

# What doctors wish their patients knew

Surprising results from our survey of 660 primary-care physicians

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**A**S THE HEALTH-REFORM LAW takes effect over the next several years, some 32 million newly insured Americans will gain access to a regular doctor. They will soon learn what others already know: Getting the best care from your doctor requires navigating a complex relationship within the 20 or so minutes allotted for the typical office visit. Despite those constraints, three-quarters of the 49,007 CONSUMER REPORTS subscribers we surveyed said they were highly satisfied with their doctors. But they still had complaints ranging from the irritating, such as having to sit too long in the waiting room, to the substantive, such as ineffective treatments.

We also surveyed 660 primary-care physicians who had a lot to say about their

professional challenges—and about what patients could do to get the most out of their relationship with their own doctors.

Some highlights of the surveys:

- Doctors and patients alike put a high value on courtesy and professionalism.
- Patients aren't taking full advantage of strategies that doctors think are helpful, such as taking notes during their visits.
- Not knowing much up front about a doctor's personality or treatment style was a real obstacle for patients in search of a good match.

Together those survey results help create a road map toward a more productive relationship with someone who, after all, should be your most important health-care professional.

"A primary-care doctor should be your

partner in overall health, not just someone you go to for minor problems or a referral to specialty care," said Kevin Crumbach, M.D., professor and chair of the department of family and community medicine at the University of California at San Francisco.

The Consumer Reports National Research Center conducted the subscriber survey in 2009 (our readers may not be representative of the U.S. population as a whole). The online poll of a national sample of primary-care physicians was conducted in September 2010.

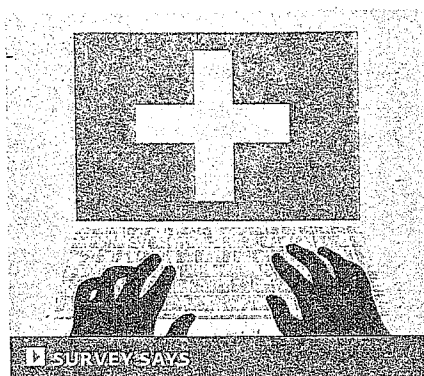
### Physicians take the long view

Doctors said that forming a long-term relationship with a primary-care physician is the most important thing a patient can do to obtain better medical care, with 76 percent saying it would help "very much."

"That continuity is really undervalued," said Jessie Gruman, Ph.D., president of the Center for Advancing Health, a patient-advocacy group in Washington, D.C.

Gruman said that because of a health history that included three separate bouts of cancer, her longtime primary-care doctor urged her to tell him promptly about any new symptom, no matter how minor, that lasted more than two days.

"I hate the idea that my health is fragile," she said. "He was able to capture my imagination and get me to act in a way that was consistent with my interests." When new symptoms appeared, Gruman told her doctor. Four days later,



61%

Patients who said they researched health information on the Internet to help with their medical care.

8%

Doctors who said that Internet research by patients was very helpful.

she was diagnosed with stomach cancer.

Research seems to back up Gruman's experience. It suggests that patients who frequently switch doctors have more health problems and spend more on care than patients who have a consistent relationship with a single physician.

### Respect is a two-way street

Being respectful and courteous toward your physician was the No. 2 thing doctors said patients could do to get better care; 61 percent said it would help "very much." But 70 percent said that since they had started practicing medicine, respect and

appreciation from patients had gotten "a little" or "much" worse.

Respect is a two-way street. Patients who gave their doctors high marks for "professionalism" were more likely to be highly satisfied. We measured professionalism by looking at whether patients thought they had been treated respectfully and whether their doctor seemed technically competent, took their medical history into account, listened with patience and understanding, and spent enough time with them. The more of those standards their doctors met, the higher the patients' overall satisfaction.

But being courteous doesn't mean you have to be passive (though you can if you wish; 37 percent of patients we surveyed preferred to trust their doctor's judgment on treatment decisions). Most doctors said that it was "somewhat" or "very" helpful for patients to ask them questions and occasionally question their recommendations; a mere 4 percent thought those strategies were downright unhelpful.

### Please take your medicine

Noncompliance with advice or treatment recommendations was the top complaint doctors had about their patients. Most of the doctors we surveyed said it affected their ability to provide optimal care: 37 percent said it did so "a lot."

But compliance these days can be a lot more complicated than just remembering to take a pill, patient advocate Gruman

## Finding Dr. Right

Elsewhere in this issue you'll find CONSUMER REPORTS' popular Ratings of several automobiles. But you won't find such detailed quality data on individual doctors here, or anywhere else, because we don't think anyone has figured out how to accurately measure the quality of care that they deliver. Yet 31 percent of the patients we polled wished that they had more information before choosing a doctor.

Sure, you can find your way to websites with basic information such as a doctor's medical school and board certification, and whether the practice is accepting new patients. But none of that information has much to do with a doctor's quality, according to a study published in the Sept. 13, 2010, issue of *Archives of Internal Medicine*.

The health-reform law called for a public website, Physician Compare ([www.medicare.gov/find-a-doctor](http://www.medicare.gov/find-a-doctor)), that will include information on

physician quality, including patient outcomes, continuity, and coordination of care, efficiency, and safety. But the full site won't make its appearance until around 2015 at the earliest.

Until then, use these tried-and-true strategies to find a doctor:

**Ask people.** Doctors we surveyed ranked getting a recommendation from family or friends as the most valuable method for choosing a physician. Next came referrals from other doctors.

**Ask questions.** The more that patients we surveyed knew about their doctors, the more satisfied they were. That held true for factual information, such as hospital affiliation and office hours, and especially for more qualitative information such as the doctor's personality and professional style.

**Audition the doctor.** Use your first appointment as an audition. If you have a specific health condition, ask how much

experience that doctor has with it. And be open about other concerns you have.

"It's a little bit like dating," said Jessie Gruman, Ph.D., a patient advocate. "You really want this person to be responsive to a range of things, not just one aspect of your health."

**Break up if it isn't working.** "Your doctor is a service provider," Gruman said. "You wouldn't have a plumber back who was disrespectful to you or left a mess."

Reasons to dump your doctor might include a bad bedside manner, inability to communicate openly with you, an appointment calendar that's always full or disorganized, an unhelpful staff, or a perpetually backed-up waiting room.

Talk to your doctor about your concerns, and if nothing changes, consider finding another physician. Don't forget to have your medical records transferred.

said. Hospitals are sending patients home with long lists of self-care chores. Drug and lifestyle regimens allow those with chronic conditions to live longer, healthier lives but can be difficult to manage or, in some cases, for patients to afford.

Compliance doesn't necessarily mean following your doctor's instructions slavishly, said Ronald Epstein, M.D., director of the Center for Communication and Disparities Research at the University of Rochester Medical Center in New York. Some patients don't follow treatment programs because they're disorganized, he said, but others might fail to comply because they've experienced serious side effects, don't fully understand what they're supposed to do, or found the treatment wasn't working. "Doctors need to make it safe for patients to bring those things up," he said.

Feel free to discuss, even debate, your doctor's treatment plan while you're still in the office. Then do your best to comply. If you're having side effects, are unsure whether you're following instructions properly, or experience new or recurrent symptoms, tell your doctor immediately.

### Pain is tough to treat

Doctors were harder on themselves than patients were when it came to judging their ability to minimize the pain, discomfort, or disability caused by a condition. Only 37 percent of physicians thought they were "very" effective, though 60 percent more thought they were "somewhat" effective. But 79 percent of patients said their doctor helped to minimize their pain or discomfort.

Perhaps that's because patients were thinking only of their own conditions, whereas doctors were thinking of their overall effectiveness with all of their patients, including those with chronic conditions that are difficult to diagnose and treat, such as fibromyalgia, immune disorders, headaches, neck and back pain, and depression and anxiety. Our survey found that patients with those conditions were significantly more likely to complain about ineffective treatments. Just 53 percent said their doctor helped to minimize their pain or discomfort, and only 31 percent were highly satisfied with their doctor overall.

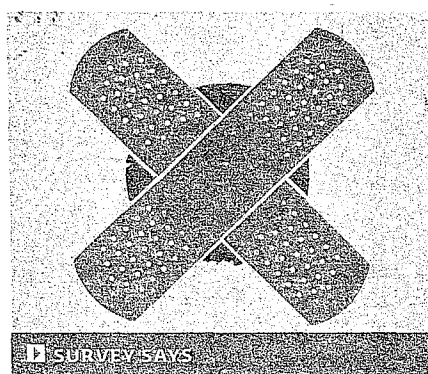
"For patients with chronic conditions, medical science can't necessarily take away all of their suffering," Epstein said. "If you have a chronic condition, the important thing is to find a doctor who lis-

tens and involves you in decision making," and maybe even helps you sort through alternative treatments.

Our survey confirms that advice. Patients who gave their doctors high marks for prescribing effective treatments also rated their doctors more favorably for improving their understanding of the condition; their ability to recognize symptoms requiring immediate attention; and minimizing pain, discomfort, and disability caused by a condition. Patients were much more satisfied if they trusted and had good personal rapport with their doctor.

### It helps to keep track yourself

Slowly but surely, primary-care doctors are switching over to electronic medical records. Thirty-seven percent told us they



79%

Patients who said doctors were able to minimize their discomfort and pain caused by a condition.

37%

Doctors who said they were very effective at alleviating pain and discomfort.

keep their records electronically only, compared with just 24 percent who did so in 2007, during our last survey.

But they want you to know that it still pays to keep track of your medical history yourself. Eighty-nine percent said that keeping an informal log of treatments, drugs, changes in condition, notes from previous doctor visits, and tests and procedures could be helpful. But only 33 percent of patients routinely did so. Likewise, 80 percent of doctors thought taking a friend or relative to your office visit could be beneficial, but only 28 percent of patients reported doing so.

"When we're sick our judgment is not

as good as it usually is," Gruman said. "We don't remember as well as we usually do." Taking notes, making sure you understand the doctor's instructions, and taking somebody with you to pay attention can compensate, she said.

### Research online, but carefully

The patients we surveyed were enthusiastic online researchers; 61 percent reported that they had read about their condition on the Internet. Doctors are not convinced that online research is helpful, to put it mildly. Almost half of physicians we surveyed said online research helps very little or not at all, and just 8 percent thought it was very helpful.

Epstein said those findings don't mean you should close your browser, just that you should be a smart online researcher. "People have motivations for posting things on the Web, and some of those motivations may not be helpful," he said. For instance, be wary of links that advertisers paid for or product sites designed to guide you to a specific treatment.

Instead of starting by entering the name of your condition in a search-engine box, try going directly to a few reliable sites. Our health site, [ConsumerReportsHealth.org](http://ConsumerReportsHealth.org), reviews impartial evidence and takes no advertising (but some of its content is available only to paying subscribers). Government sites are also a good place to start. Try these:

- Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)) for information on infectious disease, travel health, and preventive care.
- Food and Drug Administration ([www.fda.gov](http://www.fda.gov)) for drug information.
- MedlinePlus ([www.medlineplus.gov](http://www.medlineplus.gov)) for information about conditions and diseases.
- National Cancer Institute ([www.cancer.gov](http://www.cancer.gov)) for cancer information.

We also recommend high-quality academic treatment-center sites, such as those of the Mayo Clinic ([www.mayoclinic.com](http://www.mayoclinic.com)) and the Cleveland Clinic ([www.clevelandclinic.org](http://www.clevelandclinic.org)).

If you find information online that you want to discuss with your doctor, print out only the relevant parts.

### Doctors are pressed for time

Physicians said the sheer volume of insurance paperwork was No. 1 on the list of things that interfere with their ability to provide optimal care. Next was financial pressures that may force the majority of primary-care providers in our survey to

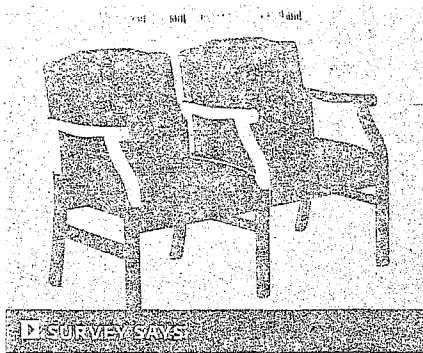
work more than 50 hours a week seeing more than 100 patients.

But that doesn't mean you should settle for hasty care. Patients who perceived that their doctors cut corners were likely to be less satisfied. They were more likely to report that their doctor was too quick to dismiss complaints or symptoms and were more uncertain about what to do after an office visit.

To get the most out of your time, plan ahead. Jot down a list of questions or concerns you'd like to address during your appointment, and prioritize them so you get to the most important ones first. If you don't have time to discuss everything, ask whether you can follow up by e-mail (that is, if you can; only 9 percent of patients said they e-mailed their doctor directly in the previous year).

The doctors we surveyed are clearly chafing against health-plan rules and restrictions. Most said such red tape interfered with the care they provided, and 42 percent said it did so "a lot."

You can't do much as an individual about burdensome health-plan rules, but you can avoid unwelcome surprises by reading through and understanding your health coverage. (Ask your human-resources department for help if you need it.) For instance, inquire about your plan's formulary, a preferred list of drugs for which it charges a lower co-pay. Understand what services your deductible applies to, and find out what rules, if any, apply if you need to see a specialist.



**28%**

**Patients who said they brought a relative or friend to their office visit.**

**80%**

**Doctors who said bringing someone else to the office visit was very or somewhat useful.**

### They talk to drug salespeople

The medical profession has not always been the most transparent. The American Medical Association, for example, has fought to keep the Medicare payment records of individual doctors confidential. Here are a couple of things that primary-care doctors might not want to tell you:

- They talk to drug companies more than you might realize. The majority of doctors we surveyed said that pharmaceutical company representatives contacted them more than 10 times a month. Thirty-six percent were contacted more than 20 times a month. On average doctors said they spend a few hours a week dealing with pharmaceutical salespeople.

Our patient survey suggests that's a possible point of friction. Patients were less satisfied when they thought their doctors relied too much on prescription drugs and were unwilling to consider non-traditional or nondrug treatments. More than one-quarter of patients indicated some level of discomfort with their doctors' inclination to prescribe drugs. If you are concerned about your doctor's relationship with pharmaceutical companies, don't hesitate to bring up the subject at your next visit.

- Doctors are dubious about patients' need to know about malpractice claims or professional disciplinary actions. Forty-seven percent said information about whether the physician has been involved in a malpractice lawsuit was "of little value." Only 17 percent said that information about disciplinary actions by medical licensing boards was "very valuable."

It's true that a malpractice suit can befall any doctor and that disciplinary actions from medical boards don't necessarily represent the doctor's overall skill. Still, disciplinary actions levied by medical boards can be for serious offenses, such as substance abuse or criminal behavior, that could affect your care. You might be able to look up your doctor's record online, though the information that's available differs by state. Find your state's medical board at the Federation of State Medical Boards website, at [www.fsmb.org](http://www.fsmb.org), or try your state health department.

## Home sweet medical home

If you haven't already heard the term "patient-centered medical home," chances are you will soon.

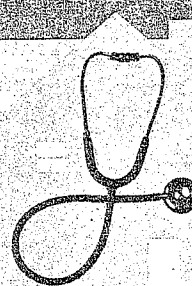
"Our health system has become so fragmented that patients don't know where to go for help and how to get it," said Ronald Epstein, M.D., professor and director of the Center for Communication and Disparities Research at the University of Rochester Medical Center in New York. The medical home, he said, is designed to "give patients someone who knows them as a person, guide them through the system, and make sure their needs are placed front and center."

In a medical home, the doctor becomes an advocate for the patient, "not a gatekeeper that restricts access to services," said Kevin Grumbach, M.D., chair of the department of family and community medicine at the University of California at San Francisco.

By keeping patients with chronic conditions healthier and out of hospitals and emergency rooms, and reducing wasteful and duplicative services (such as multiple tests when only one is needed), Grumbach said, medical home practices "are also showing lower costs."

The new health-reform law includes incentives to create medical homes. Several states are already paying doctors extra to oversee the health needs of Medicaid recipients, and in some cases private insurers are participating in the experiments. Medicare is set to launch its own pilot program in coming years.

"Official" medical homes are still few and far between, but any practice can be more patient-centered. Here are some



consumer-friendly features to look for:

- Can you get an urgent appointment within 24 hours?
- Can you reach somebody in the practice by phone at night or on weekends?
- Can you get your test results quickly via e-mail

or telephone, or online?

- If you have a chronic condition, is there a system for tracking how you're doing?
- Does the practice include non-M.D. staff members such as nutritionists or nurse-practitioners to help you manage your medications or chronic condition?
- Does your primary-care doctor keep track of your treatment by specialists?

# Best Buy drugs

Many common generics beat brand names

**T**HEY'VE BECOME household names: Celebrex, Lipitor, Pristiq, Toviaz. You've probably seen the ads on television, and strained to hear long and frightening lists of warnings about side effects.

Drugmakers shell out billions of dollars each year to target consumers with those ads (\$4.3 billion in 2009) and even more for promotions aimed at doctors (\$6.6 billion in 2009), according to IMS Health, an industry group that monitors drug sales and marketing.

The trouble is that the ads work. Our research shows about one of every five people who take a prescription medication said they've asked their doctor to prescribe a drug they've seen advertised; of those, 59 percent said the doctors complied, according to a survey in May 2010 by the Consumer Reports National Research Center. But what the ads won't tell you is that

those newer drugs are often no safer or more effective than older medications that cost a fraction of the price.

## A look at the evidence

That's where Consumer Reports Best Buy Drugs comes in. We don't test drugs the way we test cars or refrigerators; we use research from experts at the Drug Effectiveness Review Project, based at Oregon Health & Science University. The DERP analyzes hundreds of studies on a given class of drugs to treat a condition. Prices of brand-name drugs are provided by Wolters Kluwer Pharma Solutions.

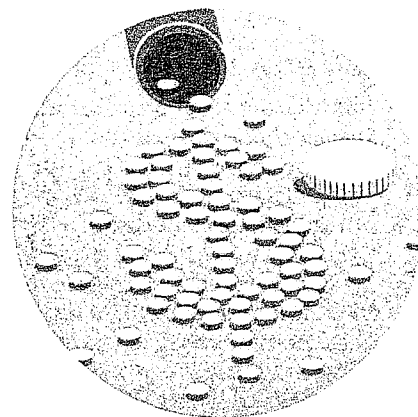
CR Best Buy Drugs and the DERP are part of a movement called evidence-based medicine. The goal is to help doctors and patients base treatment decisions on independent and unbiased scientific evidence, not on a pitch from a drug sales rep.

Our free reports, available at [www.](http://www.ConsumerReportsHealth.org/BestBuyDrugs)

[ConsumerReportsHealth.org/BestBuyDrugs](http://www.ConsumerReportsHealth.org/BestBuyDrugs), cover 25 classes of drugs for more than 35 conditions, including allergies, diabetes, high blood pressure, high cholesterol, and muscle pain. The good news: The CR Best Buy picks for most of those chronic conditions could save you hundreds to thousands of dollars a year.

To earn a Best Buy designation, a drug must be at least as effective and safe as other medications in its class and less expensive. But if an analysis of studies shows that a brand-name drug is notably safer or works better than a lower-cost medicine, it will be deemed a CR Best Buy, regardless of its price.

Here's even better news: Many of the



## The best deal around: \$4 generics

Many consumers have yet to take advantage of the low prices for prescription drugs offered by many retailers. For example, some American consumers still pay an average of \$50 a month for the generic drug pravastatin to lower cholesterol. But you can buy a 30-day supply for \$4 at Target or Walmart and pay even less per dose for a 90-day supply.

Retailers such as Kmart, Target, Walgreens, and Walmart, and national grocers such as Kroger have been steadily expanding their discount-drug programs. To offer such low prices, retailers often purchase the medications in bulk.

Before you enroll, check the fine print. Also:

- Make sure you're covered. Many discount-drug programs don't include high dosages, and the list of drugs can be limited.
- Ask about restrictions. Some programs are offered only to people without insurance or are for medications that are not covered by insurance. And some are not available in certain states or their prices might be higher.
- Note that some programs carry an enrollment fee, which might make them less of a bargain.
- Check with your independent pharmacy. Some will match those deals when possible.
- Review the discount lists frequently. More generics are likely to be added to the lists as many major drugs, such as Lipitor and Plavix, become available as generics over the next 36 months.

## Select discount-drug programs

### ► Costco Member Prescription Program

**Price** Varies by location.  
**Fee** Free for Costco members (\$50 annual).  
**Note** Only for drugs not covered by insurance.

### ► CVS/Pharmacy Health Savings Pass

**Price** 90-day, \$11.99.  
**Fee** \$15 a year.  
**Note** Open to all.

### ► Kmart Prescription Savings Club

**Price** 30-day, \$5; 90-day, \$15.  
**Fee** \$10 a year.  
**Note** Open to all. Up to 35 percent discount on all generics; 20 percent on brand-name drugs. Second, free program

offers \$5, \$10, \$15, and \$25 medications.

### ► Kroger \$4/\$10 Generic

**Price** 30-day, \$4; 90-day, \$10.  
**Fee** Free.  
**Note** Open to all.

### ► Rite Aid Rx Savings Program

**Price** 30-day, \$8.99; 90-day, \$15.99.  
**Fee** Free.  
**Note** Not valid with Medicare, Medicaid, or Tricare. Up to 20 percent discount on generics, 15 percent on brand-name drugs.

### ► Target \$4 Generic Drug Program

**Price** 30-day, \$4; 90-day, \$10.  
**Fee** Free.  
**Note** Open to all.

### ► Walgreens Prescription Savings Club

**Price** 90-day, \$12.  
**Fee** Individuals, \$20 a year; family, \$35 a year.  
**Note** Not valid with Medicare, Medicaid, or Tricare.

### ► Walmart and Sam's Club \$4 Prescription Program

**Price** 30-day, \$4; 90-day, \$10.  
**Fee** Free; no membership needed for Sam's Club.  
**Note** Open to all.

CR Best Buys cited in this article cost just \$4 for a 30-day supply (or \$10 for a 90-day supply) at Kroger, Target, and Walmart.

## Don't fear generic drugs

Most of the CR Best Buy picks are generics. That might give you pause. Our own surveys from 2009 and 2010 found that more than 40 percent of people said they had concerns about generic drugs, fearing that they weren't as safe or as effective as brand-name medications, had different side effects, or came under different federal standards.


To get approval from the Food and Drug Administration, a generic-drug maker must prove that its product contains the identical active ingredient as its brand-name counterpart and that the drug is "bioequivalent," meaning that as much active ingredient enters and leaves the bloodstream as fast or as slowly. Generics that meet those criteria should have the same therapeutic effect as brand-name drugs.

The FDA regulates generics just as it does brand-name drugs and monitors them once they're on the market. To date, the FDA has found no difference in the rate of adverse reactions between generic and brand-name drugs.

"Seventy percent of all prescriptions are for generic drugs," says John Santa, M.D., M.P.H., director of the Consumer Reports Health Ratings Center. "Generics look different from brands because of trademark issues, but they're equivalent in efficacy and safety and can save up to 80 percent off the retail price."

## High cholesterol

**Not all cholesterol-lowering statins are the same. Inexpensive generics are the best option unless you have had a heart attack or have another heart problem.**

Brand name or top-selling drug	CR Best Buy Drug	Monthly savings
<b>Lipitor</b> One 10-mg pill per day <b>\$112/month</b>	 <b>Lovastatin</b> (generic) One 20-mg pill per day <b>\$4/month</b>	<b>\$108</b>

The fear of high cholesterol can make it difficult to even look at dessert or other cholesterol-laden treats without worrying about clogged arteries, a heart attack, or other problems brought on by high levels of LDL (bad) cholesterol. A healthful diet and exercise can help, but some people might also need a medication called a statin.

If you have to lower your cholesterol by more than 30 percent, you should choose a more potent statin, such as simvastatin (Zocor and generic). If you have diabetes or heart disease or have suffered a heart attack, that could also affect your decision. For some statins there is stronger evidence that they reduce the risk of a heart attack, a stroke, or death for those people.

Statin costs can range from a few dollars per month to a couple hundred. Because many people stay on them for years, cost is important. If you experience muscle aches, pain, or fatigue when taking a statin, contact your doctor.

### CR Best Buys

- Generic lovastatin or pravastatin. To lower LDL cholesterol by less than 30 percent.
- Generic simvastatin. To lower LDL cholesterol by 30 percent or more for those



**LIPITOR** There are better options for some people; discuss with your doctor.

who have heart disease or diabetes; or for those whose LDL is not highly elevated but who have had a heart attack or have acute coronary syndrome.


- Atorvastatin (Lipitor). For those who've had a heart attack or have acute coronary syndrome and highly elevated LDL.

### Less impressive

- Pitavastatin (Livalo). It was approved in 2010, so its track record isn't as long as other statins.
- Fluvastatin (Lescol, Lescol XL); rosuvastatin (Crestor). They're available only as expensive brand-name drugs and do not offer advantages over the Best Buys.

## Diabetes

**Older drugs work just as well as newer drugs and are safer in some cases. They could also save you a lot of money.**

Brand name or top-selling drug	CR Best Buy Drug	Monthly savings
<b>Actos</b> One 30-mg pill per day <b>\$280/month</b>	 <b>Metformin</b> (generic) One 500-mg pill three times per day <b>\$4/month</b>	<b>\$276</b>

If you're one of the 24 million people in the U.S. with type 2 diabetes, exercise, a healthful diet, and weight loss (if needed) are essential to help keep your blood-sugar levels in check. If medication is required, three older, inexpensive drugs are your best first options. They're just as effective as newer, high-priced medications and in some cases are better and safer.

The best first option is generic metformin.

If that doesn't drop your blood-sugar levels enough, you might need to add glimepiride or glipizide. (If you also have heart failure or kidney disease, your doctor might start with one of those drugs instead.)

If the older drugs still don't do the trick, a newer medication called Actos (pioglitazone) might make sense. But it can be expensive. It's also linked to a higher risk of heart failure, so we advise that you consider it only if other

medications have not been effective or if you can't tolerate them.

### CR Best Buys


- Metformin
  - Glimepiride
  - Glipizide and Glipizide Sustained Release
- They are available as low-cost generics.

### Less impressive

- Rosiglitazone (Avandia). Linked to a higher risk of heart attack and stroke. Last year, the FDA restricted use of this drug to people for whom other drugs were ineffective.
- Pioglitazone (Actos). Linked to higher risk of heart failure. Only consider if other treatments have not worked.
- Sitagliptin (Januvia). Expensive brand-name drug that's no more effective than metformin and might induce hypoglycemia (low blood sugar) when used with other drugs.

## Heartburn

Make sure you really need a prescription medication; many people don't. If you do, pick the least expensive option because no one drug is clearly better than another.

Brand-name or top-selling drug	CR Best Buy Drug	Monthly Savings
Nexium One 20-mg pill per day <b>\$203/month</b>	 <b>Omeprazole (generic) One 20-mg pill per day \$19/month</b>	<b>\$184</b>

When heartburn flares up, many people turn too quickly to powerful drugs called proton pump inhibitors when lifestyle changes or antacids might do the trick. Studies show that up to 69 percent of people who are prescribed a PPI don't actually need it. Not only can that be a waste of money, but it can also expose you to potentially serious side effects, including an increased risk of pneumonia and hip and other bone fractures.

For relief of mild or infrequent heartburn, cut back on alcohol and caffeine, quit smoking, eat smaller meals, don't lie down for 2 hours after eating, and lose weight (if needed). If those changes don't bring relief, try an inexpensive over-the-counter antacid, such as Maalox, Mylanta, Rolaids, Tums, or their generic equivalents, or other drugs called H2 blockers, such as Pepcid AC, Zantac 150, or

their generic equivalents.

If heartburn strikes twice a week or more for several weeks, see a physician. You might have a serious condition called GERD (gastroesophageal reflux disease), and you might need a PPI.

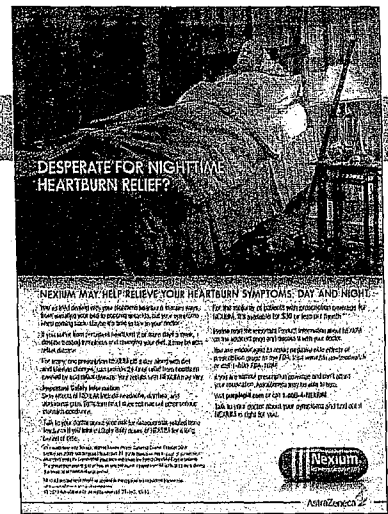
### CR Best Buys

- Generic omeprazole
- Prevacid 24HR
- Prilosec OTC

All are available without a prescription for \$19 to \$24 for a month's supply and work as well as the more expensive medications.

### Less impressive

- Dexilant (dexlansoprazole). It was approved in 2009, so it has a limited track record. We recommend waiting until more is known about its effectiveness and safety.




NEXIUM Generics work as well as the purple pill for most people with heartburn.

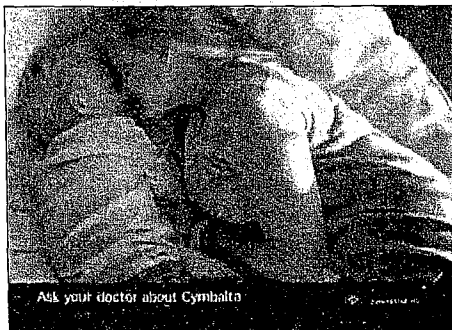
- Zegerid OTC (omeprazole/sodium bicarbonate). It costs about the same as the other over-the-counter PPIs, but it has not been well established how the bicarbonate ingredient affects it, so skip it for now.
- Nexium (esomeprazole), Prilosec (omeprazole), Prevacid (lansoprazole), AcipHex (rabeprazole). These branded prescription medications are much more expensive and not much more effective than generics in this class. AcipHex and Nexium are not available as generics.

## Depression

Antidepressants can help some people, but they aren't always necessary. If you need one, the five inexpensive generics we recommend are good first options.

Brand-name or top-selling drug	CR Best Buy Drug	Monthly Savings
Cymbalta One 60-mg pill per day <b>\$181/month</b>	 <b>Fluoxetine (generic) One 20-mg pill per day \$4/month</b>	<b>\$177</b>

An estimated 14 percent of Americans will experience a serious bout of depression during their lifetime. Contrary to most ads that suggest medication is the only answer, the first step is to see your doctor and then a therapist. Talk therapy might be all you



CYMBALTA Effective but expensive. Try an equally effective generic first.

need to feel better. (It worked for our readers: According to our 2009 Annual Questionnaire, those who had at least seven counseling sessions reported just as much relief as those who only took medication. Those who did both fared even better.)

If an antidepressant is recommended, our Best Buy Drugs analysis finds that all are equally effective at relieving depression, so your choice might come down to safety, cost, and whether you have other medical conditions.

Our five CR Best Buy picks are inexpensive generic drugs with well-established safety profiles that will save you big bucks over brand-name drugs. Some are more likely to cause certain side effects than others, so make sure your doctor is aware of the side effects you especially want to avoid.

For example, paroxetine is associated with

a higher risk of sexual problems; sertraline is associated with a higher rate of diarrhea. People respond differently to those medications, so you might have to try several before you find one that works. And even then, up to 40 percent of people who try antidepressants will not experience any relief.

But if you already take an antidepressant and it is working well for you, we do not recommend switching to another one.

### CR Best Buys

- Generic bupropion
- Generic citalopram
- Generic fluoxetine
- Generic paroxetine
- Generic sertraline

These medicines are substantially less expensive than brand-name antidepressants and are equally effective. They are good options to try first.


### Less impressive

- Desvenlafaxine (Pristiq). Available only since 2008, it does not have the long track record of other antidepressants.
- Duloxetine (Cymbalta)
- Venlafaxine (Effexor)

They are all expensive, brand-name drugs that are no more effective than the generic Best Buys.

## Pain

For moderate pain, generic drugs such as ibuprofen and naproxen are your best bets. They could save you a bundle over some name-brand prescription options.

Brand name or top-selling drug	CR Best Buy Drug	Monthly savings
<b>Celebrex</b> One 200-mg pill per day <b>\$139/month</b>	 <b>ibuprofen</b> (generic) One 400-mg pill three times per day <b>\$4/month</b>	<b>\$135</b>

When muscle aches, headaches, and other moderate pain strikes, the best remedy might already be in your medicine cabinet. Common over-the-counter painkillers, such as ibuprofen (Advil, Motrin IB, and generic) and naproxen (Aleve and generic), are just as effective as prescription drugs in this class but cost much less.

But those medications—known as nonsteroidal anti-inflammatory drugs (NSAIDs)—can carry serious risks and aren't for everyone. Prolonged use, especially at high doses, can lead to a heart attack or stroke. NSAIDs can also be tough on your body, causing stomach ulcers and gastrointestinal bleeding.

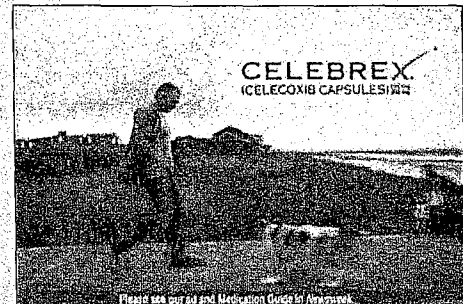
If you have had an ulcer or intestinal bleeding, acetaminophen (Tylenol and

generic) is a good first choice for pain relief. Acetaminophen is not an NSAID. It is less likely to cause bleeding, but be careful: High doses can damage the liver and lead to liver failure; even taking just a little more than the recommended daily dosage can be toxic.

Acetaminophen or aspirin are good options to consider for those who have had a heart attack or stroke or who suffer from heart disease or uncontrolled high blood pressure.

For chronic pain sufferers whose only relief is routine use of an over-the-counter NSAID, it's time to see a doctor. He or she can suggest better strategies to manage your pain.

In some cases, such as for patients with osteoarthritis, a prescription-strength NSAID might be necessary.



**CELEBREX** Discuss with your doctor whether the benefits outweigh the risks.

### CR Best Buys

- Ibuprofen
- Naproxen

These inexpensive generics are available over-the-counter or by prescription.


### Less impressive

- Celebrex (celecoxib)

This is an expensive prescription drug that might pose greater risk of heart attack than naproxen.

## Allergies

Newer antihistamines are less likely to cause drowsiness, but they cost more than older drugs. Inexpensive generics are the best option.

Brand name or top-selling drug	CR Best Buy Drug	Monthly savings
<b>Astepro</b> Four 137-mcg sprays twice per day <b>\$72/month</b>	 <b>Loratadine</b> (generic) One 10-mg pill per day <b>\$4/month</b>	<b>\$68</b>

If you suffer from hay fever or other seasonal allergies, you know that when the pollen count goes up, congestion, sneezing, and watery eyes follow. Now there are even more choices for relief. Pharmacy shelves are packed with older antihistamines, such as Benadryl, and newer formulations, such as Claritin. But which ones are best?

Newer antihistamines aren't any more effective at relieving allergy symptoms than older ones, but they are less likely to cause drowsiness. They also have the convenience of once-a-day dosing. But those advantages come with a higher price. Newer medicines, which include loratadine (Claritin and generic) and cetirizine (Zyrtec and generic), run from about \$4 to more than \$100 per month for prescription strength.

Although drowsiness is less of a problem if you opt for one of the newer antihistamines, you'll still have to watch out for that and other side effects, particularly with high doses. And don't ignore a rapid heartbeat or heart



**ASTEPRO** Nasal sprays carry risks, so use with caution if other means don't work.

palpitations. They are rare side effects, but if they occur, see your doctor. If you take allergy medications regularly, also see your doctor. Up to one-third of people with allergy symptoms don't actually have allergies; other conditions, such as a cold or even reactions to certain drugs, can cause the sneezing, congestion, or runny nose typical of allergies.

### CR Best Buys

- Generic loratadine
- Alavert (loratadine)

They are inexpensive medications and are available without a prescription.

### Less impressive

- Azelastine (Astelin, Astepro, and generic), Olopatadine (Patanase). They are nasal sprays that are linked to smell and taste problems and the possibility of birth defects. Women who are pregnant or breast-feeding should avoid them.
- Fexofenadine (Allegra), desloratadine (Clarinex), and levocetirizine (Xyzal). These are all expensive brand-name drugs available by prescription only. Fexofenadine is available as a generic but it is still expensive.

## About CR Best Buy Drugs

For more information on these and other conditions, go to [www.ConsumerReportsHealth.org/BestBuyDrugs](http://www.ConsumerReportsHealth.org/BestBuyDrugs).

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