

Spring 2017 - NEWSLETTER

Steven E. Reznick, M.D. FACP
7280 W. Palmetto Park Rd., Suite 205 N, Boca Raton, FL 33433
561-368-0191 or email **DrR@BocaConciergeDoc.com**

Medical Records for Travel and Your Return North for the Summer

Spring usually means our patients are planning vacation trips and/or returning to their other homes. I suggest you bring a copy of your medical records from your stay in Florida with you. This will usually include your current medication list and allergies, progress notes from any office visits, any tests performed either by the office, the lab or a local facility and any consult notes sent to us by doctors you have seen. We can provide these records in print form or on a USB Flash Drive. Please give us at least a two week notice by calling at 561.368.0191. When you return to Florida, please bring with you and provide us records of any medical encounters that occurred while you were out of the area. Thank you.

Medical Health Insurance and Travel Abroad. Need for Repatriation

Most American health insurance policies do not cover the cost of care provided overseas. If you are travelling abroad please check with your health insurance carrier to determine what, if anything, is covered while you are travelling outside the country. Supplemental travel health policies are available. These policies should provide arrangements for transportation to a US hospital to provide care if it is needed. Many credit cards and travel policies will pay for taking you to the nearest facility that delivers a comparable service for your needs rather than the hospital of your choice. You need to inquire about whether these policies cover exacerbation of preexisting conditions or not. There are often exclusions for out of network services and for high risk activities like skydiving, scuba diving and rock and mountain climbing. Some policies require a second opinion before they will cover your illness. You want to make sure your policy covers a call to a 24 hour physician hot line to discuss your illness and appropriate treatments

When looking for an insurer that will cover your travel health, I suggest you look at certain websites including the Department of State www.travel.state.gov, International Association for Medical Assistance to Travelers www.iamat.org and the American Association of Retired Persons www.aarp.org.

Probiotics and Mild Seasonal Allergies

I just completed the 2017 Internal Medicine Review course at Boca Regional Hospital and one of the presenters was Dr. Eamon Quigley an expert on the bacteria in the gut or microbiome. He spoke about the future of analyzing the gut bacteria in disease, as well as health, and adjusting it accordingly.

When the question of probiotics came up he was extremely tepid in his views on the benefits they provide. We have routinely added a probiotic to antibiotic regimens for documented infections with the hope that by providing back bacteria for the gut destroyed as collateral damage of treating the infection, we might be preventing antibiotic related colitis and gastrointestinal distress. I left the conference uncertain about the role of probiotics

Upon getting to my desk I found an article in the American Journal of Clinical Nutrition which talked about probiotics filled with *Lactobacillus gasseri* KS-13, *Bifidobacterium bifidum* G9-1 and *B. longum* MM-2 had fewer allergic symptoms than allergic patients given a placebo. It was a controlled double blinded study looking at seasonal

allergies. There were 173 participants all with seasonal allergies who filled out weekly MRQLQ questionnaires and had blood samples taken to measure serum immunoglobulin E and regulatory T cell activity.

The results clearly showed an improvement with the probiotics compared to the placebo. The benefit was most noticeable in those with mild symptoms.

Further studies need to be performed but as we head into spring allergy season I will make sure the probiotic I choose contains the cultures mentioned in this study. I will let you know how my allergies feel.

Medication Adherence in the Elderly

One of the most challenging and difficult parts of my professional day is trying to determine if my patients are actually taking their medications as prescribed. I ask my patients to bring their medications to each visit in the original pill bottles and we count pills. I ask them to bring their medication lists as well and we go through the time consuming practice of reviewing each medication against the prescribing date and amount and reviewing whether the correct amount of medication has been taken and is left in the pill bottles.

Many of our patients inadvertently make medication mistakes routinely. The toughest groups of patients to treat are elderly couples living independently with no local family member support and possessing a strong will for independence and privacy. Often one patient is moderately to severely cognitively impaired and their partner is nowhere near as sharp as they think they are. There are frequently out of state children who try to provide support by hiring someone to assist their parents. In most cases mom and dad do not allow that hired person to work full-time and terminate any strong willed but well-meaning caregiver who actually does what's needed.

Out of town family members usually hire an aide to help their relatives. Aides are not permitted by state law to administer medications. It is not in their job description or permitted by law. Well-meaning relatives usually then hire an agency which sends a nurse to fill up a monthly pillbox with the patient's medications. All the patient has to do is go to the pillbox, recognize the day and date and remove and take the medications set aside in that section of the pillbox for that particular day.

Unfortunately it doesn't happen the way it should. Unless a nurse stands there and administers the medication and then documents it, there is a strong possibility that the medication will not be taken correctly.

When bringing this up tactfully to the patient, spouse/partner or family member; they act in disbelief that you would make such an absurd statement despite the pill count in the bottles being off and extra medicine remaining in the pill box. This issue was recently studied by Niteesh K. Choudhry, MD, Ph.D. of the Brigham and Women's Hospital in Boston, Ma. Working with a younger group of insured patients he showed that even with the use of a pillbox, and a digital timer to remind patients it was time to take their medication, adherence was extremely poor. He concluded that patients need additional support to adhere to their medication schedules and needs. His study was published in the Journal of the American Medical Association (JAMA).

Patients, especially the elderly, "may" need hired professionals to administer and document the administration of their medications or else they may not get it right. This may be inconvenient and expensive but it works.

The Artificial Sweetener Conundrum

Years ago I attended a Weight Watchers meeting in Brooklyn, NY with the lecturer being their public founder Jean Nidetch. She joked about her sugar free gum, sugar free soda and sugar free snacks contributing to "artificial diabetes." She drew a big laugh but little did she know her comedy may have a ring of the truth to it.

Researchers have now published reputable data that drinking a diet soda daily greatly increases your chances of having a stroke or developing dementia. In an observational study, researchers using data from the Framingham Heart Study Offspring cohort noticed that individuals who drank diet soda and used artificial sweeteners were at an increased risk of ischemic stroke and all cause dementia when compared to individuals of similar age and risk factor stratification that did not use artificial sweeteners. Their data was published in the neurology journal *Stroke*. This is an observational study which cannot show cause and effect but uses the analogy and theory “where you see smoke there is fire”.

In an unrelated study, researchers looking at how we metabolize sugars noted that consuming artificial sweeteners may lead to larger food and beverage intake and ultimate weight gain. The data was not much better when they looked at individuals who consumed real sugar in sugary drinks. They noted that sugary drinks accelerated the process of aging in cells. This was somewhat in conflict with the original study referenced in which consumption of sugary beverages did not appear to have an association with stroke or dementia.

Clearly the data is confusing as to what to do. Once again moderation with diets with controlled portion size, limited chemical and antibiotic exposure and; rich in vegetables as well as fruits and nuts with a high quality protein seems to be the direction to go. No matter who studies the Mediterranean type diet the results are favorable.

Once again I lobby for nutritional training in the elementary, middle and high schools with healthy cooking and preparation classes as a sound investment for a healthier population in the future. The classes should go as far as teaching students how to create their own gardens and grow some fruits and vegetables on their own for home consumption. We may not be able to impact the adult population in mass but at least let's give the children a chance.

Mumps Makes a Return

Mumps is a viral illness previously common in children age 5 - 9 years old before we instituted vaccinations with the Measles, Mumps and Rubella vaccine. The illness presents with fever, headache, muscle aches, loss of appetite, fatigue and swelling and tenderness of the salivary glands under the ears on both sides. Treatment is supportive with fluids, acetaminophen for fever reduction and to treat body aches. It has a long incubation period of 12 – 25 days after exposure. Rare complications include meningitis, encephalitis, neurosensory hearing loss and painful swelling of the testicles (orchitis) or rarely the ovaries in girls. Most patients recover completely in a few weeks. Infertility is unusual. The disease got its name from children mumbling and grimacing when they tried to eat with the large swollen salivary glands.

Children and young adults have avoided mumps by receiving the MMR vaccinations. It was originally felt that one dose provided a 95% protection rate against catching the mumps. There were always periodic outbreaks felt to be due to non-vaccinated individuals. There are currently several large outbreaks in the United States. The state of Arkansas has more than 2900 cases under investigation. Most of these are in non-vaccinated immigrants from the Marshall Islands. The state of Texas has 221 mumps cases most occurring in young adults who were vaccinated. A large outbreak occurred during spring break on South Padre Island. Investigators believe that the vaccine sequence is actually only 88 percent effective in preventing the mumps. There is another outbreak in Boston especially at Harvard University. Officials there are actually contemplating cancelling the May 26th graduation ceremony because of fear of spreading the disease. The question now for health experts is whether Mumps vaccine administered at 12 months of age and when starting school, has lost its effectiveness by the time you reach college age? There is currently no recommendation for a third or booster vaccine but this may change.

Medical Student Returns for Third Year

Matthew Traylor is a FAU third year medical student who took his community medicine course over his first two years at our office. During one afternoon each week he learned how to take a medical history and perform a physical

examination from wonderful patients in our practice who seized the chance to teach a future doctor how they wish to be treated as patients. Matthew will be returning on Monday afternoons for his third year medical clerkship beginning May 8, 2017. We will be looking for a few patients that will allow him to accompany you to your specialty physician visits, any unexpected and unplanned ER or Urgent Care visits, in addition to planned visits to our office on Monday afternoons.

Arushi Thaper, our current FAU first year student, will be completing her first year next week and will be making her last visit to the office on Wednesday May 12. We look forward to seeing her again when the second year fall semester resumes in August.

We have been asked by the Palm Beach County Medical Society to mentor some accomplished undergraduate health care and pre-med students over the summer as well. We are not quite certain when Adrianna Cantos of Notre Dame or Julia Lewis of the University of Florida will be available but we will let you know. If you prefer to not have a student present during your office visits that is fine. Just let us know.

[Weekly Wellness Email](#)

Recently, I introduced a new element of my personalized concierge medicine program. I highly recommend you take the time to read each article and follow the advice as it applies to you.

The emails are sent from membership@paragonprivatehealth.com. Paragon Private Health is the company who is creating the Newsletter. Please add this address to your email contacts to ensure the articles aren't blocked by your spam filters. **My practice, which I remain the sole owner of, will remain your contact for all medical and membership related issues or questions.**

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