

Vegetable Overdose Possible For People On Certain Types Of Medication

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GAINESVILLE, Fla.—It's common knowledge that a healthy diet includes vegetables, but they and other ordinary foods can interact with common prescription drugs and cause decidedly unhealthy side effects, pharmacists warn.

Take broccoli, for example. When consumed in unusual quantities, the vitamin-rich vegetable can cause serious problems for patients taking a common blood thinner used to prevent strokes.

Just ask University of Florida pharmacist Vickie Wilt, who recently discovered that a patient's occasional delight in large pots of broccoli soup was causing dangerous fluctuations in her blood thickness.

Wilt explained that the problem was linked directly linked to the amount of broccoli the woman ate and how it interacted with the blood thinner warfarin.

"The vitamin K in broccoli can counteract the effectiveness of the drug," she said. "It turns out that the highs and lows of the patient's blood thickness were attributable to varying amounts of broccoli consumed. The result could have been either hemorrhaging or stroke."

Fortunately, Wilt pinpointed the problem through a UF clinic-based monitoring program in which patients on warfarin are checked every four to six weeks to ensure their blood thickness is staying within a safe range.

"Dr. Wilt's patient represents the tip of the iceberg," said Paul Doering, Distinguished Service Professor of pharmacy practice at UF. "It usually takes somebody who is searching for problems to detect them before they become catastrophic in proportion. That woman could have ended up in the hospital with a bleeding episode, and nobody would have ever linked the problem to an anomaly in her diet."

Researchers at UF's College of Pharmacy recently found that such monitoring saves up to \$5,000 per patient per year, mostly by helping patients avoid emergency room visits and hospitalization. Other studies have shown that unintended effects of drug therapies cost the U.S. health-care system as much as \$76 billion a year.

"It's critically important to have a pharmacist as part of the health-care team," Doering said. "Nobody else is going to place the same kind of scrutiny on a patient's drug regimen."

Last year, UF's Area Health Education Centers Program and the College of Pharmacy hired Wilt to develop anticoagulation monitoring and other pharmaceutical care services in local clinics, while training graduate pharmacy students to work in a primary-care setting.

At one such clinic, Dr. Larry Rooks, a clinical assistant professor of UF's community health and family medicine at UF's College of Medicine, said pharmacists have enhanced the quality of his practice.

"Particularly with anticoagulation therapy, Wilt and the pharmacy students have set up a program to monitor these folks in a way that's much more effective than what I've been able to accomplish on my own," Rooks said.

"I see the day coming soon when a clinical pharmacist will be a common sight in primary-care clinics," he said. "And I'm totally convinced by our experience that it's a major asset."