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Remote Patient Monitoring – An Important Clinical Tool for Chronic Conditions

Most of my patients have at least one chronic condition and many of you have more than one. You're not alone. Nationally, over 60% of adults have at least one chronic condition and over 40% have two or more.

According to the CDC, over 75% of the nation's healthcare expenditures are directly attributed to chronic conditions. They have also shown that most chronic diseases can be prevented by eating well, being physically active, avoiding tobacco, limiting the consumption of alcohol and getting regular health screenings.

Chronic conditions are typically long lasting and can be controlled but not typically cured. To help physicians manage chronic conditions, Medicare is paying for "functional" patients to participate in remote patient monitoring (RPM) programs. Many commercial health plans are also now reimbursing for RPM.

What is remote patient monitoring? It is the daily collection of important health metrics used to develop and manage treatment plans for patients with chronic conditions. The data is reviewed by me to identify any concerning changes in a health metric and then address those concerns accordingly.

RPM is proactive care. It allows me to monitor your data outside of my practice setting. Improvement of health outcomes has been shown in patients using RPM. Also, studies have found it can reduce ER visits up to 52% and re-hospitalizations up to 76%. RPM also provides peace of mind to you and your loved ones knowing I am keeping a watch on your data when you are not in my practice.

I have recently partnered with Caura Health for my RPM program. I have had a working relationship with their founder for the past 14 years as he is also one of the thought-leaders in concierge medicine.

The Caura Health program is designed to be simple to use, it only takes about two minutes per day, while capturing important your health metrics. The data captured includes heart rate, blood pressure, blood oxygen, heart rate variability, glucose, pulse transmit time, weight and daily steps. The program is HIPAA compliant. Your personal health information (PHI) and your data are securely stored and cannot be used for any purpose other than for the clinical use for your care.

Participating patients who do not have an Apple Watch receive a kit which includes a Health Watch, Bluetooth BP cuff and mini tablet with a proprietary App pre-installed. For those of you with an Apple Watch, it will work with the program once the APP has been installed on your smart phone, you've logged

into it and paired your Watch to it. There are no out-of-pocket costs to patients who have Medicare with a supplement.

It's your health and important for you to take a proactive role in taking care of it. If you have one or more chronic condition, I highly recommend you participate in this worthy program. RPM is an important clinical tool and will play an increasing role in the future of health care.

Let's have a conversation about your health and how participating in RPM will benefit you.

The Flu Shot Lowers Stroke Risk. It's Time to Schedule Yours.

Fall is just around the corner and it's time to start scheduling your flu shot. This season we have the high dose quadrivalent vaccine for people 65 years of age or older and the Quadrivalent for those younger than 65 years of age. The vaccine takes about two weeks to provide full immunity and will reduce your chance of catching the illness. Most importantly, it will prevent serious illness requiring hospitalization and or death. Last year influenza caused almost 45,000 deaths in the USA.

The vaccine is being given in our office. My patients should call 561.368.0191 to schedule the flu shot. You can take this vaccine at the same time as the new Omicron specific booster and near that vaccine which is being given at local pharmacies including CVS and Walgreens.

The journal *Neurology* published a peer reviewed article that examined whether getting a flu shot provided any additional protection beyond preventing the flu. The study, led by Francisco Jose de Abajo, MD, MPH, PhD of the University of Alcalá in Madrid Spain, showed that the flu vaccine reduced the risk of stroke by 12% in those who had risk factors for cerebrovascular or cardiovascular disease. The study noted the protection began within two weeks of receiving the vaccine for both patients with cerebrovascular risk factors regardless of age.

Another study published several weeks ago noted that the risk of dementia was diminished in those patients receiving the flu shot as well.

Flu season is here. Please call the office and schedule your vaccine.

Posture Makes a Difference in Pill Time to Action

Engineers at the Johns Hopkins School of Engineering have been creating models of human organs to investigate the way to make them most efficient. Recently they used an artificial human stomach to determine if our position at the time of swallowing a pill makes a difference in the time until onset of action of the medication. Most experts agree that oral medication doesn't start to work until the material leaves the stomach and moves to the small intestine. For prime efficiency you want the pills to land in the distal portion of the stomach or antrum. You can achieve this by lying on your right side.

Their studies, published in *Physics of Fluids*, showed that dissolution was at least five times quicker by lying on your right side. Your left side was significantly slower. Being upright fell somewhere in between being on your right or left side. They showed that a person lying on their right side took almost 23 minutes for the material to dissolve and leave the stomach while that time was only 10 minutes on the right side. For patients with diabetic gastroparesis, or Parkinson's disease, these positional differences may be even more significant.

As a physician prescribing medication for years, I never considered position an issue. Now when I get my headache and want quicker resolution, I will try the various positions and see if it makes a difference.

Bisphosphonates, Prolia & Forteo in Osteoporosis Treatment

When I started practicing clinical medicine in South Florida there were few if any treatments for osteoporosis. We saw the devastating effects of this condition in lean post-menopausal women in their seventies and eighties - especially those who had multiple pregnancies and smoked. In men we were more likely to see it in male smokers taking corticosteroids for an inflammatory disease.

Spontaneous collapse of their vertebrae leading to nerve compressions, brutal unrelenting pain and at times neuromuscular injuries preventing walking were common. If we measured height, we saw a decrease in height over time before these catastrophic spinal injuries occurred. We also saw a plethora of spontaneous hip fractures which occurred causing a fall with trauma. In most cases, both presentations resulted in major and extensive surgery and rehabilitation before a patient resumed their life. The only medications we had at the time for women were estrogen and progesterone which carried their own list of potential adverse effects.

The introduction of oral bisphosphonates changed that. Medications like Fosamax, Actonel, Boniva slowed down the process and, with weight bearing exercise, smoking cessation, appropriate nutrition, and luck, reversed it. These medications in pill form were tough to take and still are. They are large, poorly absorbable and require you to take them on an empty stomach while upright. Most instructions call for drinking eight ounces of water with the pill followed by another eight ounces of water after the pill then staying upright for 30-60 minutes. These pills are extremely corrosive if they get caught in your esophagus because you didn't swallow them with water. They can upset the gastric lining of your stomach as well.

Bone Densitometry tests allowed physicians to detect and then follow serially over years the thickness of your bones. I believe due to the size of the pills and the gastrointestinal problems they can cause convincing patients to try these medications has always been a difficult prospect. Fortunately, much of the responsibility falls on the gynecologists who look for osteoporosis and osteopenia as part of their evaluation of perimenopausal women routinely.

For those individuals unable to tolerate these oral medications, or unwilling to try, rheumatologists have injectables to help the bones. Prolia (denosumab) an injectable given every six months, and Forteo, (teriparatide) a daily injectable, were developed. They too can produce side effects including back and bone pain and a host of others. The good news is they work.

In a recent study of 50,862 women published in the journal *Therapeutic Advances in Musculoskeletal Diseases* researchers from the University of Verona, Italy led by Giovanni Adami, found that the oral medications can reduce the risk of fracture by 30% while monthly Prolia did so by 60% and daily Forteo by 90%. The significant difference was the fact that the oral agents required one year of use before the risk of a spontaneous fracture occurred while the injectables achieved success much sooner.

While rheumatologists and gynecologists surmised this was occurring, this study provides solid evidence to back up their hunches.

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Pre-Workout Caffeine and Energy Drinks May Be Detrimental to Your Health

Medical Bag, an online medical journal, looked at the practice of consuming high quantities of caffeine containing energy drinks before exercising or entering a competition and its effects on your health and performance. They followed their review of the recommendations of the European Association of Preventive Cardiology and the World Health Organization positions against consuming these drinks prior to exercise.

It was noted that in addition to elevated levels of caffeine these drinks contain taurine and glucuronolactone which can have a negative effect as well. The high doses of caffeine may alter your susceptibility to lethal cardiac arrhythmias by prolonging your QTc interval on your EKG. They also adversely alter the function of your endothelial cells which line our blood vessels and prevent random clotting within these vessels. They cite a 2019 study by Shah et al which looked at 2 popular energy drinks consumed before vigorous exercise and compared to consumption of a placebo resulting in the energy drinks prolonging the QTc intervals. This may cause arrhythmias in individuals with healthy hearts but is much more likely to cause them in individuals with non-diagnosed heart issues. The caffeine and additives also contribute routinely to elevation of your systolic and diastolic blood pressure with vigorous exercise.

The energy drinks have become popular in the USA based on small studies that hinted that caffeine enhances one's performance. The small sample size and design of the studies did not warrant that conclusion.

Energy drinks are unregulated in the United States and are treated as a food not a medication. It is far safer to hydrate with water or an electrolyte rich sports drink than a highly caffeinated beverage prior to vigorous exercise or athletic competition.

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