

**Table 28. Summary of Metabolife medical records**

<b>RAND Case #</b>	<b>Index Case #</b>	<b>Complaint Case #</b>	<b>MIPER#(s)</b>	<b>Notes</b>
1	1	1	20867 20868	This is a 42-year-old male who took two Metabolife pills for the first time and presented with chest pain, chest-tightness and shortness of breath. He ended up in the emergency department where he was found to have a blood pressure of 140/82 with a pulse of 111. The electrocardiogram showed him to be in atrial fibrillation. A discharge summary is not included among the records received. However, the patient's note to Metabolife said that he was discharged after one day and that his doctors were "convinced" that his heart was "back to normal." Of note is that his laboratory values established that he did not have thyroid disease and did not have any evidence of a myocardial infarction.
2	2	2	20871 20872	This is a 28-year-old female who had shortness of breath, dyspnea and wheezing. She was seen in the emergency department and was said to be having an "anaphylactoid reaction." She was treated with epinephrine, steroids and Benadryl with a complete response.
3	3	3	16287 20873-75 21033 24047 24051	This is a 38-year-old female who was admitted to the hospital with acute pancreatitis. The hospital record notes that she is "quite obese." The record also notes that she had a prior total abdominal hysterectomy with bilateral salpingo-oophorectomy and at that time was found to have ovarian cancer with involvement of the bowel. This resulted in partial colectomy with a diverting colostomy, and subsequently she had a renastomosis. She also had a prior cholecystectomy. It is noted that she did not drink alcohol. Her admission records note an elevated white blood cell count with a value of 14,000 but no elevation in amylase or lipase. A subsequent note states that these laboratory tests did become elevated and then returned to normal. She was discharged after recovery. Actual laboratory values are not included with the records. There is no mention of a measurement of serum triglycerides.
4	4	4	20876-78	This case consists of a handwritten note from the patient and a medical care bill for \$34. The age and gender of the patient are unknown. The complaint is of headache, dizziness and tingling.

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5	5	5	17895 20879 23365	This file consists of a single physician note of a female of unstated age who came in with the complaints of "pain over the joints, gums would bleed, veins seemed to be thrombosing, some itching, easy bruisability and pain in the back over her kidneys." The physical examination was normal, clotting studies were normal, sedimentation rate was seven, chemistry panel was normal. The patient left in good condition.
6	6	6	20880 20883-85	This is a 28-year-old female who presented with 2 weeks of stomach pain, mostly after eating food, along with explosive diarrhea. Her laboratory work-up was essentially normal with a normal white blood cell count, liver enzymes and amylase. She was diagnosed as having "acute gastritis." She had both upper and lower endoscopy that did not reveal a clear diagnosis. Stool for ova and parasites was negative. Stool was positive for occult blood. Stool culture was negative, abdominal series was negative.
7	7	7	15998 20886	This is a 53-year-old female who presented with emesis and diarrhea after eating a hamburger at a fast food restaurant. Her examination was essentially unremarkable. The diagnostic impression was acute gastroenteritis. She was treated with antibiotics and Kaopectate.
8	8	8	16166 20887 24083-84	This is a 61-year-old female with a history of asthma who presented with headaches. She was found to have a potassium of 3.3 and a sodium of 118. It was noted that she drinks eight glasses of water a day. The diagnosis given was headache, possibly due to low sodium, and a viral upper respiratory tract infection.
9	9	9	20888-89	This is a 53-year-old female who was seen for increased intraocular pressure. She was under the care of an ophthalmologist for what she called the "iridocorneoendothelial syndrome." It was treated by her ophthalmologist.
10	10	10	20890	This is a female of unstated age who presented with a headache. The records note that she had migraines eight years ago. She had photophobia and emesis. Her blood pressure was 153/73. She was treated with Imitrex with mild relief and she also received Demerol and Phenergan.

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11	11	11	No MIPER located	This is a male of unstated age who presented with abdominal indigestion without vomiting. The records note the patient had a prior vagotomy and pyloroplasty with gastroenterostomy. He received an ultrasound, CT scan and endoscopy. There was no indication of his treatment or response. In addition, there is no mention of taking Metabolife anywhere in the medical records.
12	12	13	16995 20892 25503	This is a 53-year-old female. The complaint that is listed is hyponatremia. However there is no medical record documentation of this. All that is included is a single copy of lab tests showing normal thyroid function and normal complete blood count. Whether these data apply to this patient is unclear, as the patient age on the lab slip is listed as 33. A doctor's note in the MIPER file states she required hospitalization.
13	13	14	15996 20893-95 23828 21035-37	This is a 61-year-old female who presented with supraventricular tachycardia which required cardioversion and subsequent treatment with atenolol. This is documented in a note, possibly from her doctor, however there are no medical records included with this case.
14	n/a	12	n/a	This is a 60-year-old female who presented with palpitations and was found to be in atrial flutter. According to the discharge summary, she was electrically cardioverted and then given Digoxin and Cardizem. Subsequent clinic notes showed her to continue to be in sinus rhythm. There is no indication or records that other diagnostic studies were done.
15	14	15	16642 20897-99 21034 23859	This is a 21-year-old female. The complaint is a rash. The only documentation provided is the bill of an emergency department visit. There are no medical records.
16	15	n/a	17569 20900-01	This is a 49-year-old female, noted to weigh 160 lbs., who presented with chest pain and had an overnight hospitalization to evaluate myocardial infarction. CPK was elevated but the MB fractions were negative. The patient was discharged with the diagnosis of chest wall pain.
n/a	16	n/a	15351 23010	No medical record received

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17	17	16	17605 20904	This is a 36-year-old female who claims to be “only 20 lbs. overweight” who stated that she had elevations in blood pressure, now requiring treatment with Maxzide. However there are no medical records accompanying this complaint, only a copy of bills.
n/a	n/a	17	n/a	(Listing of Key Complaints states chest pain, shortness of breath)
n/a	n/a	18	n/a	(Listing of Key Complaints states elevated blood pressure/ racing pulse)
18	18	19 (?) (Listing of Key Complaints states Fainting)	16199	This is a 73-year-old female who was evaluated for near syncope that occurred while eating in a restaurant. In the emergency department, blood pressure was noted to be 132/37 with a pulse of 64 and glucose was 90. The discharge diagnosis was “syncope related to hypoglycemia vs. Metabolife vs. vasovagal episode.” Exercise treadmill test performed later was normal but there was a submaximal heart rate achieved. Carotid ultrasound was normal. Many additional notes cover healthcare judged to be irrelevant to the use of ephedra, including a podiatry consult, breast biopsies, pap smear and an endometrial biopsy.
19	19	20	No MIPER located	This is a 24-year-old female who presented with blood in the urine for one day. The records consist of a urine culture which was negative, a urinalysis which showed 2+ blood and a hemoglobin and hematocrit of 18 and 50, respectively.
20	20	21	20905-06 25529	This is a 47-year-old male who presented in atrial fibrillation, was shown not to have had a myocardial infarction, and who had an echo and exercise treadmill test that were both normal. There was no evidence of thyroid disease. The patient converted to sinus rhythm with medication and was then treated with Digoxin. A followup doctor’s note stated that the patient was in sinus rhythm and implied that he was off Digoxin.
21	21	22	17028 20907-08 24154	This is a 31-year-old female who is noted to weigh 261 lbs. She presented with heart palpitations, shortness of breath and heart “flutter.” She had a history of hypertension with pregnancy. A consultant’s note reported T-wave inversions in V1 and V3 with an elevated CPK but the MB fraction was normal and the Troponin test was negative. It is unclear exactly what happened, but this apparently resolved.

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22	22	23	17277 20914-15	This is a 36-year-old female who presented with nausea, dizziness and vomiting, headache and abdominal pain. Blood pressure was noted to be 134/87 and the pulse was 85. Abdominal ultrasound was normal, pregnancy test was normal. Urinalysis showed moderate ketones. The discharge diagnosis was "abdominal pain of uncertain etiology."
n/a	23	n/a	22408 20916-17	No medical record received
n/a	n/a	24	n/a	(Listing of Key Complaints states difficulty breathing/ anxiety)
23	24	25	20918-21 21032	This is a 38-year-old female who made three visits to the emergency room over four days for epigastric and chest pain, initially being diagnosed as having esophageal reflux, then gastritis and then finally being recognized as having coronary artery disease with an 80% left anterior descending stenosis. This was treated with a coronary stent. Her cardiologist notes that she had a "very positive family history" of coronary artery disease and that her mother had an "early heart attack." There was no indication in the record that a cholesterol test was done.
24	25	26	20950 20953-54 20958-59 20961	This file contains no medical records, only medical bills documenting prescriptions for hydrochlorothiazide and phenazopyridine, along with a urinalysis. The MIPER file indicates the patient said she was diagnosed with hemorrhagic cystitis, and later hypertension.
25	26	27	20962-66 21006-07	There are no medical records in this file, only bills. On one of the bills is written "drug reaction."
26	27	28	18445	This is a 39-year-old female. The complaint is an allergic reaction. There are no medical records in this file, only bills.
n/a	28	n/a	16521 17536	No medical record received
27	29	29	20967-68	This is a 40-year-old female who developed transient elevations of liver enzymes with an ALT of 125. Albumin and bilirubin were normal. Multiple tests for possible etiologies of this were performed, all of which were negative. Metabolife was discontinued and the liver function abnormalities drifted down to normal over time; the last note said that she had recovered totally.

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28	30	30	20969 20971-75 20977-78	There are no medical records in this file. The only thing that is listed is a complaint from the patient about a heart rate being 188 and the blood pressure being high, that the patient was treated in the emergency room and that there were "blood tests to assess heart damage." The MIPER includes a long letter from the patient that relates much the same thing.
n/a	32	n/a	No MIPER located	No medical record received
n/a	33	n/a	No MIPER located	No medical record received
n/a	n/a	32	n/a	Listing of Key Complaints states nothing identified- just a bill
n/a	n/a	33	n/a	Listing of Key Complaints states nothing identified- list of medications
29	35	35	16376 21030	This is a 54-year-old male with chest pain and a headache who also complained of high blood pressure and lightheadedness. There are minimal records associated with this report of August 11, 1999, other than that the patient was diagnosed with accelerated hypertension. Of note, however, is that there are numerous clinic visit notes dating back to 1997, documenting that the patient had a history of hypertension, diabetes and hyperlipidemia, with a blood pressure on one occasion 154/92. It is noted that this was taken with a large cuff. In addition, there are clinic visits with chest pain as far back as 1997.
30	34	34	21027 21029	This is a male of unstated age, possibly 40 years old, who wrote a note saying that he had stomach problems, kidney stones, colon problems and anxiety problems. There are no medical records associated with this file, only bills.
31	31	31	21000-01	There are no medical records with this file, only some discharge instructions that say that the diagnosis was "acute nausea." The MIPER file states the patient is a 37-year-old female and that "hypoglycemia was likely."

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32	36	36	20979 24840 25498 25501	This is a 50-year-old female who had a witnessed grand mal seizure while driving. Later that day, after undergoing a CT scan in the emergency room, she had a 2 <sup>nd</sup> witnessed seizure and, according to an attorney's letter, she then had a 3 <sup>rd</sup> seizure at some point. An evaluation included a CT of the brain, which was normal, and an electroencephalogram, which was also normal. She had no history of alcoholism. Serum sodium was normal and glucose was normal. Pulse oximetry was 99%. Toxicology screen was positive for amphetamines. There was no prior history of seizure disorder or neurologic disease.
33	37	37	19473 23970	This is a 21-year-old female who is noted to weigh 200 pounds and on whom the MIPER file will say shortness of breath and tachycardia. There are minimal records associated with this, only a discharge diagnosis of hyperventilation, with a notation saying that a friend died two days ago. There is a listing of medications and, by implication, these are being taken by the patient. These are Darvocet (which may have been discontinued), Flexeril, Reglan, Cytotec, Dicyclomine, Viokase, Sudafed, Lopid, Citracel, Pariodel, Benadryl, DDVAP, Zantac, Trilisat, Carafate. Of note, the MIPER may also say the complaint includes aphasia, paralysis, and shortness of breath.
34	n/a	39	n/a	There are no medical records in this file, only a bill.
35	40	n/a	19350	This is a 39-year-old female who had the complaint of abdominal pain. The medical records submitted with this consist of a clinic note which says that the patient has "classic gastrointestinal illness" with mild nausea and no diarrhea, progressing to diarrhea with no vomiting.
36	38	38	20864-66	This is a 29-year-old female who had a witnessed tonic clonic seizure. There is no history of alcoholism. The grandmother had a history of seizures but was also noted to be an alcoholic. Blood pressure was normal at 120/80. Brain MRI was normal. EEG was normal. Toxicology screen by report had "large amount ephedrine and pseudoephedrines."
n/a	39	n/a	24495	No medical record received
n/a	n/a	40	n/a	(Listing of Key Complaints states lower back pain/GI)
37	n/a	41	n/a	This is a patient of unknown age and unknown gender who presented for an allergic reaction. There are no medical records and only bills and medications in this file.

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n/a	41	n/a	No MIPER located	No medical record received
38	n/a	42	n/a	There are only bills which have a diagnostic code 780.2 which is "syncope and collapse," along with indications that an echocardiogram and duplex sonography were done. There are no other medical records.
39	42	43	19604	This is a 29-year-old female, who is noted to weigh 230 lbs., who presented for menstrual irregularity, numbness and tingling. Evaluation was unremarkable and no diagnosis was given.
40	n/a	44 (?) (Listing of Key Complaints states intracranial hemorrhage, which is mentioned in patient history)	n/a	This is a 36-year-old female who complained of menstrual irregularity. The records document that she recently had a right posterior parietal intracranial hemorrhage with extension into the ventricular system requiring neurosurgery with a drain. This was subsequently shown by angiography to be due to an arteriovenous malformation, which was then subsequently resected. After this neurosurgery she had not had resumption of her menstrual period. In the notes available there was no work up of this symptom.
41	n/a	45	n/a	This is a 26-year-old female, who is noted to weigh 155 lbs., who had chest pains after using Metabolife for two months. She also had asthma and a brother who died of myocardial infarction at age 33. Her discharge diagnoses were asthma and chest pain.
42	n/a	46	n/a	This is a 27-year-old female who presented with sudden abdominal pain which was found to be due to a rupture of a splenic artery aneurysm which required emergency laporotomy and resection. The records note she had a history of congenital multiple ureters which had been surgically repaired at age 7 and she was left with some renal insufficiency as a result. There is no mention of the use of Metabolife in the medical records that are provided.
43	n/a	n/a	n/a	This is a 49-year-old male who had symptoms of chest pressure and pain along with shortness of breath. He had been a cigarette smoker but the record notes he quit. He had an exercise treadmill test that showed a normal electrocardiogram response but he had scintigraphic evidence of ischemia. He underwent coronary angiography that revealed normal coronary arteries. Three months later he was continuing to have unexplained chest pressure and pain.

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n/a	43	n/a	No MIPER located	No medical record received
n/a	44	n/a	No MIPER located	No medical record received
n/a	45	n/a	No MIPER located	No medical record received
n/a	46	n/a	No MIPER located	No medical record received.

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