fibromyalgia, seronegative autoimmune diseases, etc.).

Supposedly, these reactions are considered "rare". However, when my doctor left the practice, I was randomly assigned a new one. When I asked him if he had heard of "FQ Toxicity", he sadly nodded his head yes. He'd had a Levaquin case that had "never recovered". I then went for my annual wellness appointment. The NP seemed quite interested in hearing my Cipro story. When I told her, she said one of their staff had been hit and become completely disabled, living in pain in a wheelchair. That had been over two years ago, and it didn't look like she was coming back to work anytime soon. I went to see an orthopedist. She told me she had done several surgeries to repair fluoroquinolone induced tendon ruptures. My neighbor approached me the other day, and asked: what was that antibiotic you took? A friend of hers had taken Cipro and three weeks later ruptured both Achilles. They could not be repaired surgically, and the doctors have told her she will never walk again. She's only three months out, but is now developing the additional delayed symptoms of "the syndrome". Worst of all, I warned the last practitioner I saw of these reactions. He said he'd heard of "the tendon issues", but not the systemic-like reactions. I told him that in my opinion this class of antibiotics should never be prescribed for people with pre-existing or even suspected endocrine problems, in particular thyroid problems. Maybe he forgot what I told him. Maybe he thought I was exaggerating or being alarmist. Maybe he thought I was making it up. But for whatever reason, it was not even a week later that he prescribed Cipro to a person on thyroid medication, and within 5 days she was down – completely disabled and in severe pain. Through complete coincidence, she somehow tracked me down. She was asking me what could she do? Her kids and family were depending on her. I didn't have the heart to tell her that her kids have just lost the mother they knew, her husband has just lost the wife he married, and she has just lost whatever future life she wanted for herself. No matter how "rare" these reactions are supposed to be, that does not justify the loss of quality of life that occurs for those of us who have been affected.

I was a healthy, athletic, self supportive, active person working in a moderately physically demanding profession. I took the antibiotic for a simple UTI. Within a few days, and a few pills, my life was over – it's been almost five years. I am now completely crippled, unable to work and support myself, and depressed beyond belief at the nightmare that is my life. My professional, personal, and physical life is over. To anyone who hasn't yet had these drugs, or even if you have and naively think you're safe: Don't let this be you. Take these stories seriously. They are very real, unfortunately.

Another media plea:

I again will implore you to start investigating this topic and bring this important information to the public. I wish CBS 60 Minutes would consider a story. The stories of the most severely systemically affected are horrific enough that this information needs to be publicized. Patients have a right to informed consent regarding the potential adverse effects from Fluoroquinolone antibiotics, including possible life-long disabilities.

And yet, the implications of the variety of adverse effects of the FQ's may go far beyond this smaller population and into the wider population without being recognized. There are probably a much greater number of people who experience the unique musculoskeletal adverse effects of these antibiotics without ever knowing it.

For example, several media stories have been done in the past couple of years, search on titles such as: "Surge in Total Knee Replacements for Boomer Women"; "Sports Related Knee Injuries in Children Have Increased Dramatically"; "Knee Injuries in Female Athletes Reaching 'Astronomical' Levels ; "Teenage girls are 6-7 times more likely to suffer knee injuries than boys". In all of these populations, it's been assumed that this is due simply to an increase in more extreme athletic or sports activity, especially of females in all age groups. But what if there's another factor involved? What if it's a combination of increased athletic activity along with the HUGE increase in fluoroquinolone antibiotic usage that has occurred in the past 20-30 years (they are now unfortunately often the first line antibiotics prescribed, especially for females with simple UTI's)? One question that should be asked, and needs to be answered appropriately, is: Was there a fluoroquinolone antibiotic in these patient's health history, particularly within the two years prior to the onset of their knee symptoms"?

The current most popular fluoroquinolone antibiotics in the US include Ciprofloxacin, Levofloxacin (Levaquin), and Moxifloxacin (Avelox). It is a well established fact that these antibiotics cause tendon, ligament, and cartilage damage. What is less well known is that rupture of tendons and ligaments can occur long after the drug is discontinued. Because of this "delayed reaction", many people don't associate their tendon/ligament problems to an antibiotic they may have taken months, or years, prior. Unfortunately, many doctors are not aware of this either. The pharmaceutical companies, of course, downplay or minimize this as much as possible, although they were forced to acknowledge on the drug inserts that ruptures can occur up to 6 months after. The consumer group Public Citizen had to sue the FDA to require a "Black Box Warning" on all Cipro and Levo prescriptions for this reason. The drug inserts also narrowly focus on the Achilles tendon as being the main tendon affected. However, tendons and ligaments in all parts of the body are susceptible, and in regards to the knees, the cruciates, menisci, and cartilage would most likely be affected.

It's assumed that women in the 45-60 age group are having these problems because "they are older". Various theories abound about why female teen athletes may be more susceptible, such as "they have wider hips". Here are some alternative, entirely plausible explanations: Women in the 45-60 age group are at greater risk because of the hormonal fluctuations going on during this time. These hormonal fluctuations alone increase the risk of UTI's, and therefore exposure to the FQ's. The risk of adverse effects from this class of antibiotic increases substantially in those with subclinical or undiagnosed hormonal problems, such as pre-diabetes or diabetes, hypo/hyperthyroidism, hypo/hyperadrenocorticism, metabolic syndrome, and autoimmune disorders. These conditions can all affect tendons in themselves, and may "prime" tendons, ligaments, and the entire musculoskeletal system to be triggered adversely. Teenage girls are beginning to experience their sexuality, no doubt leading to increased urinary tract infections, no doubt leading to increased FQ usage in this population. Female teens, like their older peri-and post menopausal counterparts, are also experiencing extreme hormonal

fluctuations during this time as well, again, leaving them more susceptible to UTI's and the adverse effects of these drugs. Fluoroquinolones ideally should not be used in the pediatric (under 18) population – but that's not stopping the medical profession from using them.

It would be quite simple to do a study which reviews prior antibiotic use in women, men, teens, and/or children, who require knee surgery due to tendon or ligament tears (most likely the cruciate ligaments and meniscus in the knee). Such a study would not determine causation, but would be a start by determining a correlation, hopefully spurring further interest in research. What would not be simple at all, is finding an independent researcher or medical professional or organization to fund and do such a study who would not be unduly influenced or afraid of the pharmaceutical companies.

What is desperately needed is increased awareness of these issues and this potential link, so the public, as well as medical professionals, can make informed decisions about appropriate usage of this particular class of antibiotics. This is the only action that has the potential to reach critical mass and thereby pressure the pharmaceutical companies and the FDA to become more responsible in their actions regarding these drugs. There have been sporadic news stories and televised stories in the past 10-20 years about the dangers of this class of drugs. The stories mostly focus on the debilitating and often permanent damage done to victims of fluoroquinolone toxicity, which are much smaller in number. But the problem is most likely much bigger than that. Torn cruciate ligaments requiring surgery may very well be a consequence of fluoroquinolone use, and only one facet, although a widespread one, of the incredible damage these antibiotics can do to the body.

Please consider doing a story on the dangers of fluoroquinolone toxicity, and possibly relating this to more widespread musculoskeletal injuries. Systemic fluoroquinolone toxicity is a devastating condition for the relatively small population so known to be affected, and these stories in themselves need to be brought to light to an unsuspecting public. But the problem of fluoroquinolone toxicity is most likely much more widespread than is currently recognized or acknowledged. Someone, somewhere, has to start the conversation about a possible link between the increasing usage of these antibiotics, and the increasing incidence of tendon, ligament, and cartilage damage in the wider population in the past 10-20 years. You have an opportunity here to make a difference.

REFERENCES: Search on the News titles I mentioned. Search PubMed Database under "fluoroquinolones" + "adverse effects" or "tendons" or "cartilage" or "musculoskeletal" for research abstracts and papers.

Search "*Musculoskeletal Complications of Fluoroquinolones: Guidelines and Precautions for Usage in the Athletic Population*". American Academy of Physical Medicine and Rehabilitation, Vol. 3, 132-142, February 2011. Mayo Clinic paper -- There are hundreds of research papers confirming the widespread damage this class of antibiotic can cause (search PubMed abstracts). Although this one downplays the number, duration, and severity of these adverse effects the way they all do, this is the first paper I'm aware of that clearly states an "at risk" population who should not take this drug on Table 3, Page 136. Usually this information is buried in obscure research papers no one, including your doctor, will ever read. *(Note the at risk population includes people and related family members with autoimmune or endocrine disorders (diabetes, thyroid, etc.), steroid usage (ie, Prednisone, inhalers), and "participation in a sport"(almost everyone else at some point in time in life).*