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## WINTER 2022/2023 - NEWSLETTER

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### Staying COVID-Safe During the Holidays

As we head into the Chanukah, Christmas, New Year's, Kwanza season most of us are gathering with loved ones and friends to celebrate. COVID remains at epidemic to pandemic levels, depending on who you choose to believe. As posted in the *Wall Street Journal* on the weekend of December 3, 90% of the 300 plus daily COVID related deaths in the United States are now occurring in vaccinated individuals 65 years of age or older.

Misinformation is being spread that COVID is no more serious than influenza. The death rate currently from COVID is close to 20% higher than for the flu. If you couple this with the surge in illness from seasonal influenza and respiratory syncytial virus (aka RSV), emergency rooms are flooded as are walk-in clinics.

In some areas of the USA, the anti-COVID antiviral drug Paxlovid is in short supply. We no longer have the option of infusing you with safe and effective monoclonal antibodies because the virus is now resistant to the existing antiviral drug and the Federal government stopped funding the costs of developing new ones.

My suggestions are simple:

1. Get your quadrivalent flu shot. Get the high dose product if you are 65 or older.
2. Get your bivalent Pfizer or Moderna COVID booster shot if it's more than two months since your last non-bivalent booster or three months since you had an infection with COVID.
3. When indoors with people you do not know, wear an N95 mask. That would include buses, trains, airports, government buildings and other public places.
4. If you are 65 or older and are having guests over, ask them to test with an at home quick antigen test before they arrive. If they test negative, they are far safer. If the weather permits, hold the gathering outdoors.
5. If you are younger than 65 and are immunosuppressed, take the same precautions as those 65 and older.

When I recently discussed this with my obese, diabetic patient with end stage kidney disease awaiting a transplant, they asked me when will this be over? My answer was simply, "I do not know".

Masks are not perfect, but they are far superior to not masking. Quick at home tests are not perfect either but they will identify those who are contagious. If you have questions, feel free to call me.

Happy holidays and a joyous and healthy New Year to you all.

## Paxlovid for COVID is About to Get Very Expensive

Paxlovid is an antiviral medication in pill form developed by Pfizer pharmaceutical company to treat Sars2Coronavirus or COVID-19. It is designed to prevent severe disease from developing in high-risk patients. There is an alternative, but far less effective, product called molnupiravir (“Lagevrio”) by Merck. Both were developed with a funding package passed by Congress at the start of the COVID pandemic which produced the Pfizer and Moderna vaccines plus a host of monoclonal antibodies to be administered to high-risk patients as well. Those monoclonals can no longer be used because the COVID virus has found a new way to elude or resist them. There are no new monoclonal antibodies in production because the cost of development of each one is about \$200 million dollars, and the Federal government has decided not to guarantee purchasing them.

The US government purchased 20 million dosages of Paxlovid from Pfizer for the bulk discount rate of \$530 per treatment. Americans who became ill received it for no upfront cost. The funding for that program has run out. The Biden administration submitted a bill to the Senate in early November requesting funding for this project to continue and the Senate replied by voting to end the COVID-19 “Emergency” state. The drug Paxlovid is still being administered to adults infected with COVID and considered high-risk under an Emergency Utilization Authorization designation. Pfizer applied for full approval status to the FDA in June of 2022. So far, the FDA has not taken any action on this request. That process can take months to years.

It is expected that in January 2023 , when Federal funding runs out, pharmacies will be charging patients \$2,300 for the five-day course of Paxlovid. It will not be covered by insurance. It will not be covered by Medicare Part D which by law can only cover products which have the full approval of the FDA.

The CEO of Pfizer pharmaceuticals has sent a note out to his shareholders and board anticipating huge profits in 2023 because Paxlovid will be sold at retail price. Public health officials are anticipating that the poor and seniors on fixed income will just not take the medication at that price.

As of last week, with the medication available, there were still almost 400 people in the U.S. dying daily from of COVID. Ninety percent of those deaths occurred in seniors 65 years or older who are already vaccinated.

I URGE YOU TO CONTACT YOUR CONGRESSIONAL REPRESENTATIVES and PROTEST THEIR LACK OF ACTION ON CONTINUING TO FUND THE DEVELOPMENT AND FUNDING FOR MEDICATIONS TO TREAT COVID.

## Tirzepatide for Weight Loss

Eli Lilly product Tirzepatide (“Mounjaro”) recently completed a Phase III trial called SURMOUNT-1 during which overweight participants taking the once weekly 15mg injection lost an average of 52 pounds or 22.5% of their body weight. The drug also comes in a 5mg dosage which produced an average 35-pound weight loss and a 10mg dosage which produced an average 49-pound weight loss.

The SURMOUNT-1 study was comprised of 2,539 overweight or obese adults who had at least one other comorbid health risk factor, but were not Type II Diabetics, including hypertension, heart disease, elevated lipids and obstructive sleep apnea. The drug was added to a reduced calorie diet and an exercise regimen. Participants received 2.5mg once a week for four weeks and then gradually increased the dosage. The study ran for 72 weeks. Patients with prediabetes were allowed to continue for an additional 104 weeks.

The major side effects were all related to the gastrointestinal tract including nausea, vomiting and diarrhea. The higher dosages produced more adverse effects. The drug outperformed Ozempic or Wegovy in head-to-head tests including weight loss and reduction in hemoglobin A1C. The price of the drug may be the most adverse effect costing just under \$1,000 a month retail. Eli Lilly has a program for those in need to reduce the price to \$25 a week.

This adds another successful weight loss medication to the field now dominated by Semaglutide drugs. These new medications help control blood sugars and promote weight loss. They have been so successful that overweight patients, not obese patients, have begun using them as a bariatric weight loss medicine when the goal of weight loss is more cosmetic than health related creating a national shortage of the medication. While the shortage is creating problems for those who truly meet the criteria for the medication, data has begun to accumulate linking these drugs with a small increased risk of developing thyroid cancer.

## Reducing the Risk for Developing Dementia

In an online periodical David Rakel, MD, FAAFP discussed strategies for reducing the chances of developing dementia as you age. His answers reflected common sense strategies we all know but have difficulty implementing most times. Much of his data and information comes from the British National Health Service which keeps records of all patients in the UK in the UK Biobank.

Data from the UK Biobank reveals that if we replace ultra-processed foods with non-processed whole foods, we are less likely to develop dementia. He suggested that eating 50 grams of apples a day instead of 50 grams of potato chips will reduce your dementia risk by 3%. Replacing 20% of ultra-processed foods with whole foods can reduce your dementia risk by 34%.

Alcohol has been shown to reduce functioning brain volume if you drink too much of it. The UK Biobank has the largest collection of MRI scans from almost 37,000 Brits aged 40 to 69. Since Brits consume a great quantity of beer, he noted that one pint of beer (16 ounces or 350 ml) contains 15 grams of alcohol which is equivalent to 2 units of spirits. Keeping your daily intake to less than 2 units or one pint of beer should prevent alcohol related brain shrinkage

Well-designed studies of blood pressure showed a strong relationship between elevating blood pressure and memory loss. Five studies (ADVANCE, HYVET, PROGRESS, SHEP, SUST-EUR) hinted that the ideal diastolic blood pressure (the bottom number) is between 70-75. The goal should be to keep your BP below 140/80 to reduce the risk of dementia.

Dr. Rakel then went on to point out the strong relationship between cardiovascular disease, cerebrovascular disease and memory loss. The American Heart Association's Life's Simple 7 (smoking, body weight, nutrition, physical activity, blood pressure control, total cholesterol and fasting sugar), if controlled, were shown to reduce risks for heart disease by almost 50% even if you had a genetic predisposition to the disease.

As we head into the New Year keep these simple tips in mind to reduce your risk of memory loss, dementia and cardiovascular disease. And remember, "*Nurturing nudges nature!*"

## When is the Best Time to Exercise to Prevent Cardiovascular Disease?

A research study published in the *European Journal of Cardiology* looked at the question of whether one time or another was superior for preventing cardiovascular disease. Researchers accessed the United

Kingdom Biobank which holds the health data on most individuals in the British National Health System. They looked at 86,657 individuals over a six-year period. The goal was to determine if timing of exercise influenced cardiovascular risk and events

Participants wore a wrist band device which measured physical activity over the span of a week. The group consisted of 42% men and 58% women with a median age of just under 62 years. The average body mass index (BMI) was 26.6. Anything over 30 is considered obese. They discovered 3,707 cardiovascular events over six years.

Surprisingly morning exercise reduced cardiovascular events (between 8:00 a.m. and 11:00 a.m.). This timing of exercise reduction in cardiovascular risk was more pronounced in women than men. “Morning people” seemed to have a 14% reduced risk of coronary artery disease than late risers and late starters.

Everyone who exercised, irrespective of the time of the day, achieved some protection. The best time to exercise then is when you can. Stay active my friends.

## Wearable Remote Patient Monitoring Program

If you have one or more chronic illnesses, we should discuss how you may benefit from participating in our Health Watch remote patient monitoring program. Medicare covers the costs, at standard rates, and it only takes about two minutes of your time each day to capture vital health metrics. Ask me about it.

### How To Reach Dr. Reznick If You Are Ill, Have an Medical Emergency or Need a Refill

1. **During Normal Office Hours** – Our office is open Monday – Friday from 8:30 a.m. to 4:30 p.m. Call the main number, 561.368.0191, and explain your concern to my staff. If it is a life-threatening situation, my staff will bring it to my attention immediately. If not, I will return your call as soon as I am not with a patient. It’s important for me to remain focused on the patient in front of me except for emergency situations.
2. **When the Office is Closed** - Before 8:30 a.m. or after 4:30 p.m. on weekdays you can reach me by calling the main number 561.368.0191. If you hear a recorded message, please listen to it and press the number 2. That forwards the call to my cell phone. You can also call my cell phone directly at 561.866.2379.
3. **When Seeing Patients Late** - Very often between 4:30 p.m. and 5:15 p.m., especially from November until approximately Easter Sunday, I am still with a patient. If I am, the call may not be answered and will go to Voice Mail. Leave a message and I will call you back. **If you do not hear from me within 30 minutes of your call, PLEASE CALL AGAIN.** That means for some reason I have not received your call.
4. **When I am Driving** - If I am talking to someone else while driving, and you call while I am watching the road, it is possible that I will not divert my eyes from the road and see a second incoming call. **Leave a message. If you do not receive a call back within 30-minutes “after hours”, please call again.**
5. **Don’t Call my iPad Number** - Several patients have been calling the phone number associated with my iPad which is 561.367.0444. I don’t have my iPad with me most of the day. The number was used

during the Pandemic quarantines for telehealth visits only. Please delete this number from your browser. If you are one of the patients who has called the number associated with my iPad, please understand that I have no way of knowing you called that number.

6. **Serious, Life-Threatening Emergency** - If you have a serious, life-threatening emergency, please **call 911 immediately.** When EMS arrives, and wishes to take you to the hospital, agree to go to the nearest receiving facility. You or a family member can call me after help has arrived to make me aware of the situation.

Life threatening emergencies include loss of consciousness, uncontrolled bleeding, difficulty breathing, chest pains, seizures or a change in mental status.

**In life-threatening emergencies, do not text message or email me. Have someone phone me please.**

7. **Medication Refills** - If you need a refill of medication, please call the office during regular hours especially if the medication is a controlled substance. There are numerous procedures the State of Florida requires us to follow and check on prior to refilling these medications and it is near impossible to complete them when you are not in the office.

If you have any questions about any of these steps to take, please call the office number and we will discuss it. Thank you!

## Happy Holidays!

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