



Nonprescription Supplements and Pain Relievers Contribute to Liver Damage

The overuse of nutritional supplements and nonprescription pain relievers like acetaminophen is contributing to a growing incidence of serious liver damage caused by these chemical agents, a condition known as hepatotoxicity.

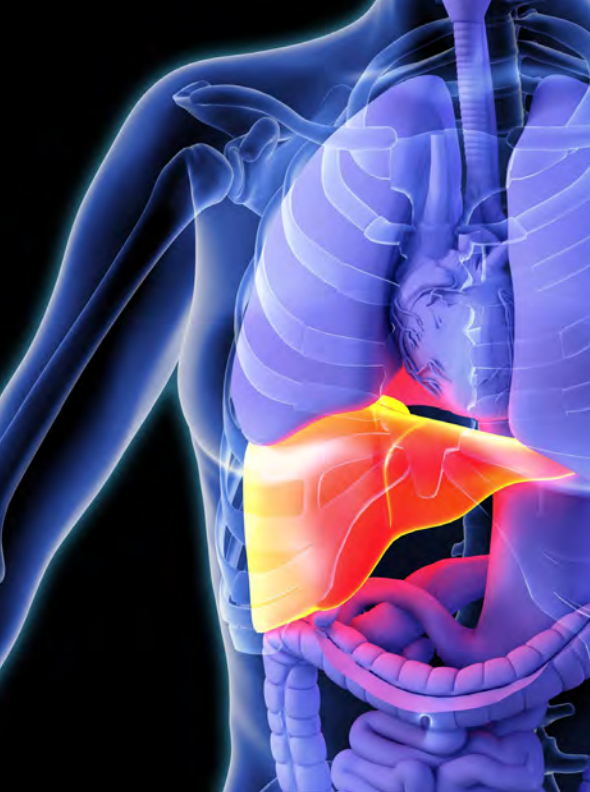
“A patient has a medical or dental procedure and afterward has a lot of pain, so he or she starts taking large numbers of acetaminophen and develops toxicity that is potentially fatal without a liver transplant,” says UCLA gastroenterologist Francisco Durazo, MD.

Nutritional supplements are cause for similar concern. More than half of Americans take supplements, Dr. Durazo notes, and consumption of herbal medications has

increased fivefold in the last decade. “We’re now starting to see the effects,” he says. The most common supplement-induced liver injuries result from workout or bodybuilding supplements, with weight-loss supplements not far behind. Less common but still important to be aware of, he adds, are injuries from consuming large quantities of popular energy drinks.

It is important that patients talk with their physicians about any nonprescription products they are taking, and for physicians to offer counsel on the potential dangers of misuse, Dr. Durazo says. In the case of acetaminophen, patients also need to be aware that it can be present in other medications, from analgesics to cold remedies. Dr. Durazo cautions that certain factors can predispose someone to increased acetaminophen toxicity, including heavy alcohol use, fasting and medications that speed up the metabolism.

When it comes to nutritional supplements — be they workout-enhancing supplements, weight-loss pills or energy-boosting drinks — the problem is compounded by misleading advertising and labeling, contends Fady M. Kaldas, MD, director of the liver-transplant service at the Dumont-UCLA Transplant Center. “There is a big market for people who want to move away from Western medicine and buy something



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Shortage of Organs for Transplantation Requires that More Donors Step Forward

To help address this shortage, it is important for individuals to indicate their willingness to be an organ donor upon their death, says Gabriel Danovitch, MD, medical director of UCLA's Kidney and Pancreas Transplant Program. "It reduces the stress on surviving family members during that time of decision if they know what their loved one wanted," Dr. Danovitch says. "And the knowledge that some good may come out of the situation can provide some solace during this time of loss."

Dr. Danovitch says there continue to be misconceptions around organ donation, although he believes they are less widely held than in the past. One is that less of an effort will be made to save the lives of those who have signed an organ-donor card. "That is absolutely not true," Dr. Danovitch says. "The medical team's job is to keep you alive, and that is separate from those whose job it is to fulfill the family's wishes after death." There are well-defined criteria for determining death, he adds, and organ donation cannot occur until those criteria have been met.

Some people also hold the mistaken belief that society's most privileged members will be more likely to receive their organs, but Dr. Danovitch, who has been active nationally on organ-allocation issues, says that there are strict criteria in this regard as well, and the process is designed to be blind to socioeconomic status or race. "For organ donation to be successful in any society, there needs to be a trusting relationship between the medical community involved in transplantation and the public at large, and we have shown ourselves to be trustworthy, as illustrated by the rising authorization rates," he says.

Although most organs come from deceased donors, transplantation can

also be performed using living donors — particularly involving the kidney. At UCLA, nearly half of all kidney transplants are from living donors. "In people who have passed a careful series of tests and evaluations, it is perfectly safe to have one kidney removed, and these living donors can go on to lead a full, active and unrestricted life," Dr. Danovitch says. "It can be extremely gratifying not just for the recipients, but for donors who experience the blessing of seeing someone they care about get their health back. We all know it's often even more satisfying to give the perfect gift than to get the perfect gift."

Although living donors are usually close relatives, increasingly transplants are performed involving friends, distant relatives and strangers or anonymous donors, particularly as issues of compatibility are more easily overcome. UCLA's kidney transplant program has been among the most active in the country in carrying out kidney exchanges, which increase the donor pool by matching patients who have an incompatible donor with other incompatible donor-recipient pairs.

that's herbal or 'natural,'" Dr. Kaldas says. "A lot of people think that it has to be good for them if it's natural."

However, the supplement industry is not regulated by the U.S. Food and Drug Administration, and products typically don't need to show evidence of safety or efficacy to be sold. There have been cases in which popular weight-loss supplements have been removed from the market after reports of adverse events but return as rebranded products with similar ingredients.

Patients with hepatotoxicity from supplements typically experience nausea, vomiting, abdominal pain and fatigue, along with elevated liver-function tests, UCLA surgeon Keri E. Lunsford, MD, PhD, explains.

Patients may assume their physician wants to know only about the prescription medications they are taking and neglect to volunteer that they also are taking supplements, Dr. Lunsford says. And many doctors don't ask, "assuming that a supplement is like a multivitamin and not a big deal." She advises that patients tell their physicians about the use of any supplements, even if the doctor doesn't ask.

