

FALL 2012 NEWSLETTER

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Flu Shot Campaign Begins



As school bells ring out announcing a new school year and pigskins fly through the air announcing the arrival of a new football season, the Center for Disease Control begins its annual influenza vaccine campaign. “Flu” or influenza is a viral illness associated with fever, severe muscle aches, general malaise and respiratory symptoms. Most healthy children and adults with the flu can run a fever for 5-7 days and fight off the infection over a 10 day to three-week period. There is clearly a long period of malaise and debilitation in many that lasts for weeks after the acute febrile illness resolves.

The illness is especially severe and often lethal in the elderly, infants, patients with asthma and chronic lung disease and in those patients who have a weakened immune system due to disease or cancer treatments. Diabetics and heart patients are particularly vulnerable to the lethal effects of unchecked influenza.

The Center for Disease Control recommends vaccinating all Americans over six years old against influenza. Adults can receive an injection, or a nasal application. The 2012-2013 vaccine has been updated from the 2011-2012 version based on samplings of current influenza viruses spreading around the world. It takes about two weeks to develop antibodies and immunity to influenza after you receive the vaccination. If you received the vaccine last season or had the flu last season you are still advised to receive the 2012-13 vaccine this year because immunity fades with time. Flu vaccine should have arrived in most physician offices and community health centers and pharmacies by mid-August. The CDC advises taking the shot as soon as it is available.

The vaccines used are not live viruses so one cannot catch the flu from them. Side effects usually include warmth and tenderness at the injection site and rarely general malaise and low grade fever a day or so later. The benefits of receiving the vaccine far outweigh these minor and rare ill effects which can be treated with an ice pack to the injection site and some acetaminophen. Please call my office to schedule an appointment for a flu vaccine.

For those individuals who catch the flu, we still have several antiviral agents available to treat the illness. These agents should decrease the intensity or severity and duration of the flu. We try to use these medicines as infrequently as possible because the flu can develop resistance to them over time.

Prevention of disease is an ever increasing component of our everyday language. Vaccination against an infectious disease such as flu or influenza is clearly one of the more effective preventive strategies physicians have available to offer patients. While you are making arrangements to receive your flu shot inquire about several other effective adult vaccines including Pneumovax to prevent bacterial pneumonia, Zostavax to prevent shingles and post herpetic neuralgia and Tdap to prevent whooping cough or pertussis and tetanus.

Hepatitis C



The Center for Disease Control and Prevention (CDC) has requested that all individuals born between 1945 and 1965 be tested for the presence of the Hepatitis C virus. This is a clear cut change in their policy which had previously asked that only high risk patients be tested.

Hepatitis C is a viral infection usually transmitted by blood to blood transmission. High risk patients include intravenous drug users who share needles, men and women receiving hemodialysis, patients with an impaired immune system such as HIV patients and patients who received blood transfusions before 1992 because the system was not tested for Hepatitis C at that time. Additionally, the disease may be seen in health care workers who were exposed to blood and in life partners of infected individuals due to sexual transmission or common use of grooming items such as razors and toothbrushes. Individuals who received tattoos with non sterile equipment are additionally at risk.

During my training years we only knew of Hepatitis A and Hepatitis B. We were aware of a third form which we named “non A, non B Hepatitis.” With improved technique and technology the “C” virus was isolated. It is believed that there are 1.5 million baby boomers infected who have no idea that they have the illness. It is important to detect them because the virus can lead to chronic liver disease, liver failure and liver cancer - all of which can be prevented with the treatments now available.

The disease is common in baby boomers because they were the participants in the 1960's -70's “ free love” generation which included IV drug use and sex with multiple partners both, of which are risk factors for the disease. Since only 1 in 10 infected individuals become acutely ill with the infection and develop fever, malaise, jaundice, darkening urine, light clay colored stool; it is highly likely that many carriers have no idea they have the infection. We want to find those people and treat them before they become clinically ill with the stigmata of chronic liver disease. To identify them requires a simple non fasting blood test which can be performed by a physician or the health department.

If a screening test suggests that you are infected, additional testing will be performed to determine the genetic type of the virus you have and to assess the ability of your liver to function. You will require a liver biopsy at some point. With this data, physicians who specialize in liver diseases called hepatologists and/or infectious disease experts can tailor the treatment to your genetic type of virus.

Experts do not want baby boomers to panic over this disease. Infected patients can interact with the public and loved ones without fear of transmission of the virus unless they are bleeding or intimate. The Hepatitis C virus is in fact much less likely to be transmitted sexually than the Hepatitis A or B viruses are.

Low risk individuals who have donated blood recently, are not IV drug users and have not been intimate with a Hepatitis C patient have little to be concerned about. I recommend you talk about Hepatitis C screening with your physician at your next scheduled visit.

Same Day Visits, Emergencies and Information for Practice Members

I strive to give every patient the opportunity to have a same day visit. That means I will come in early or stay late to fit you in on the same day. However, I will not cancel another patient's scheduled visit to schedule another patient's same day visit. Nor will I move or reschedule an existing appointment for a patient who desires to have a same day appointment. This is only fair.



I define an emergency as something that is immediately “life threatening”. That would include chest pain, breathing difficulty, loss of consciousness, change in mental status or uncontrolled bleeding. If a patient or family member calls our office with one of these problems the office staff is trained to interrupt me and immediately put me on the phone. I will try and quickly evaluate the situation and make the best clinical decision for the patient. In most cases I will instruct the patient to call 911 and proceed to the nearest emergency department. This is being done to get trained medical personnel to the patient within 3-5 minutes. Most medical offices today do not possess the staff or equipment to quickly treat these types of emergencies.

If a patient of mine arrives at the hospital emergency department with a life threatening illness I will reschedule the existing non-emergent office patient visits to leave to attend to the emergency. I understand this may seem to be an inconvenience to some of my patients but I believe you would want the same level of attention and care if you are ever in need.

If you wish to discuss these policies, or make suggestions on how to improve them, please contact me.

Medical Students Return



The end of August marked the return of our doctors in training from the Charles E Schmidt School of Medicine at Florida Atlantic University. I will have a first year student working alongside me on most Monday and Wednesday afternoons. This is a golden opportunity for our patients to teach the students the way you wish to be treated by our future doctors. When you are seen by a student I will be present as well since each student exam is supervised and checked by me. If you do not wish to be seen by a student please let me or any of my staff know in advance.

For those of you who have participated in the program with previous students I wish to provide some follow-up. All of my previous students were members of the University of Miami Miller School of Medicine program at FAU.

Josh Stevens, MD, our former student, is finishing his second year of obstetrical and gynecologic residency at a University of Tennessee program. Fayeza Raza, MD is in the midst of his internal medicine residency at the University of Texas program in Dallas, Texas. He called during his first night alone in charge of their Cardiac Care Unit to say he was doing well, felt well prepared but was a bit nervous. Stephan Doig, our fourth year student is currently taking fourth year electives while he decides which area of medicine to pursue. He will be rotating through our office quarterly until graduation.

Congratulations For Receiving a Discounted Membership Fee



I thank and congratulate those members of the practice who referred someone who joined the practice. Thank you for your confidence in me. Those referral source patients are extended a \$300 discount off their membership fee the next year. Word of mouth is still the best advertising. If you are happy with the services we provide please refer in a friend and you too can receive a discounted membership.

Lose Weight and Achieve Optimal Health – For Life



If you are impressed with my recent **52 pound weight loss** and want to find success for yourself, schedule an appointment to find out how I did it. I will gladly share my story, and the program, with you.

Use blog article

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