

WINTER 2017 - NEWSLETTER

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Red Meat May Not Increase The Risk For Vascular Disease But Is It Healthy?

A study published in the online version of Consultant 360 magazine looked at the relationship between eating red meat and cardiovascular risk factors. The study was performed at the Department of Nutrition Science at Purdue University. Researchers reviewed 24 studies on the topic listed on PubMed, Cochrane Library and Scopus databases. These studies examined individuals 19 years old or older who consumed at least 35 grams of red meat per day and whom listed at least 1 cardiovascular risk factor. They then examined the study participants blood total cholesterol, LDL cholesterol, HDL cholesterol, triglycerides plus systolic and diastolic blood pressures.

They found that red meat at these quantities did not increase lipids, lipoproteins or blood pressure. This led them to conclude that the risk for cardiovascular disease did not increase in individuals consuming more than the recommended daily amount of red meat.

While this study gives hope to meat lovers, cardiovascular disease is not the only cause of illness or death. High consumption of red meat has been implicated in a greater risk of developing colon cancer, breast cancer, diabetes and an overall increased risk of death from all other causes. Some individuals seem to believe that you can counteract this negative effect of red meat by eating large quantities of fresh fruits and vegetables. Unfortunately a Swedish study published this year in the American Journal of Clinical Nutrition disproved this theory. For men, the more red meat they ate the more likely they were to develop diabetes. For both women and men, those who ate the most red meat had a 21% greater risk of all – cause mortality than those who ate the least. This higher risk did not change when the authors took into account fruit and vegetable intake. Interestingly it was processed meat that caused the rise in health risk with unprocessed meats only being associated with a slightly increased death risk even at high consumption levels.

I believe the take home advice is that consumption of unprocessed red meat in moderation with plenty of fresh fruits and vegetables doesn't impair your risk of dying. Processed meats are to be avoided if you wish to avoid multiple illnesses and disease. Give up the bologna and salami and other processed meat products except on limited occasions.

Non Invasive CT Angiography Preferable To Stress Testing

Coronary CT Angiography appears to be a better tool than stress testing alone for identifying patients with chest pain requiring invasive angiography. The SCOT-HEART investigators showed that patients showing disease on CT Angiography were less likely to show normal coronary arteries when they had the subsequent cardiac catheterization or angiogram. The SCOT-HEART study included 4146 patients who were randomized to receive standard care with or without coronary CT Angiography. David E Newby, MD, of the University of Edinburgh in the UK and associates concluded in the April on line edition of the Journal of the American College of Cardiology "in patients with suspected angina due to coronary heart disease, coronary CT angiography leads to more appropriate use of invasive angiography and alterations in preventative therapies that were associated with a halving of fatal and non-fatal myocardial infarction(s)." Reviewers of the study in editorial comments said that CT angiography had an edge over stress testing because of, "The ability to identify, quantify and characterize atherosclerosis." CT

angiography allows measurement non-invasively of fractional flow reserve providing a clear advantage to traditional stress testing. The major draw backs to CT angiography include cost of about \$460 more than stress testing and exposure to ionizing radiation. A traditional CT scan exposes you to about 10 years' worth of Chest X Ray level radiation.

For the practicing community physician this data will result in our patients with chest pain being sent for Coronary CT Angiography in the Emergency Department when presenting with chest pain, risk factors for heart disease and no clear cut diagnostic EKG changes instead of waiting for a cardiologist and technical team to be available to perform a stress test.

Hospitalized Seniors Say No One Coordinates Their Care

Anthem Healthcare had a survey conducted of over 1,000 senior citizens older than 65 years of age in the hospital between September 26 and October 13, 2016. This Harris Poll found that 85% of the participants had a real medical issue. The poll also indicated:

- Sixty-four (64%) percent said they had at least three different health care providers (at one time these were called doctors.)
- Sixty-nine (69%) percent rely on a family member or themselves to organize and coordinate their care.
- Sixty-four percent (64%) of those recently hospitalized said no one helped coordinate their care after their hospital discharge for months at a time.
- Less than half of those surveyed (<50%) said that they were asked about medications or treatments provided by other physicians that might impact their current care. With no one checking drugs and drug interactions this raises major safety issues.

The findings are not surprising to me and reinforce why I limited my practice size and leave sufficient time to learn about who else is caring for my patients and what, and why, they are recommending their specific care plan. It requires reviewing medication lists painstakingly including accessing pharmaceutical data bases and asking patients and their caregivers to bring all their medications and supplements to the office in their original pill bottles. For instance, you can't tell how much potentially dangerous fat soluble vitamins your patients are ingesting without reading the labels. You need to run the drug-drug interaction software to insure that medicine combinations are not making your patient ill

It's important to know who else is providing care to this patient and why. As their primary care physician, you need to ask patients to request old medical records and request a consult summary from their other doctors. You then need to invest the time necessary to review these documents. It's a two-way street; providing your patients' other physicians with your office notes as well as lab and test results. Sometimes a phone call to another doctor is necessary to clarify treatment recommendations and to then assist and educate your patient concerning the reasoning and goals of the treatments.

Often, family conferences in person or by phone are needed to inform caring relatives about what support and assistance the patient requires and how they can be of help. It takes time listening to your patients' concerns, advocating on their behalf and preventing well-meaning treatment from others from causing harm because they are unaware of the patient's medication or problem list.

In today's world, concierge and direct pay primary care practices are providing these services while polls sponsored by mega-health entities confirm those organizations are falling far short in doing so!

Exercise, Intellect, Emotion and Health

It was NFL playoff Sunday and my Dolphins were making their first playoff appearance in a decade. Before sitting down to watch the game my schedule included seeing my hospitalized patients, taking the dog for a long walk, running some errands for my wife and hopefully getting in some meaningful exercise.

An observational study from England had shown the benefits of exercising only on the weekend, if that is all your schedule permitted, reduced death when compared to inactive adults. The weekend warriors had lower rates of cancer related deaths as well. If we couple this with another recent published study showing that fit adults 55-74 years of age displayed better memory and intellectual skills than unfit individuals, there were good reasons to get in that workout.

I awoke early, walked the dog, stopped at two stores for my wife on the way to the hospital and was finishing up my hospital visits by 11:15 a.m. when the call came from the Emergency Department about a patient with knifelike pain with each breath. I was fortunate to still be at the hospital. The ED physician told me the test of choice to distinguish a pulmonary embolus and heart attack was "not available" on Sunday due to staffing despite the facilities expensive prime time TV ad campaign praising their "Cardiovascular Institute". I went to Plan B ordering nuclear medicine and ultrasound technology that required calling in personnel that were available. I called the patient's heart specialist in cardiology, ordered medications to treat her illness and relieve her pain then headed home after explaining the situation and options to the patient.

I arrived home right after the opening kickoff. I logged onto the hospital information system to view the lung images as the study progressed. To my surprise there were none. I phoned the nursing station on my cell phone and after navigating the recorded automated attendant, my call was transferred to the nursing station. The ward clerk transferred my call to her but all I heard was a recorded announcement of the hospital available new services until I was cut off. I called back and it happened again. This time I phoned back on my land line and asked for the nursing supervisor on call. I was put on hold and was waiting when the patient's floor nurse called on my cellphone. "Dr Reznick I am on the computer and do not see an order for the tests you say you ordered. By the way her creatinine is elevated at 2.7, are you sure you want to do that test?" I was on the computer too looking at the order and the patient's normal kidney function studies so I asked "Who are you talking about?" It was the wrong patient. At that moment on the big screen TV the Dolphins were fumbling away their third scoring chance in the first half. I was extremely frustrated when the nursing supervisor finally answered on my other phone. We discussed the situation and she promised to call in the personnel to perform the necessary tests three hours later than requested. I hung up the two phones just as the Dolphins threw another interception.

I looked up at my wife seated nearby cutting up oak tag for her students to use in her class next day as she held one up on which she had written, "Stay calm. Breathe slowly and deeply." I responded by standing up and saying, "I am putting on my running shoes, warming up, stretching and then running a few miles." She responded, "Don't you think you should calm down first?"

An article in the paper talked about an observational study looking at 12,000 plus individuals who had their first heart attack within one hour of vigorous exercise. Those that were angry and exercised vigorously to blow off steam had a threefold increased risk of a heart attack." Observational studies do not prove cause and effect but to play it safe I took a calming twenty minute walk, stretched than I ran and felt better. As I finished my run, I accessed the test images from my phone and thankfully there were no lung blood clots or blood clots in her leg calf.

Legalization of Medical Marijuana and Traffic Fatalities

The State of Florida has legalized marijuana for medical purposes. Marijuana has now been legalized for medical use in 28 states.

We know that marijuana and or alcohol impairs ones driving ability. Surprisingly, the traffic fatality rate dropped by an average of 11% in states that have legalized medical marijuana since 1996. At the moment researchers have no explanation for this finding. They believe marijuana users stay home off the road and use their medication while individuals drinking alcohol are more likely to drive to or from an establishment serving alcohol.

The state of Colorado has legalized marijuana for general recreational use. They do not yet have data on traffic fatalities and marijuana usage.

Weekly Wellness

Recently, I introduced a new element of my personalized concierge medicine program.

Paragon Private Health, the concierge medicine company I work with, began emailing my patients Weekly Wellness articles on my behalf. These valuable health articles are intended to assist you in your ongoing effort to achieve and maintain your personal level of optimal health and wellness. I highly recommend you take the time to read each article and follow the advice as it applies to you.

You will receive the emails from membership@paragonprivatehealth.com. Please add this address to your email contacts to ensure the articles aren't blocked by your spam filters.

My practice will remain your contact for all medical and membership related issues or questions. I sincerely hope you enjoy this new feature and, as always, please feel to reach me with any questions you have.

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