

## **FALL 2015 NEWSLETTER**

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### **Flu Shots for the 2015- 2016 Season**



Our supply of influenza vaccine has been delivered and we are beginning to immunize our patients. The Center for Disease Control in its Morbidity and Mortality Report recommends all adults be immunized against influenza this year beginning at a time that is appropriate to the appearance of influenza in your community. We generally do not see any significant influenza in South Florida before Thanksgiving with the season usually lasting through March. It takes ten days for the vaccine to take effect and your body to develop the immunity to resist the flu invasion. Immunity after vaccination begins to fade at 3 months and is markedly reduced or absent in most individuals 65 years or older at 6 months. Most pharmacies locally will begin their vaccine campaign in September. If you receive the vaccine then there is the chance that your immunity will be decreasing by December. For this reason we prefer to vaccinate you on October 15 or later. Please call the office for an appointment.

We will be administering the senior high potency vaccine which is the usual trivalent inactivated influenza vaccine at four times the dosage given to younger patients. Research has shown that the higher dose is needed to get senior citizens immune response to work well. Despite the higher dose, there are no more side effects reported than in the usual dosage administered to younger individuals.

For individuals younger than 65 years we will be administering the recommended quadravalent vaccine which is also an inactivated viral product. We will be charging \$35 for the shot. Patients with egg allergies are encouraged to obtain the trivalent recombinant influenza vaccine (RIV3, known as FluBlok). It is available in limited supplies at the Health Department and at Passport Health. Feel free to call the office if you have any questions at **561.368.0191**.

### **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.

### **American College of Physicians Rejects “Heart Screening in Adults at Low Risk”**



I am often asked by potential new patients, how often they can have a nuclear stress test, an echocardiogram and imaging of their heart and blood vessels. When I tell them they probably do not need such testing, it’s not uncommon for them to tell me about their highly fit and athletic friend with no symptoms who just had a stress test and ended up with a three vessel coronary bypass procedure “saving” their life.

An article in the *Annals of Internal Medicine* the American College of Physicians (ACP) supported that position saying that individuals with a Framingham cardiovascular risk assessment of <10% over the next 10 years should not be tested. “These recommendations are based on the lack of evidence showing that screening improves clinical outcomes.” They went on to say that screening has unclear effects on risk reclassification and the use of risk reducing therapies and noted that while abnormalities discovered via resting or exercise EKG were associated with an increased risk of subsequent cardiovascular events, they had no effect on clinical outcomes. According to the authors, “even if a cardiac abnormality is uncovered via screening, the most effective treatment may be adjustments in diet, exercise and other modifiable CHD risk factors that would be recommended regardless of screening results.”

I am frequently asked about the health conscious individual who had the testing and was found surprisingly to have critical disease requiring a lifesaving procedure. The ACP cited a thorough Coronary Artery Surgery Study in which cardiac catheterization on patients with “nonspecific” or unclear chest pain revealed atherosclerosis in 40% of men and 24% of women, but only 3% of men and 0.6% of women had severe enough disease to benefit from a revascularization procedure.

The ACP paper cited the harm done by screening low risk individuals including excessive radiation exposure and the cost and morbidity of doing additional testing and or procedures to follow up false positive test results. The group stated that a nuclear stress test exposed an individual to an effective radiation dose that is twice the dose of an abdominal CT scan (15.6 mSV) which is the equivalent of ten years’ worth of chest x-ray irradiation. They also projected an increased risk of 2 -25 cancer cases per 10,000 nuclear medicine stress tests in people age 50 or older.

What is clear from the ACP recommendations is that the decision to perform cardiovascular screening should be based on the personal and individual patient history and physical exam findings which indicate a significant possibility of their being cardiac or vascular disease. If in fact the risk is low then testing for the sake of wanting to know causes more problems than solutions.

## **Medicare Part D Open Enrollment 2015**



From October 15, 2015 through December 7, 2015 Medicare beneficiaries will have an opportunity to choose their 2015 prescription drug plan. These plans change annually. If you do nothing you will remain in your current plan in 2016 even though the price will change and the drugs covered will change.

On your computer go to [www.medicare.gov](http://www.medicare.gov). Choose prescription drug plans. You will be asked to put in your name, your Medicare ID number and your zip code. They will ask you to enter your favorite pharmacy and then all your medications by name, dosage and frequency of administration. You will then run the program and it will suggest the best plan for you. I suggest you choose the least expensive plan. There are elective add on features which pay your drug deductible and even cover the donut hole for a higher fee. If you have any questions feel free to call us. If you cannot use a computer and need our help please let us know.

## **Study Suggests Increased MI Risk After Hip and Knee Replacement**



*MedPage Today*, the online journal of the University Of Pennsylvania School Of Medicine reported on a research study by Yuqing Zhang, D.Sc of the Boston University School of Medicine published in the online edition of *Arthritis & Rheumatology* showing an eightfold increased risk of a heart attack in the first month after knee replacement surgery in surgical patients compared to controls. They also noted a fourfold increase for patients with hip replacements in the first month post-surgery. An increased risk persisted for up to six months and then declined to a negligible level.

Earlier studies of the issue had shown a 44% lower risk of serious cardiac events during a seven year follow-up period for knee and hip joint replacement patients, but that study excluded short-term events occurring in the immediate post-op period. This current paper looked at 13,849 patients with osteoarthritis who underwent total knee arthroplasty and 6063 that had total hip arthroplasty between the years 2000 – 2012 along with a similar size group of control patients. The mean age was 71 years with half the patients being women having a mean body index of 28kg/m<sup>2</sup>. When this patient group was followed for 4.2 years there were 306 heart attacks in the knee replacement group and 286 heart attacks in the control group. For hip replacement there were 128 heart attacks in the surgical group while there were 138 in the control group.

This study makes us much more aware of the increased risk of a heart attack shortly after surgery. Future research will have to look at the causes and whether continuing anticoagulation and antiplatelet drugs for a longer period of post-operative care will help. Consideration for statin use as an anti-inflammatory agent to prevent cardiovascular events will need to be considered as well. If we look past the first six months of increased risk of heart attacks, these procedures are actually relieving pain and allowing patients to have a more independent and active lifestyle possibly accounting for the previous studies results showing a 44% lower risk of serious cardiac events over a seven years post-surgical period.

## **Adult Sore Throats**

Robert Centor, M.D., of the University of Alabama at Birmingham, performed the definitive study on adult sore throats showing that 10% or less of adult sore throats are caused by bacteria particularly Group A Streptococcus .



He went on to prove that bacterial Strep throats were accompanied by a cough, large swollen and tender lymph nodes, a temperature greater than 100.4 and an exudate on your tonsils. The disease is primarily seen in children age 2-7 and those who care for them and play with them. In adults who did not meet the criteria of having a cough, swollen and enlarged lymph nodes, a temperature of 100.4 and a tonsillar exudate, a rapid streptococcus throat swab was accurate 100 % of the time.

If the quick strep analysis is negative you do not have a strep throat and do not require an antibiotic. We had two patients this past fall who did not meet the criteria of Dr. Centor, did not have the physical findings consistent with a strep throat, had a negative quick strep throat swab but upon performing a traditional throat culture were found to be positive for Group A Beta Hemolytic Streptococcus requiring antibiotics. Why did the discrepancy occur? According to the manufacturer, they had to recall a batch of diagnostic material that was ineffective. Both patients were placed on antibiotics soon after their clinical course did not follow the path of a viral infection. Both did well.

Most adult sore throats and colds do not require antibiotics. We reserve them for patient with debilitating chronic illnesses especially advanced pulmonary, cardiac and neurologic disease patients. With influenza season on the horizon we will continue to assess patient's clinically using history, exam, quick strep throat swabs and traditional microbiological throat cultures where appropriate. I will continue to prescribe antibiotics where necessary.

### **\$300 Discount**



If you love the enhanced level of care and service my practice provides you; why not refer a friend, colleague, neighbor, etc.? As a current patient, you will receive a \$300 discount off of your next annual membership fee simply by referring a non-family member who joins the practice within 30 days of the referral. Interested in the \$300 discount? Inquire during your next office visit or give me a call or send me an email.

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