

## **PILL SPLITTING: A DANGEROUS PRACTICE**

With the cost of medications soaring, many people engage in a practice known as “pill splitting.” Pill splitting is just what it sounds like—splitting a large pill into smaller pieces that contain a smaller dose of the drug. Patients split pills because one large pill often costs less than two or three smaller pills, even if the dosage is the same.

In order to save money, many patients buy the less expensive larger pills and split them in half instead of buying the smaller pill in the correct dosage they need. Doctors and pharmacists, who are sensitive to the cost of drugs, have even been known to recommend pill splitting. Pill splitting is so common that it is even possible to buy a mechanical pill splitter, a small cutter that makes it easier to split pills.

About 10 years ago, an HMO implemented a policy of pill splitting to save the plan money. That HMO was sued by some patients who alleged the practice resulted in uneven and unsafe dosing, but the case was dismissed. Even at that time, the leading medical research showed that out of 256 medications most commonly prescribed nationwide (excluding time-release formulas and those not in tablet form), there were only 11 medications that could be split safely and effectively.

However, a recent study has shown that pill splitting can be downright dangerous. The study was published in the January 2011 issue of the *Journal of Advanced Nursing* and it was conducted by researchers from the Faculty of Pharmaceutical Sciences at Ghent University in Belgium. The Ghent study found that if the patient splits the pill inaccurately, he or she may receive a larger or smaller dose of medicine than intended, depending on which half of the pill is consumed. Even if the patient is able to split the pill accurately, the amount of the drug in each half may vary from pill to pill. The Ghent study shows that these problems mean that dosages in split pills can vary by as much as 25%, a large amount if the drug is one requiring very precise dosing to be effective.

Pill splitting also leads to other, less obvious problems. One problem is that people who buy a higher dosage pill with the intent of splitting it may forget to do so, taking far too much

medicine (this is a particular problem for elderly patients, who may be forgetful). Another concern is that even carefully split pills may crumble. If some of the pill ends up as dust, this reduces the amount of medicine that the patient actually consumes. Finally, some pills are difficult to split, either because they are an unusual shape or because they are harder than average. All of these problems make pill splitting risky.

The study recommends the use of a splitting device (rather than a knife or scissors) when splitting cannot be avoided, for example when the prescribed dose is not commercially available. It also suggests that drug companies should routinely make drugs available at all recommended prescription strengths, or in liquid formulations, especially for those drugs where correct dosages are more critical. Another possibility is for drug companies to charge the same price per milligram of drug no matter what the size of the pill, which would reduce the economic incentive to split pills. Until then, caution suggests that a patient should not split a pill unless it is absolutely necessary.

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*R. Michael Shickich is the founder of the Injury Law Firm located in Casper. The focus of his practice is personal injury and wrongful death cases.*

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