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Practicing in Boca Raton and the Surrounding Community Since 1979

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Travel Plans – Medical Preparation

As we move toward summer many of our patients are making travel plans. Some are thinking about travelling for vacation, while others are making plans to travel to their second home residence. Our office and staff can certainly assist you in making your medical preparations. If you are travelling abroad I advise you to use the computer link on my website or go directly to the Center for Disease Control website travel section to address your staying healthy needs. www.CDC.org provides valuable information on what medications to bring, what vaccinations and immunizations to take 4-6 weeks in advance of your trip and what merchandise you may need to protect yourself (sunscreen, bottled water, bug repellent, mosquito netting etc.). The website provides information regarding the medications you should have with you (Cipro for travelers' diarrhea, Malaria prophylaxis, etc.). Certain locales will require you to show proof of your vaccination and immunization status. There are sections on which foods are safe and a discussion of the water and sanitation. After you have read the material, feel free to call the office or set up an appointment with your itinerary in hand so I can review it with you and provide advice. We will need to make sure that none of the recommended medications interact adversely with your current day-to-day medications. We will also need to see if some of the vaccinations you may require are kept in stock and determine if we need to refer you to a travel health clinic or infectious disease practice.

Whether you are travelling home for the summer or going on safari in the Krueger Preserve, you should have your medical records available. There are numerous options available to you. We can always print up your most recent visits, medication lists, EKG and lab data and provide you with a paper hard copy. We can place your pertinent medical records on a small USB Flash drive that you can carry on your key chain. This device plugs into any Windows based computer software operating system and carries the information you choose plus contact information on how the treating doctors can reach Dr. Reznick.

For patients wishing to take a copy of your records with you we ask that you give us a two week notice to prepare them. It is also possible to access some of your pertinent records directly through my website on the computer. Ask my office staff to provide you with a temporary password so that you can log onto the patient portal that leads to your electronic medical record clinical summary. By logging on to my website at www.BocaConciergeDoc.com and accessing the "patient portal" logo you can log in and obtain your pertinent medical records. The first time you log in you will be asked to use the temporary password we provided. You can then change it to a secure password that only you know.

When travelling it is always essential that you make sure that you have all your medications and solutions for refills. Some countries require a note from the physician to document that it is permissible for you to be travelling with pill boxes especially when carrying controlled substances. The CDC travel website and your travel agent should provide you with that information. You may want to consider travel insurance which includes provisions for transporting you home for care if you become ill. Our office has some suggestions on programs available for you. Your travel agent should have some suggestions as well.

With summer approaching, those of you in evacuation zones who have special needs should be registering for a special needs shelter far in advance of a storm. The same applies to pet friendly shelters.

Is that Z Pack for the Cough Safe?

"Hello Dr Reznick, this is JP, I have a runny nose, a cough productive of yellowish green phlegm, a scratchy throat and I ache all over. My northern doctor always gives me a Z Pack or levaquin or Cipro when I get this. I know my body well and I need an antibiotic. Saul and I are scheduled to go see the children and grandchildren next week and I want to knock this out of my system. Can you just call in a Z-Pack? I don't have time to come in for a visit."

This is a common phone call at my internal medicine practice. Despite the Center for Disease Control and the American Academy of Infectious Disease Physicians running an educational campaign on the correct use of antibiotics, patients still want what they want , when they want it. *The Annals of Family Medicine*, March/April issue, contained a study by G. Rao, M.D., PhD of the University of South Carolina in Columbia which examined whether a Z Pack (azithromycin) or a fluroquinolone (levaquin) can cause arrhythmias and an increased risk of death. Their study was a result of a 2012 study in the *New England Journal of Medicine* that proved that macrolide antibiotics were associated with a higher cardiovascular death risk and rate than penicillin type antibiotics such as amoxicillin. To examine this issue closely, Rao and associates examined data from U.S. veterans who received outpatient treatment with amoxicillin (979,380 patients), azithromycin (Z Pack 594,792 patients) and levofloxacin (levaquin 201,798 patients). These were patients in the VA health system between 1999 and April 2012. Their average age was 56.5 years.

The patients were prescribed the antibiotics for upper respiratory illnesses (11 %), chronic obstructive pulmonary disease (14 %) and ear- nose and throat infections (29.3 %). The azithromycin was administered as a Z Pack and the risk of an arrhythmia or cardiovascular death was increased for the 5 days the patient took the medication. For every million doses of azithromycin administered there were 228 deaths at five days and 422 at 10 days. For levaquin there were 384 deaths at five days and 714 deaths at 10 days per million prescriptions administered. Ampicillin showed far lower numbers with 154 deaths at 5 days and 324 deaths at 10 days per million prescriptions.

The overall risk of arrhythmia and cardiovascular death was quite low with all the medications but clearly levaquin carried a higher risk than azithromycin or amoxicillin. The risk of arrhythmia with levaquin was about the same with azithromycin.

This study points out another danger of taking antibiotics inappropriately or indiscriminately. We usually point out the dangers of antibiotic resistance and antibiotic related colitis when explaining to a patient why we do not want to prescribe an antibiotic when none is warranted. We can now add arrhythmias and sudden cardiac death to the list. This doesn't mean we shouldn't take an antibiotic when appropriate. It does mean we may want to avoid certain antibiotics in patients who have cardiovascular risk factors.

Walking Reduces Stroke Risk

STROKE RISK FACTORS	ESTIMATED INCREASE IN RISK
ATRIAL FIBRILLATION	17 times
HYPERTENSION	2 TO 4
CARDIAC DISEASE	2 TO 4
NO EXERCISE	1.8 TO 3.5
DIABETES	1.5 TO 2.5
SMOKING	1.5 TO 2.5
HEAVY ALCOHOL USE	1 TO 3

Barbara Jefferis, PhD, of University College London UK presented data in the journal *Stroke* that indicated that older men who added a long walk to their daily routine significantly reduced their risk of having a stroke. The association was independent of activity level or walking pace. Men who walked 8 – 14 hours per week had about a one third lower risk of stroke compared to men who walked no more than three hours per week or at all. The risk was about 2/3 lower for men who walked more than 22 hours per week. Walking is recognized to be the predominant form of physical activity in older adults and its impact in reducing stroke risk is important to understand. The study looked at 3,435 men followed over a ten year period. The lead researcher said there is no reason to believe that the protective effect does not apply to women as well.

This is one of several studies published over the last few months that extol the benefits of modest age related exercise to preserve function and independence. We have seen the benefits of an after dinner walk on blood

sugar levels documented in recent studies. In a recent *British Medical Journal* article (BMJ 2013, 347:f5555) researchers reviewing 60 research trials conclude that exercise benefits patients with arthritis rather than being sedentary. We have seen other studies linking seniors with active leisure activity life style exhibiting improved cognitive function compared to seniors with a more sedentary leisure life style.

From a doctor's perspective the advice is simple. Find something you enjoy doing that is active and aerobic such as walking, running, cycling, swimming, dancing, roller-skating or roller blading and engage in this activity regularly to protect your health and independence.

HDL Cholesterol: The Good Cholesterol Can Go Bad

When discussing lipids and cholesterol the public, in particular, has been educated to the fact that the cholesterol is divided into several different types based on where it settles in a test tube after being spun in a centrifuge. The good cholesterol or HDL (high density lipoprotein) is said to be healthy and protective while the LDL (low density lipoproteins) are felt to be detrimental to your health. For years now we have been striving to lower the LDL cholesterol by eating correctly, exercising and when necessary taking medications such as statins. At the same time we are trying to raise our HDL, or protective cholesterol, by exercising. Your risks of not having a cardiovascular event improve with higher HDL and lower LDL cholesterol.

In reality we know that HDL cholesterol carries bad cholesterol away from the blood vessel walls and deposits it in the liver where it is broken down and removed. HDL is like a convoy of trucks ferrying your cholesterol away from vital places. The LDL cholesterol does just the opposite, carrying unwanted lipids to the vessel walls and depositing them there.

Just when we were getting comfortable with this concept, researchers at many institutions were able to break the LDL or bad cholesterol down into even more discrete groups. Apparently the large fluffy type of LDL is now considered beneficial. At the same time they have broken the HDL or protective cholesterol down into smaller divisions with some types being "broken" and causing inflammation in the artery walls leading to heart attacks and strokes.

Dr. Stanley Hazen, MD of the Cleveland Clinic's Lemer Research Institution is one of the cardiologists promoting the concept of existing "broken" HDL which is damaging to our vessels and bodies. Hazen's research shows that in people with heart disease, about 1 in 5 HDL particles in the artery wall are dysfunctional. People who have more of this dysfunctional HDL are at higher risk of heart disease, independent of the well-known risk factors such as age, diabetes, smoking and blood pressure. This dysfunctional HDL is very hard for a lab to detect.

Dr. Hazen was part of a team that developed the MPO or myeloperoxidase blood level as a marker of plaque buildup in artery walls as a result of dysfunctional HDL and other risk elements. High myeloperoxidase levels are associated with inflammation and damage to the vessel walls resulting in increased risks of heart attack and stroke. The MPO test is licensed and copyrighted to the Cleveland Clinic and only available through the Cleveland Heart Labs program.

We offer the Cleveland Heart Lab panel of tests as part of the cardiovascular risk assessment we present to individuals who do not have cardiovascular or cerebrovascular disease. It is the only panel of tests that offers the Myeloperoxidase Level. If interested please ask about this panel at your next visit.

Geriatric Care Center and Fellowship Program Needed

I have practiced general internal medicine and geriatric medicine in the South Palm Beach County, Florida area since 1979. I have seen the growth of the medical community from a sleepy seasonal coastal distribution of hospitals east of I-95 to a sprawling plethora of corporate and not for profit facilities sprouting in areas of

population growth. While cardiac, stroke and trauma centers have evolved to meet the needs of the community; there has been no development of state of the art care for our aging and infirm seniors.

Yes there are many skilled nursing facilities in the area receiving patients from local hospitals following an acute illness or injury and attempting to rehabilitate the patients so they can eventually resume their lives. These facilities are paid primarily with Medicare funds if the patient has spent three nights in the hospital. The staffs of these facilities are numbered based on federal and state requirements. It is not unusual to see one registered or licensed practical nurse with a patient load of 20 or more patients. The nurses are assisted by aides, many of whom are paid minimal wages and who lack the language and training skills to recognize changes in their patients' health conditions until those conditions have advanced to a critical level. They are not able to care for many of the simple day to day medical emergencies that we deal with at home on a daily basis such as cuts and abrasions, simple upper respiratory tract or gastrointestinal infections. Their mantra is "call 911 and send them to the ER while we copy the chart for transfer "(not always in that order). They are doing what they are told to do by administration and legal counsel and, frankly; their training and staffing does not allow them to do much else even if their hearts and souls feel differently.

We need the FAU Charles Schmidt College of Medicine or the University of Miami Miller School of Medicine or Nova Southeastern School of Medicine to partner with the Lynn School of Nursing at FAU and organize a geriatric fellowship program in medicine, nursing and care giving. The program would be taught at a model senior geriatric care center staffed by medical students, interns, residents, fellows in geriatrics, nursing students and graduate nursing students plus appropriate representatives of the other allied health supportive fields such as physical, occupational and speech therapy, nutrition and dietary and social services. Funding would come from philanthropic donors, federal and state grants, Medicare and Medicaid funds. The goal would be to train care givers to go out into the community and raise the bar and standard of care available to our senior citizens requiring acute rehabilitation or chronic custodial care while providing a local example of how excellent care can really be delivered. By raising the bar locally at a model facility we will be raising the bar throughout the region.

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