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CDC Recommends Spring 2024 COVID Booster for Senior Citizens

The Center for Disease Control and Prevention (CDC) has recommended that senior citizens, 65 years of age or older, receive a second monovalent COVID vaccine immunization six months after receiving the last one in the fall of 2023. This recommendation applies to younger individuals who are immunosuppressed as well. If an individual contracted COVID since taking the last vaccine this past fall they are supposed to wait two months after the last COVID infection to take the vaccine.

The vaccine is needed to prevent severe disease, hospitalization and death. Most of the deaths from COVID in the last six months have occurred in men and women over 65 years of age who are not up to date on COVID vaccinations. Long COVID, a common complication of a COVID infection, is less likely to occur in individuals who are up to date with the vaccine.

The COVID booster vaccine is being administered at major pharmacies such as CVS, Walgreens and Publix. You can make an appointment for the vaccine on their company websites.

Healthy Lifestyle's Importance for Older Adults with Dementia

Several years ago, I attended a lecture about preventing dementia. It was delivered by a geriatrician who chaired the Harvard and Massachusetts General Hospital Geriatric programs.

She began her talk by asking the audience, composed of physicians and nurses, how many of us asked our patients to play brain teaser games, do puzzles and other brain games to prevent the advancement of cognitive dysfunction. Hands shot up into the air all over the room. The lecturer responded, "It looks like we are going to have a great many dementia patients who are great at solving puzzles." The balance of her lecture was comprised of praising the importance of socialization with friends and family, regular exercise, eating correctly, avoiding smoking tobacco and limiting your alcohol intake if you wished to remain independent and cognitively intact.

Her viewpoints in the lecture were supported by a recent study published February 2024 in the journal *JAMA Neurology*. The Rush Memory and Aging Project followed 754 individuals for just under 25 years who all developed dementia. The average patient died at 91 years old, and their brains were donated for autopsy and examination for beta-amyloid load, phosphorylated tau tangles and Alzheimer's pathology. The patients were evaluated for health of lifestyle with points assigned for not smoking, getting 150 minutes of physical activity per week, limiting alcohol consumption, and eating a healthy diet such as the Mediterranean-DASH diet. Higher point totals meant you lived a healthier lifestyle. At multiple times during the 25-year observation period, participants underwent neuropsychological testing.

The results showed that those with the healthiest lifestyle had the best cognitive function as they aged and at death. Patients could have similar appearing brains with classical pathological findings of dementia and similar loads of beta amyloid and Tau tangles but the individuals with the healthier lifestyle reasoned, remembered and performed better.

The moral of study is the lifestyle you live is extraordinarily important in determining how independent you will be as you age.

Tomato Consumption May Reduce the Risk of Hypertension in High-Risk Adults

"Eat your fruits and vegetables." is often told to children and teenagers by parents, family members, teachers, etc. without explaining exactly why.

A research paper published in the *European Journal of Preventive Cardiology* headed by J. Ostrominski MD and Colleagues offers reasons why. His group looked at 7,447 individuals in Spain participating in a study known as PREDIMED. They administered food questionnaires and divided the participants into four groups of tomato consumers determined by the amount of tomatoes and tomato-based products they consumed.

The lowest group consumed <44 grams of tomatoes or tomato-based products per day and the highest >110 grams per day. The participants were followed for more than three years. **They found the highest consumers of tomatoes and tomato-based products had a 36% lower chance of being hypertensive at three years. Since hypertension is related to heart attacks, strokes, kidney failure and peripheral vascular disease this is a dramatic finding.**

In an editorial reviewing the paper, Peter Lin, MD CCFP explains the significance and reasons behind the findings. The researchers believe the substance lycopene, which is an antioxidant , must have been the reason these results were obtained. Eight five percent of our lycopene comes from tomato-based products.

Lycopene, being an antioxidant, nullifies the effect of "free radicals". Free radicals are small molecules that exist lacking one electron. They damage surrounding living cells, functioning enzymes and chemical products by stealing an electron from them and making themselves whole. This leaves the functioning cell or enzyme damaged. They steal from our DNA leaving the genetic strand damaged resulting in poor functioning and cancers. Lycopene neutralizes the free radicals making them less likely to cause damage. Lycopene additionally interferes with the enzyme angiotensin converting enzyme which can cause blood vessel vasoconstriction and high blood pressure.

In the research study the patients who ingested the most lycopene were eating about 5.4mg of lycopene a day. The lowest group consumed only 0.98 mg of lycopene per day. To obtain the lycopene you need to know which foods contain it.

- Fresh tomatoes. 0.72 -4.2 mg of lycopene per 100 grams of the product.
- Cooked Tomato. 3.70 mg lycopene per 100 grams of product.
- Tomato Sauce 6.20 mg/ 100 grams of product.
- Tomato Paste 5.4-150 mg of lycopene per 100 grams of the product.
- Ketchup. 9.9- 13.44 mg of lycopene per 100 grams of the product.
- Pink Grapefruit 0.35-3.36. Mg of lycopene per 100 grams of product.
- Watermelon 2.3-7. Milligrams of lycopene per 100 grams of product.

The message is clear. Reduce your blood pressure by consuming more lycopene in tomato-based products.

Artificial Sweeteners Alter the Digestive Microbiome

There is a growing body of evidence which supports eliminating artificial sweeteners from your diet.

In November, Avi Hosseini, MPH, and associates at Cedars- Sinai in Los Angeles published a research paper in the online version of the *Journal Science* supporting the concern over artificial sweeteners. They analyzed the gastric and small intestinal duodenal areas in patients consuming non-sugar sweeteners and others which were not.

The Study assessed thirty-five (35) subjects consuming non-aspartame sweeteners and compared them to nine (9) patients using Aspartame only and fifty-five (55) control subjects. Forty (40) of the participants provided stool samples for evaluation. All the study patients were undergoing upper fiberoptic endoscopy for upper intestinal gastric complaints.

The study's findings included:

1. The relative abundance of Escherichia, Klebsiella and Salmonella species was much lower than normal in consumers of non-aspartame, non-sugar sweeteners. Other species such as Proteobacteria were increased in both non-aspartame, non-sugar sweeteners and aspartame-containing sweeteners.

2. The artificial sweeteners changed the way the microbes of the duodenum (initial portion of small intestine) metabolized products. Non-aspartame, non-sugar sweeteners biosynthesis of polysaccharides was impaired as was the expected breakdown and digestion of D-galactose.

   Aspartame increased the production of a potential cancer-causing agent cylindrospermopsin which is known to affect the nervous system and liver.

3. They additionally found certain protective cytokines with anti-inflammatory properties were markedly reduced.

The message is clear. If you are a diabetic, and have no choice but to consume artificial sweeteners, there is a risk associated with them. For those of us consuming these products to lose weight or keep our weight down, we are ingesting products whose long-term safety is questionable.

Aspirin May Reduce Colorectal Cancer Risk

A 1957 Veterans Administration research paper showed that men over 45 years-old who took an aspirin a day had fewer heart attacks and strokes than veterans who did not. This opened the opportunity for people to begin taking aspirin to protect against heart attacks and strokes.

Over the years, the research has been refined with more recent studies separating aspirin use and reserving it for those who have "known" coronary artery disease and stroke as opposed to those with no documented disease just looking to prevent an event.

The United States Preventive Task Force (USPTF) announced that the risk of bleeding in individuals without documented coronary artery disease or stroke outweighed the benefit of prevention taking the aspirin. This conclusion and recommendation ignored the fact that daily aspirin reduced the risk of premalignant colonic polyps, reduced the risk of colon cancer and reduced the risk of several skin cancers.

A publication in the February 15, 2024, *Journal of Gastroenterology* supported the usage of low dose aspirin to prevent colorectal cancer. A study in Norway covering 10.9 years looked at 2,186,390 individuals. From that group, almost 580,000 took a daily low dose of aspirin. During that period, 38,577 (just under 7%) were diagnosed with colorectal cancer which was a much lower number than expected.

The conclusion is that low dose aspirin daily reduces the risk of developing colon cancer. It does produce an increased risk of bleeding. I will continue to take my daily aspirin and live with the bleeding risk.

Measles and My Adult Patients

There has been an outbreak of measles in Broward County in the community of Weston, Florida. The outbreak began in a middle school. Additional outbreaks have been reported in central Florida and now in Chicago, Illinois.

The outbreaks have occurred in non-vaccinated children who were written medical exemptions and allowed to enter the school system unvaccinated. There are no medical guidelines which clarify which medical or immunological conditions, if any, places a recipient in a position that requires them to avoid the two MMR vaccinations 4 weeks apart. There are also "religious exemptions" created by the Florida Legislature for political reasons. I have spoken to several Rabbis, Iman, Pastors and Priests and there seems to be no religious reason to avoid the MMR vaccine in Judaism, Islam or Christianity.

Measles is a serious viral illness resulting in high fevers, cough, respiratory problems, total body rash, hospitalizations and even death. It is considered the most transmissible airborne viral illness known to medical science. It can result in severe brain damage from encephalitis and has been implicated in a delayed brain injury twenty to thirty years after initial infection. It had been eliminated in the United States. The MMR vaccine (Measles Mumps Rubella) has been administered in two doses to school children since 1957. Those persons born prior to 1957 survived a Measles infection and are felt to have natural immunity.

I have received numerous phone calls from patients born prior to 1957, and those vaccinated after 1957, to ask if they needed an additional vaccine administration. To test for immunity, we perform a blood test which measures the IgG level of antibody against measles or Rubeola. If your titer is too low, and falls below an agreed upon level, your immunity is low and you are a candidate for vaccination.

The test is run by most national labs such as Quest, LabCorp and Bioreference. We can draw the blood in the office at your next scheduled visit. If you have any questions, please call me or the office staff.

More On COVID Spring 2024. While Home with a COVID Positive infection

I have been reasonably careful trying to protect my wife, my staff and patients from an acute COVID infection while continuing to see patients and carry on some semblance of a post pandemic normal life. If a patient is ill with a respiratory illness, we ask them to take a COVID antigen test prior to coming in to be seen for a sick visit.

I mask up if patients feel sick or have respiratory symptoms. We are using high grade air filtration in our office to cleanse the air of viral particles. Ten days ago, a patient with underlying moderately severe respiratory symptoms and immunosuppressed from ongoing cancer and chronic pain conditions called asking for help. Her home COVID Antigen test was negative. When she arrived at the office, she did not look well so we took her back to an exam room with a mask on her and staff and repeated the COVID Antigen test (an at home test), which was immediately positive. I had already spent 10 minutes with her examining her including close contact with her ears, nose and mouth. We started her on an oral antiviral, gave her detailed instructions on care of a viral upper respiratory infection and sent her home.

I spent that week seeing my normal compliment of patients. Friday after work, I felt especially tired but kept a dinner appointment with friends. We ate outside in a breezy rain interrupted meal.

I slept poorly Friday night with more leg cramps than usual but awoke Saturday morning determined to do my walking and stretching. I awoke with a postnasal drip, scratchy throat, fatigue and muscle aches. I performed a home COVID test which was negative, so my sweet dog and I went walking.

After about two miles, my dog and I returned home because he is small and that's about his safe limit. I hydrated up and went out to complete the walk. Fatigue was an issue, but determination overruled common sense and I finished and stretched and even took a swim in the unheated pool.

By noon my scratchy throat was more prominent, my drip more noticeable and I was more irritable than usual. I blamed the irritability on the calls some referees made in a basketball game I was watching.

Dinner time came and I had no appetite, a sure sign for me that something was amiss. I repeated the COVID test and it was positive. My wife reviewed the test and agreed so I started taking the antiviral Paxlovid while we made plans for me to quarantine at home.

I am up to date on COVID vaccinations. I took the monovalent booster in October 2023 which limits the possibility of severe COVID, hospitalization and/or death. I started the Paxlovid anti-viral within the five-day window of opportunity. I exercised regularly.

Recent published studies found that those up to date on COVID boosters were less likely to develop severe symptoms. Seniors who exercise regularly tend to develop severe COVID less often than sedentary patients. That's probably why I am sitting on my patio writing this piece rather than on an inhaler or ventilator struggling to survive. I will take the COVID booster again two months after this infection because at my age I am considered high risk for complications. I advise you all to do the same six months after your last COVID vaccination if you are over 65 years of age or immunosuppressed.

I realize I am not out of the woods yet. A simple COVID infection carries an increased risk of stroke or heart attack or blood clot for several months post infection. Hopefully some aspirin will deal with that risk. COVID is no simple cold. It is a complicated disease we do not yet completely understand. Get your booster. Test yourself if you develop simple cold symptoms. Take an antiviral.