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Practicing in Boca Raton and the Surrounding Community Since 1979

FALL 2016 - NEWSLETTER

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Medicare Part D Prescription Drug Selection Period

Each year in October those individuals who are enrolled in the Medicare Prescription Drug Plan Part D must reenroll for a plan for the subsequent year. On October 16, 2016 through December 7, 2016 you will have an opportunity to select a plan for 2017.

To participate in this program and get the most cost effective rate you must sign onto the government website www.medicare.gov. You should select the option to choose a Prescription Drug Plan Part D. You will be asked to list your name and zip code. There is an option to personalize your search by filling in additional information. This is the option to accept. You will be asked to put in your Medicare number and date of enrollment. You will then be asked to choose a preferred pharmacy from the list supplied. These pharmacies are always geographically close if you entered your zip code. You will next be asked to list your medications by name and dosage and frequency per day. It is very important that you do this. From year to year individual companies change the medications that they will cover. Just because your plan covered it last year doesn't mean they will cover it this year. Once all this information is recorded on this easy to see and easy to use website, you will be asked to submit or apply the data. You will receive back a list of the best local choices for you. Some plans have a medication deductible. Some plans cover the medication deductible. Some plans cover the donut hole of non-coverage (this begins once they have covered \$3700 and ends at \$4950). The more coverage you wish to enroll for, the higher the monthly premiums.

If you have any questions feel free to ask us. For those of you with no computer we will gladly assist you if you give us enough advance notice.

Influenza Vaccination Fall 2016. Morning Vaccinations are More Effective

If you haven't already received your influenza vaccination please call my office and schedule it now. Our main number is **561.368.0191**.

We have plenty of vaccine on hand including the Quadrivalent Flu Vaccine for our patients less than 65 years old. Our patients over 65 years old will be receiving the Senior High Dose vaccine which is a trivalent vaccine protecting against the three most common viral forms of influenza expected to impact the United States this season.

There is still some debate about how long our immunity to influenza vaccine lasts in senior citizens. Some models show a decline in immunity beginning at three months. Since influenza peaks in Florida in late January and early February we prefer to immunize our patients in late October and early November.

It takes ten days or more for a patient to develop immunity after receiving the vaccine. In recent studies published in the journal *Vaccine*, 2016 May, 34(24):2679-85 Anna C Phillip, PhD, of the School of Sport, Exercise and Rehabilitation Sciences at the University of Birmingham (England) and colleagues produced data that showed there is a superior antibody response to the flu vaccine if senior patients receive the shot in the morning as opposed to

the afternoon. They believe normal daily variations in human hormonal levels and other internal chemicals account for this morning benefit.

Based on this data, we encourage all our patients over 65 years of age to schedule their influenza vaccination before noon to derive this morning benefit.

For those patients choosing to receive their vaccine in a local pharmacy or in a community wide vaccination program we ask that you obtain written documentation of your vaccination so that we may record it in your chart. If you have any questions about flu shots please call us.

Cold and Flu Season Coming

As we head into fall and winter we see an increase in the number of viral respiratory illnesses in the community. Most of these are simple self-limited infections that healthy individuals can weather after a period of a few days to a week of being uncomfortable from runny noses, sinus congestion, sore throats, coughs, aches and pains and sometimes fever. There are studies out of Scandinavia conducted in extreme cold temperature environments that show that taking an extra gram of Vitamin C per day reduces the number of these infections and the severity and duration in elite athletes and Special Forces military troops. Starting extra vitamin C once you develop symptoms does little to shorten the duration or lessen the intensity of the illness. Vigorous hand washing and avoidance of sick individuals helps as well.

Flu shots prevent viral influenza and should be taken by all adults unless they have a specific contraindication to influenza. A cold is not the flu or influenza. Whooping cough or pertussis vaccination with TDap should be taken by all middle aged and senior adults as well to update their pertussis immunity. We often see pictures of individuals wearing cloth surgical masks in crowded areas to prevent being exposed to a viral illness. Those cloth surgical masks keep the wearers secretions and "germs" contained from others but do nothing to prevent infectious agents others are emitting from getting through the pores of the mask and infecting them. If you wish to wear a mask that is effective in keeping infectious agents out then you need to be using an N95 respirator mask.

Once you exhibit viral upper respiratory tract symptoms, care is supportive. If you are running a fever of 101 degrees or higher taking Tylenol or an NSAID will bring the fever down. Staying hydrated helps. Resting when tired helps. Most adults do not "catch" strep throat unless they are exposed to young children usually ages 2-7 that have strep throat. Sore throats feel better with warm fluids, throat lozenges and rest.

You need to see your doctor if you have a chronic illness such as asthma, COPD, heart failure or an immunosuppressive disease which impairs your immune system and you develop a viral illness with a fever of 100.8 or higher. If your fever is 101 or greater for more than 24 hours it is the time to contact your doctor. Breathing difficulty is a red flag for the need to contact your physician immediately. Most of these viral illnesses will make you feel miserable but will resolve on their own with rest, common sense and plenty of fluids.

News on Newer Oral Anticoagulants (NOAC)

For most of my adult medical career, warfarin or Coumadin has been the gold standard for achieving anticoagulation to prevent deep vein thrombosis, pulmonary embolism, embolic strokes and other hypercoagulable conditions. Taking warfarin required monitoring your INR or Prothrombin Time by taking blood from a vein or puncturing your finger and using the finger stick blood on a strip to calculate the INR. Our goal was to keep the INR level therapeutic between 2 and 3. The safe dose of warfarin (Coumadin) is affected by dietary intake of foods containing Vitamin K

(green leafy vegetables and fruits) and medications that either makes the warfarin more or less potent. These dietary and medication interferences either made your blood more coaguable increasing your risk of an embolic event, or made the blood less coaguable and contributed to bleeding events. These could include intracranial bleeds leading to permanent neurological damage and or death or gastrointestinal or retroperitoneal bleeding which could be life threatening. Warfarin or Coumadin's anticoagulant effect could be reversed quickly by administering an antidote, fresh frozen plasma (FFP) and or replacing Vitamin K.

Within the last decade, pharmaceutical manufacturers developed and released newer oral anticoagulants such as Pradaxa (dabigatran), Xarelto (rivaroxaban) and Eliquis (apixaban). These medications were advertised as safe and did not require blood tests to monitor their effectiveness while eliminating interactions with healthy foods and most medicines. They were embraced by cardiologists trying to prevent embolic strokes in patients with the arrhythmia atrial fibrillation. The major drawback was that if you started to bleed, there was no antidote to stop the bleeding available. In the introductory period the drug could only be reversed by removing the drug via hemodialysis. There were additional questions about whether the drug was actually as or more effective than warfarin when the warfarin dosage was monitored and regulated at reputable and established medical centers in the United States.

At the European Society of Cardiology meetings in Rome, Italy, Stuart J Connelly, MD, from McMaster University in Hamilton, Ontario Canada reported this week on the results of the ANNEXA – 4 Study. They reported being able to reverse the effects of Xarelto and Eliquis using a newly created chemical. According to their report they had achieved a safe and effective antidote for these two drugs which would complement another product already approved by the FDA and in use to reverse the anticoagulant effects of Pradaxa. Their presentation of the data was accompanied by the simultaneous publication of the results in the New England Journal of Medicine. Despite the papers presentation and warm reception and publication in a respected peer review journal, the FDA has yet to approve this medication for use in the United States.

At the same meeting, Dutch researchers presented data showing that the NOAC's (Pradaxa, Xarelto, Eliquis) provide at least the same degree of embolic stroke prevention as warfarin with less chance of intracranial bleeding. Clearly if this study is reproducible and if the antidote for bleeding with Xarelto and Eliquis receives FDA approval, it will be far easier for patients and clinicians to work with these NOAC's then to continue treatment with Coumadin. The NOAC's are far more expensive than warfarin (Coumadin) but their ease of use and reversibility with the newly approved agents, will make them the drugs of choice when an oral anticoagulant is required.

Turning 65 and Time To Enroll in Medicare. You May Be Assigned To A Plan You Do Not Want!

Three months before you turn 65 you may enroll in traditional Medicare and purchase a supplemental health plan without going for a physical exam or submitting medical records. No health habits or pre- existing condition can exclude you from membership. Medicare is the traditional insurance program for seniors allowing you to see any doctor in the USA at any institution. It gives you full choice and will pay 80% of what is considered usual and customary. You as an individual are responsible for the remaining 20% which is what the supplemental policy is purchased for and covers.

As a cost saving move, CMS (Center for Medicare Services) with Congress created alternative Medicare Advantage Plans to save the Medicare Trust money. Risk is taken by private insurers like Aetna, Humana, United HealthCare, Blue Cross Blue Shield and others who are paid a flat fee per month for caring for senior citizens. These plans have narrow panels of doctors and facilities that agree to provide care at a discounted rate. If the monthly or annual fee per patient is exceeded the insurer loses money and vice versa. These plans are popular with healthy seniors not

requiring healthcare because there are no monthly out of pocket costs for the policy, for generic medications and for the least expensive dental, hearing aid and glasses care. The insurance company lobbyists have negotiated many ""add on payments" from Congress making these plans highly profitable and more expensive to the Medicare Trust per patient than traditional Medicare. The problem arises when you become ill and you learn that the best physicians, best institutions and best treatment regimens are not necessarily covered. In addition you are subject to all the pre procedure approvals and certifications that private insurances managed care plans have in place before you can receive diagnostic tests or treatment even if you stay within the plan's panel of doctors and facilities.

The Medicare Advantage plans are so profitable to the private insurers that patients are coveted and recruited. Beginning in October open enrollment periods potential enrollees are bombarded on TV and in the mail and print media with ads to join. In the past you were required to actually sign up for these alternative programs or else you were automatically enrolled in traditional Medicare. That has now changed. With the blessing of new CMS Director Andy Slavitt, seniors about to turn 65 are receiving recruiting mail from Medicare Advantage plans with a message hidden within the brochures telling them that they will be automatically enrolled in their insurers Medicare Advantage Plan unless they actively decline. Many individuals bombarded with this health insurance advertising, throw it away without reading the ads and are automatically stuck in these programs for at least one year.

I like choice when I am ill. I will forsake the cheap eyeglasses and dental care and hearing aids for the ability to seek out the best caregivers and facilities. If you are turning 65 this year and do not open and read the material sent to you by private insurers with Medicare Advantage plans, you may be automatically enrolled and lose your choice too.

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