

Dear both,

9/7/99

Many thanks to Hanh-Trang for the drug information and for taking all that time! Three of the drug names I do not recognize so I suppose they have been discontinued. I keep giving the family doctor lists of those I am now taking and asking if there should be any changes but never get any meaningful response. Nor do I get any when I ask if the deficiencies in the monthly dialysis tests are indicative of anything ^{that} can be corrected by medications.

The one yesterday is different than the ones they've been giving me. Much more inclusive. Copy enclosed. But none of this has ever been explained to me. Clay says that some of what he saw on the shorter version can be indicative of liver failure. I raised that with the family doctor and got no answer other than not necessarily. I think he may be a bit annoyed that the nephrologist has cut him out on all testing, etc. Before the dialysis the cardiologist, the family doctor, the nephrologist and the lung specialist all got copies of the extra bi-weekly tests but once I was in dialysis that was preempted and the nephrologist gives copies to none of the others.

There is not much I can do about him because he is also the medical director of the dialysis works but I think I'll inquire about another kidney specialist in the area just in case. This one impressed me enormously until he decided, when I was hospitalized with pneumonia, to put me in dialysis ~~at~~ without discussing it with me. Just a week earlier while my test results remained borderline, he noted steady improvement in them and instead of seeing him in 30 days he then told me 90 days. Of course he could have been concerned about my weakened condition but if I'd had any choice, absent the assurance that it was a vital necessity then I'd have delayed it and seen how the tests came out. Over the problems with Lil now.

Today she has another cat scan to see if any blood clots have returned. For me and my still convoluted hours, late today, 3:30 pm. She is trying to do a bit more but she still spends most of her time asleep, in bed or in her chair, and she has no real interests of any kind. I've gotten us started in the county health department's mental health program and I hope that can help her straighten her head out and get some interests going. Clay, who has a remarkable genius for feeling what has happened, is getting her a computer. Wonderful of him and I hope it gets her interested. Now back to work, with many thanks and best to you all,

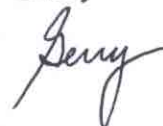
Harold

Dear Harold,

8/30/99

Got your letter on Sat. 8/28. We were both sorry to hear things do not seem to be going too well for you and especially Lil. Hanh-Trang spent several hours on the Internet at the Johns Hopkins drug site checking on the list of drugs you are taking. She printed out 15-20 pages of information, but rather than send that she distilled the information into what is enclosed. We hope this information is helpful and can at least be used as a basis for reviewing what you are taking with the doctor and dietitian. She may also have some recommendations for your diet which she will send along. If there is anything else we can do for you and Lil just let us know. Our thoughts are with you.

Best,



P.S. I have written about 50 pages on my Time project. Thanks for letting me know about how Time was involved in exposing Oliver Stone. I didn't know that and I do not recall reading about it in their reporting on "JFK". I will send you a copy of the rough draft for any comment -- probably in three weeks or so.

Dear Harold,

You don't have to take an overall vitamin pill. The vitamins that are being lost during dialysis are water soluble vitamins: B vitamins including vitamin C and folic acid. If you are taking the B complex and the folic acid separately, you have enough. For the vitamin C you don't need more than 50 mg per day because extra vitamin C may encourage the deposits of oxalates, If you want to simplify, after you finish your current supply you may want to replace with a renal vitamin such as Nephrovite or Nephrep (I think Nephrep is a new generic one). Better yet, ask your dietitian at the clinic and/or the doctor to give you different samples to try. The reason being some formulations may work better or are better sized (some of these pills are so big, I wonder the manufacturers ever ask themselves that they are making pills for humans not horses!)

I reviewed your medicines, and I summarized below what they are for, so you can decide what to take or discuss it with your doctor because you have quite a few.

Cardiovascular:

Accupril (Quinapril Hydrochloride) is an ACE (angiotensin-converting enzyme) inhibitor to control high blood pressure, treat congestive heart failure, treat left ventricular dysfunction, and minimize further kidney damage.

_ Should be taken on an empty stomach, about 1 hour before mealtime.

_ You should probably take this medicine, and if you don't talk to your doctor. Also remind him that you are also being prescribe Coumadin (warfarin) as there may be drug interaction between the two.

Imdur (isosorbide mononitrate) prevent or relieve attacks of angina by relaxing the smooth muscle of the blood vessels and increases the supply of blood and oxygen to the heart. It also reduces the heart's workload & demand for oxygen.

_ Take on empty stomach, at least 30 minutes before or 1 to 2 hours after mealtime.

Norvasc (amlodipine) is also to relieve angina and to treat hypertension.

_ Can be taken with or after meals to minimize stomach irritation

Trental (pentosifylline) improves blood flow by making the red blood cells more flexible and by thinning the blood

Quinidine or quinine: antiarrhythmic

Oral quinidine are usually taken with a full glass of water 1 hour before or 2 hour after meals. Can also be taken with food if there is stomach upset

Coumadin (warfarin)

Note: Megadose of vitamin E may work against coumadin

Pepcid (famotidine) treats heartburn, ulcers, conditions that cause excess production of stomach acid.

_ Take it after meals to minimize stomach irritation

Synthroid (levothyroxine sodium) for underactive thyroid gland

_ Take it before breakfast on an empty stomach

Atrovent (ipratropium bromide) help control the symptoms of lung diseases, such as asthma, chronic bronchitis, and emphysema

_ may cause dry mouth

Proscar (finasteride) treats benign prostatic hyperplasia

Erythromycin (antibiotic) treats infection

_to take on empty stomach, at least 1 hour before or 2 hours after meals, with a full glass of water.

If it causes stomach upset, it can be taken with food or milk

??? I suppose that this medicine is temporary

Ativan (benzodiazepine): anti-anxiety, tranquilizer. Can be taken with food.

Celexa (Citalopram hydrobromide) anti-depressant. Can be taken with or without food.

May cause dry mouth.

Dialysis related

Iron sulfate for anemia

_best taken with vitamin C. May cause constipation. Some slow release form such as Chromagen may be easier to tolerate (Chromagen also contains vitamin C and vitamin B12), but iron sulfate is probably the most economical form

Rocaltrol (vitamin D analog) to prevent renal bone problems. If you can be reimbursed for the IV form, Calcijex, request that this is to be given at the dialysis clinic as it is more effective and you have one less pill to take. Have the dietitian monitor the calcium level. Stop when the calcium level is high

Comments:

You may want to review all the drugs with your doctor for the following:

1. Imdur and Norvasc seem to treat the same thing. Your doctor may have a special reason for you to take both, otherwise he may want to simplify it to one
2. Unless you have an infection, Erythromycin should be temporary. (There are side effects to long term use of antibiotics and, considering that you need more water to take it, it may interfere with your fluid restriction).
3. You also need one glass of water when you take quinidine (I suppose it is twice a day= 480cc). It may be a good idea to talk to the nephrologist since the usual fluid restriction is 1000cc/day including foods. He may decide on a different restriction)
4. When reviewing, the doctor may decide to "consolidate" all the medicines, such as giving a renal vitamin instead of taking separate B, folic acid, E vitamins, and iron; give Calcijex in place of Rocaltrol at the clinic, so you don't have as many pills to take (enough to feel full and eat the protein and calories that you need)
5. I'm enclosing in the next page a tentative medicine schedule for your convenience.

Best,

Hanh-Trang

ask the dietitian for protein powder such as Nepro to mix with your foods or protein supplements (liquids)
↑ preferred
does not increase fluid

Medicine Schedule

Breakfast

1 hour before breakfast

Accupril
Quinidine*
Erythromycin
Synthroid
Pepcid (2nd dose)

30 minutes before breakfast

Imdur

With Breakfast

Norvasc
Trental
Ativan
Celexa
Coumadin

Supper

1 hour before Supper

Accupril (if 2x/day)
Quinidine* (if 2x/day)

Pepcid (if have only dose)

Vitamins

Iron sulfate

30 min. before Supper

Imdur (ask for extended tablets so you take only once a day)

With Supper

Trental
Ativan (if have 2nd dose)

Anytime or bedtime

Proscar
Atrovent
Rocaltrol

With bed time snack

Trental (if have 3rd dose)

** In addition, if they ever prescribe you a phosphate binder (sometimes in the form of a calcium tablet) do NOT take it with iron sulfate, because it nullifies the absorption of iron sulfate.