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Steven E. Reznick, M.D. FACP

7280 W. Palmetto Park Rd., Suite 205 N, Boca Raton, FL 33433

561-368-0191 or email DrR@BocaConciergeDoc.com

Winter is the Season for Upper Respiratory Tract Infections and Influenza

It's the season for winter viral upper respiratory tract system infections. It is also influenza and influenza- like illness season.

Winter brings crowds of people indoors together and holiday travel places crowds together in indoor areas as well. These viral illnesses are transmissible by hand to mouth transmission and airborne particle transmission with coughing. The viral particles can live with minimal water on surfaces for long enough periods of time to infect patients who unknowingly touch a foreign surface and bring their hands up to their mouths. Hand washing frequently is an essential part of preventing the transmission of these diseases. Common courtesy such as covering your mouth when you sneeze or cough and not coming in close contact with others when ill is essential.

Research has shown that consuming an extra 500 mg a day of Vitamin C can prevent colds and reduce the intensity of a cold if you catch one. You must take the Vitamin C all the time and in advance of exposure. Waiting until you have symptoms has no positive effect. Viral upper respiratory tract infections usually include fatigue, runny nose (coryza) and sore throat – although less than 90 % of adult sore throats are a strep throat.

Fever is usually low grade, less than 101, and short lived in a cold or viral illness. Very often patients develop viral inflammation of the conjunctiva or conjunctivitis. While this is very contagious to others, it is self-limited and rarely requires intervention or treatment.

Caring for a cold involves listening to your body and practicing common sense solutions. Rest if tired. Don't go to the gym and workout if you feel ill. If you insist on going, warm up slowly and thoroughly and if you do not feel well stop the workout.

Sore throat can be treated with lozenges. Warm fluids including tea and honey (honey is antimicrobial and anti-viral), chicken soup, saline nasal spray for congestion and acetaminophen for aches and pains or fever are mainstays of treatment. Over the counter cough medications like guaifenesin help.

Some of the viruses affect your gastrointestinal tract causing cramps and diarrhea. Nausea and vomiting are sometimes present as well. The key is to put your bowel to rest, stay hydrated and avoid contaminating or infecting others. Clear liquids, ice chips, shaved ices, Italian ices or juice pops will keep you hydrated. A whiff of an alcohol swab will relieve the nausea as well. If you are having trouble keeping food or fluids down call your doctor. If you are taking prescription medications, call your doctor and see which ones, if any, you can take a drug holiday from until you are better.

Influenza is more severe. It is almost always accompanied by fever and aches and pains. Prevention involves taking a seasonal flu shot. Flu shots are effective in keeping individuals out of the hospital from complications of influenza. They are not perfect but far better than no prevention. If you run a fever of 100.8 or higher, and ache all over, call your physician. An influenza nasal swab can confirm influenza A and B 70 % of the time.

The new molecular test which can provide results in under an hour is far more accurate but not available at most urgent care or walk in centers or physician offices. Immediate treatment with Osetamivir (Tamiflu) and the newer

Peramivir are effective at reducing the duration and intensity of the infection if started early. Hydration with clear fluids, rest, acetaminophen or anti-inflammatories for fever in adults 101 or greater and rest is the mainstay of treatment. Prolonged fever or respiratory distress requires immediate medical attention. Call your doctor immediately.

I get asked frequently for a way to speed up the healing. "My children are coming down to visit. We have a cruise planned. I am flying in 48 hours on business." I am certainly sympathetic but these illnesses need to run their course. They are not interested in our personal or professional schedule and everyone you come in contact with is a potential new victim. If you are congested in the nose or throat, and or sinuses, then travelling by plane is putting you at risk of severe pain and damage to your ear drum. See your doctor first. Patients and pilots with nasal congestion are advised not to fly for seven to ten days for just this reason.

If you have multiple chronic illnesses including heart disease, lung disease, kidney disease and you run a fever or feel miserable then call your doctor and make arrangements to be seen. It will not necessarily speed up the healing but it will identify who actually requires antibiotics and additional follow up and tests and who can let nature take its course.

Artificial Sweeteners and Your Health

An article published in the online version of *Primary Care* brings up the issue of whether artificial sweeteners are a positive, helping people lose weight, or is there more to the story. Editor David Rakel MD, FAAFP discusses a recent article in the neurologic journal *STROKE* showing an association between the number of artificially sweetened beverages consumed per day and the onset of a stroke. This relationship was seen only with artificially sweetened beverages not with sugar sweetened beverages.

Dr Rakel goes on to discuss the ongoing public health concern of consuming nonnutritive sweeteners and its effects on weight gain and insulin resistance. Recent studies known as observational studies have linked high consumption of beverages with nonnutritive sweeteners with weight gain, increased visceral adiposity and a 22 % higher incidence of diabetes despite consuming less energy.

The reasons for consuming fewer calories but gaining weight are considered to be many. Sweet tasting compounds including NNS activate sweet "taste receptors" that were once thought to be only located in the mouth but are now known to be throughout the body. This activation results in release of insulin. The continued release of insulin by the pancreas, without energy producing calories present to be metabolized, may lead to insulin resistance. Insulin resistance involves insulin being released in response to food being consumed but is becoming ineffective in moving sugar into the cell where it can be metabolized into energy.

There is additional belief that supplying sweetness without calories may result in disturbances to appetite regulation and communication within the body about when we are full. Products such as aspartame, saccharin and sucralose have been found to have negative effect on the intestinal bacteria or microbiome potentially having an effect on glucose tolerance and metabolism.

We see artificial sweeteners on tables in every setting. Aspartame produces a sweetening effect 200x sugar. Saccharin produces a sweetening effect 500x sugar. Sucralose is 600x sugar sweetening and Advantame 20,000x sweeter.

A teaspoon of sugar only contains 16 calories. Portion control of products made with real sugar may be the safest and healthiest way to eat sweets as the holiday season approaches. A level teaspoon of sugar in your coffee or tea may be far healthier for you than that packet of artificial sweetener.

Thank you for your trust. The referral of family members or friends is always appreciated.

Continuity of Care with a Primary Care Doctor Lowers Costs and Hospitalizations

The *Annals of Family Medicine* published an article that compared the health costs and hospitalization rates of patients who had a primary care doctor, and saw that physician regularly, as compared to individuals who did not. The study used Medicare data from 1,448,952 patients obtaining care from 6,551 primary care physicians.

Upon analyzing the data, the researchers discovered that those individuals who saw a primary care physician regularly and had a primary care physician who “assumed ongoing responsibility for the patient, with continuity framing the personal nature of medical care” the patient’s cost of care per year was 14.1% lower and hospitalization rate 16.1% lower than individuals who did not have primary care continuity.

In an editorial piece accompanying the study, David Rakel, MD FAAFP, noted that in 2016 America spent \$3.3 trillion on healthcare. If you extrapolate out the benefits of a continuous therapeutic relationship with a primary care medical doctor the result would be a cost savings of \$462 billion. The message is clear. Find a doctor who will coordinate your care in and out of the hospital. If you like that physician and they advocate on your behalf do not let your insurance company make you switch primary care physicians. It may save your life.

Shortening the Discomfort of Sore Throats

There has been a strong movement in the United States to limit resistance to antibiotics by insuring that we prescribe them appropriately for bacterial infections only and make sure we educate our patients to complete the course of the antibiotics to prevent the bacteria from surviving and developing resistance patterns. We have been taught that a “strep throat” is rarely seen in adults unless they are caring for children age 2-7 that are sick with a sore throat.

The patient should have a fever, swollen glands in the neck and an exudate on the tonsils or oropharynx. This constellation of findings and symptoms represents “Centors’ Triad” which conveys a high probability that a quick streptococcal assay or culture will be positive. For all other sore throats we are taught to treat it with lozenges, warm fluids and time. There is a definite and distinct effort to train doctors to not prescribe an antibiotic or a “Z Pack” for these non-beta hemolytic streptococcal sore throats.

It is with this background or preamble that I report on an article out of the October 17, 2018 *International Journal of Clinical Practice* that discusses the use of an experimental throat lozenge versus a placebo throat lozenge. The experimental troche contained a small dose of an antibiotic, tyrothricin plus benzalkonium chloride and benzocaine (an anesthetic). Tyrothricin is an antibiotic used overseas to treat gram positive organisms. It is incorporated into lozenges designed for children with non-streptococcal sore throats. This antibiotic has not demonstrated any issues with bacteria developing resistance yet.

In a clinical trial, patients 18 years of age and older with a painful sore throat which was not due to “strep” were randomly assigned to the study drug or placebo. The results were striking with more relief of pain at two hours in the study group than placebo, less difficulty swallowing and more resolution of symptoms at three days with the study drug than a placebo.

The medication used in the study is not currently available in the USA. If it is as successful as this study implies then when will it be introduced in the USA for symptomatic relief of those uncomfortable non-strep sore throats?

Sleep and Cardiovascular Health

Several recent publications and presentations of data on the relationship between sleep patterns and vascular disease occurred at the recent meeting of the European Society of Cardiology. The PESA (Progression of Early Subclinical Atherosclerosis) study performed by Dr Fernando Dominguez, MD, of the Spanish National Center for Cardiovascular Research in Madrid talked about the dangers of too little or too much sleep.

The principal researcher, Valentin Fuster, MD PhD, looked at 3,974 middle-aged bank employees known to be free of heart disease and stroke. They wore a monitor to measure sleep and activity. Interestingly, while only about 11% reported sleeping six or fewer hours per night, the monitor showed the true figure was closer to 27%. They found those who slept less than six hours per night had more plaque in their arteries than those people who slept six to eight hours. They additionally looked at people who slept an average of greater than eight hours.

Sleeping longer had little effect on men's progression of atherosclerosis but had a marked effect of increasing atherosclerosis in women. Researchers then adjusted the data for family history, smoking, hypertension, hyperlipidemia, diabetes and other known cardiovascular risk factors. They found that there was an 11% increase in the risk of diagnosis of fatal or non-fatal cardiovascular disease in people who slept less than six hours per night compared to people who slept 6-8 hours per night. For people who slept an average of greater than eight hours per night they bore a 32% increased risk as compared to persons who slept 6-8 hours on average. Their conclusion was distilled down into this belief: "Sleep well, not too long, nor too short and be active."

In a related study, Moa Bengtsson, an MD PhD student at the University of Gothenburg in Sweden presented data on 798 men who were 50 years old in 1993 when they were given a physical exam and a lifestyle questionnaire including sleep habits. Twenty one years later 759 of those men were still alive and they were examined and questioned. Those reporting sleeping five hours or less per night were 93% more likely to have suffered an MI by age 71 or had a stroke, cardiac surgery, and admission to a hospital for heart failure or died than those who averaged 7-8 hours per night.

While neither study proved a direct cause and effect between length of sleep and development of vascular disease, there was enough evidence to begin to believe that altering sleep habits may be a way to reduce future cardiovascular disease.

Steven E. Reznick, M.D., FACP

7280 W. Palmetto Park Rd., #205N

Boca Raton, FL 33441

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