10

April 10, 2002

Members of the committee:

Let me start out by stating that I have suffered with IBS since I was in my early twenties. I am now 55, and that's an awfully long time to have to go through painful intestinal attacks that are unbearable and urgency at inconvenient times.

Over the years I have tried a number of medications that my doctor prescribed to no avail. At the same time my IBS has become worse, sometimes causing incontinence. I reviewed this with my doctor in April of 2000 and he told me about a new medication called Lotronex. I was started on two pills a day. At first I experienced constipation so I stopped taking it and called my doctor. He recommended taking Metamucil and when I was ready to cut the dose in half. I started taking one pill daily and Metamucil twice a day and that did the trick. I was skeptical that this medication would work because none had ever before, but I was willing to try anything. Well, to my surprise, I suddenly was living a normal life. I had forgotten what it was like to go out of my house without fear. I no longer had the embarassment of having to change my clothes at work or running into restrooms and trying to figure out how I could leave. It was a miracle.

Then, in late November, a friend of mine who was also having great success from Lotronex told me it was being removed from the market. I was devastated. I called the FDA, Glaxo Wellcome and went to my congressman's office, which on my behalf wrote a letter to the FDA. I was literally hysterical. I received the information that pharmacies could dispense the Lotronex they had.

I am a medical assistant in a pediatric office. I was so desperate that on my day off I sat with the Yellow Pages and started calling every pharmacy. I had to fax the FDA report to a number of pharmacies to prove that they could fill prescriptions. I called the doctors that I work for to fill them. I spent over $500 and would gladly have spent more if I could find anymore. IBS is extremely life altering and nobody would go to the lengths that I did for an ineffective medication.

I was fortunate enough to find the Lotronex Action Group and although I've received support from some wonderful, insightful and intelligent people, I know everyone in this group would like to stop writing letters and get back to a normal life that they had due to Lotronex.

Everyday I see advertisements for medications with risks that are far greater than Lotronex and yet they are still on the market. IBS has been underestimated as to how it affects ones life.

Obviously the dosage was an issue. Some need the two pills a day while others need less. While I did fine with one pill a day, to conserve, I broke pills in half. I found that a half a pill a day still worked for me. The withdrawal of Lotronex was premature. There are thousands of women and men that found the benefits certainly outweighed the risks. Many of these people have been put in a position, since the withdrawal, to try other more dangerous drugs that are not as effective, including antidepressants, and that's absurd. Nothing works like Lotronex and the FDA has admitted that.

In conclusion, I would like you to know that I have hoarded enough Lotronex that I still continue to take a half a pill a day. To stretch out my time with Lotronex, I skip pills if I can stay home. Not a great way to live, I'm sure you'd agree. I would like to emphasize that after two years on Lotronex, I am healthy and living proof that Lotronex can be used safely and effectively. I'm hoping that it will be back on the market before I run out and put into a position where I have to try other drugs that might be harmful to me. Please, let us not close our eyes to the need for IBS-D patients to be able to have access to Lotronex so they can live normal, productive lives. They need to be able to enjoy their families and friends and are entitled to go on vacations, as I'm sure all of you do. This is not too much to ask for and Lotronex is the answer.

Mrs. Terry Olifiers