

Medical Writing Doesn't Have to Be Complicated.



In this issue, I'll be sharing a few highlights from the third annual Houston Medication Safety Symposium that took place on April 26th. The program featured two hot topics: reducing unnecessary medications and engaging in prescription drug monitoring activities.

As you may have guessed, the event was geared mainly towards doctors, dentists, pharmacists, nurses, and researchers. However, I believe some of the information is universally relevant.

"Addiction Is Not Just Physical or Psychological."



Dr. Michael Sprintz, DO

My four biggest lessons are:

1. **Pain is a complex and multi-dimensional sensation.** The above quote comes from Dr. Michael Sprintz, DO, DFASAM, an anesthesiologist-entrepreneur who specializes in addiction medicine. Sprintz openly shared his own struggles with addiction and reminded the audience that pain is physical, psychological, emotional, energetic, and spiritual. This phenomenon explains why people who struggle with anxiety often feel greater pain than people who do not have anxiety.
2. **Establishing a relationship with your patient is one of the most important tools for helping your patient overcome addiction.** A person's recovery depends very heavily on his or her interactions with people and the support he or she receives from his or her health care provider. And when it comes to substance abuse of any kind, the dialogue between a patient and his or her healthcare professional is the most important tool in determining the patient's recovery.
3. **The less time a doctor spends with a patient, the greater the chances the patient will walk out of the office with a prescription.** According to Sprintz, doctors have 10.7 minutes to evaluate, diagnose, and treat the patient--and document-- the consultation. This statistic is alarming, but it also points to the increased need for healthcare providers to work together as a team to treat the patient. Teamwork may not increase the amount of time the doctor can spend with each patient, but enhanced collaboration between nurses, pharmacists, therapists, and other members of the allied health care team can help the doctor get a better sense of who the patient is than the 10.7 minutes the doctor has will allow.
4. **Medication deprescribing is especially beneficial in patients who are 65 and older since they tend to take more medications than their younger counterparts.** Defined as the process of withdrawing an inappropriate medication with the end goal of improving a patient's

outcomes, the term was first coined by an Australian pharmacist in 2003. By the way, if you don't think that deprescribing is a big deal, think again: **Nearly 1 in 2 women over 85 years of age is taking at least 2 medications that lack scientific studies demonstrating any benefit.** Overprescribing increases the risk for fall, breaks, hospitalization, death, and many other unpleasant adverse drug reactions.

April Showers Bring Scientific Flowers

April's projects have included writing about genes and proteins involved in the immune response for scientific audiences. On the lighter side of things, my latest WebMD articles offer readers tips on how to tell the difference between [side effects and allergies](#) and give some insight as to [why pharmacies may not have prescriptions filled as quickly](#) as you'd expect. I'm also wrapping up a memoir about a former professor who's mentorship helped shape me into the scientist—and later pharmacist—that I am today. After spending nearly a year tracking down sources, it's relieving to see this piece finally come together.

So... What's Next?

I'll be heading to another conference for updates on topics I frequently cover such as artificial intelligence and infectious diseases. Keep an eye out for some of those pearls in my next newsletter. Until then, stay tuned!



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