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Practicing in Boca Raton and the Surrounding Community Since 1979

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Hepatitis A in Palm Beach County

I have received numerous inquisitive phone calls from anxious patients following a public health campaign alerting the public to an outbreak of Hepatitis A in Martin and Palm Beach County. All are asking if they should immediately be immunized against the virus.

Hepatitis A is a virus. It can be spread from human to human by exchanging body fluids while having sexual relations or by blood products such as using drugs together. It can be found in sewage, contaminated food and water. The hearty virus can live on a surface and remain infectious for weeks. After being exposed, an individual may be incubating the virus for one to fifty days but the average is 28 days. Symptoms include fever, nausea, loss of appetite, fatigue and jaundice with clay colored stools and dark colored urine. Itching may accompany the jaundice. The disease is self-limited - not leading to chronic liver disease, cirrhosis, or hepatic cancer. Children younger than six rarely exhibit full symptoms. Adults clear the disease in eight weeks.

The disease is preventable by two doses of a vaccine administered months apart. The vaccine is given at public health departments and travel medicine facilities. The vaccine is recommended for individuals traveling to areas where the virus is endemic, homeless and street people, men sleeping with men and recreational drug users. If you are a senior citizen living in Palm Beach County and do not fall into those high risk groups you do not need the vaccine. Until the actual source is discovered I will avoid clams, mussels and other shell fish which have been vectors in the past.

Keep Moving for Cardiovascular Benefits

We keep extolling the benefits and virtues of regular exercise and fitness. Some research studies have documented the intensity and duration of exercise programs with cardiovascular events and mortality. Those who do more and are fitter apparently do much better which surprises few of us.

It comes down to the “which came first the chicken or egg”? Are people genetically able to exercise at a high level living longer and healthier because they exercise at a high intensity and duration or vice versa?

It is quite comforting to read the recent study in *JAMA* by Andrea LaCroix, PhD, MPH and colleagues from the University of California, San Diego that shows the benefits of even modest movement and exercise. The study was conducted under the umbrella of the Women’s Health Initiative and put pedometers and accelerometers on women to measure activity during waking hours. Light physical activity was defined as less than 3 metabolic equivalents (walking one mile in about 22 minutes expends about 3 Metabolic Equivalents of Activity). They noted that for each hour per day increment in light activity, there was a 14% lower risk of Coronary Heart Disease and 8% lower risk of cardiovascular disease.

The researchers evaluated 5,861 women with a mean age of 78.5 years. Average follow-up spanned 3.5 years with study members having 570 cardiovascular disease events and 143 coronary heart disease events. The study group was diverse with there being 48.8% Caucasian women, 33.5 % Black women and 17.6% Hispanic women.

The study's results and message was clear. Keep moving. Even modest exercise is beneficial in reducing heart attack and stroke risk.

Sleep Apnea and Cognitive Impairment

Convincing a patient to undergo a sleep analysis for obstructive sleep apnea is a difficult task. During our history taking session we ask about excessive snoring, periods of not breathing while asleep, daytime sleepiness and we look at the patient's body habitus, weight and height. Very often the patient's spouse or life partner has complained about their snoring keeping them up. Most of the time, when I ask the response is, *"Why go for an evaluation if I am not going to wear that mask anyway? I have a friend who has a CPAP mask and I am just not going to do that."*

Obstructive sleep apnea and periods of apnea (not breathing) results in the lung blood vessel blood pressure rising. We call it pulmonary hypertension. It is different from systemic arterial essential hypertension in that traditional blood pressure medicines do not lower the pulmonary pressures. If you examine our heart and lung anatomy you realize that the very non muscular right side of the heart, primarily the right ventricle, pumps blood a short distance to the lungs to exchange gases removing wasteful gases in exchange for oxygen. That oxygen rich blood returns to the left side of the heart where the very muscular left ventricle pumps it out to the body. When the body's systemic blood pressure rises the left side of the heart has to work harder. The muscular left ventricle is much more suited for that task then the right ventricle is suited to pump against pulmonary vessel hypertension. The result is the right heart fails much sooner than the left side and the treatment options and medications are far less successful. This explanation to patients is often received, digested and dismissed as hypothetical and down the road.

This week the American Academy of Neurology received a presentation by a group at the Mayo Clinic in Rochester, MN which showed that patients with sleep apnea untreated produced an increased amount of tau protein deposition in the brain. Tau protein deposition is associated with Alzheimer's disease. The researchers led by Diego Z. Carvalho, MD, are not sure if more Tau protein accumulates in brains of people with untreated sleep apnea or if Tau protein accumulation actually leads to sleep apnea? That research is ongoing.

The lesson is that sleep apnea is something that needs to be diagnosed and treated. I am a fan of referring patients to sleep evaluation centers where that is the primary disease state reviewed. While sleep apnea is one of the abnormalities evaluated, there are many other disorders of sleep that can be recognized and treated to improve patient sleep. At home sleep monitors are available as well but may be limited in diagnosing sleep apnea alone.

If you are diagnosed with obstructive sleep apnea the treatment choices include weight loss, laser treatment of the uvula, dental appliances to open up your airways, adjustments to your sleep position and many types of facial and nasal CPAP devices. Most of my patients who try a CPAP mask require 8-12 weeks to adjust to it. Once adjusted to it their quality of sleep is so good that I rarely have to convince them to keep using it.

On The Fringes of Appropriate Care Long Term Antibiotics for Lyme Disease

One of the challenges of practicing adult concierge medicine in Florida is that patient's believe that by joining such a practice they are entitled to whatever care they want when they want whether it is indicated, appropriate or good medicine. Over the years as a physician I have been frustrated by the number of health care providers extolling medications and treatments for cash that provide little or no help and have no believable research published supporting their use.

Every once in a while research is performed on these medical treatments and, if it shows efficacy, and if it is reproducible by other researchers, it becomes part of the acceptable health care treatment regimen.

I have seen patients come to my office with lab work incorrectly measuring their blood levels of heavy metals such as cadmium, mercury, lead and arsenic who are paying top dollar for multiple infusions of chelation solutions to eliminate the heavy metals before they cause irreversible toxicity. I generate no income when I tell them the lab work does not indicate a heavy metal problem and they do not need the treatments. I also usually end up generating ill will from the patient who believes I am not up to date on the latest Anti-Aging or Functional or Integrative Medicine techniques. Trust me, I am almost 70 years old and if there is something out there to make my health and quality of life better preserving my independence I wish to know about it.

Such is the case with “Chronic Lyme’s Disease” where local practitioners draw antibody levels against the offending agent which will always be positive and convince the patients to undergo prolonged courses of IV antibiotics to improve or preserve neurological function. In an online journal, *Primary Care*, they reviewed a published article which looked at the neuro cognitive function of individuals treated for prolonged periods of time with antibiotics. They found that after 40 weeks of treatment there were no differences between the placebo treated group and the antibiotic treated groups. It strengthens the argument that if the initial two week treatment is appropriate then additional antibiotics have no benefit.

I will save this article and have it available the next time a patient comes in and tells me about the prolonged course of antibiotics they are contemplating taking or just completed. When I show them the research results and explain the reality they may look at me as if I just have not kept up with the latest research. Trust me, I have.

Cipro, Levaquin and Tendon Rupture

For many years, fluoroquinolone antibiotics such as Cipro and Levaquin have been integral components of treating bacterial urine infections, travelers’ diarrhea, skin infections and certain pulmonary infections. Like any chemical or medication they do not come with a “free lunch.” There have always been potential side effects and adverse effects possible in addition to drug/drug interactions with other medications that the prescribing physician needs to take into account before suggesting these products to patients. In recent months, the use of these antibiotics has come under further critique from individuals developing unexpected tears of tendons and even having an increased risk of rupturing a major blood vessel such as the aorta.

The subject of fluoroquinolone antibiotics and tendon rupture was addressed in a recent study of the United Kingdom Clinical Practice Research Datalink and discussed in the on line journal *MPR*. They looked at 740,926 users of fluoroquinolone (FQ) antibiotics and tendon ruptures. Of that group, only 3,957 cases of tendon rupture were reported. This correlated to a risk of 3.73 events per 10,000 person years with an even lower risk for Achilles tendon rupture of 2.91. They then looked at which patients with rupture were additionally taking corticosteroids such as prednisone they found the risk increased to 21.2 per 10,000 PY. The study showed that females were more likely than males to develop a tendon rupture and those over 60 years old as well.

Cipro and Levaquin can certainly remain part of a treatment plan as long as we realize that patients taking steroids, especially women and patients over 60 years of age, are at higher risk than others. That risk, however is extremely small.

NIH Trying Universal Influenza Vaccine Trial in Humans

This has been a long and difficult influenza season in the USA with many hospitalizations for respiratory complications of the flu and many deaths in the very young and frail elderly. Numerous questions have been raised about how effective is the annual shot (about 47% this season), how long does it provide protection (about 6-7 weeks based on a recent study from Kaiser Permanente in Northern California in adults younger than 65 years old) and when is the optimal time to administer the vaccine? Numerous questions exist about whether we should consider giving two shots in each season to cover the length of the flu season? Each year the CDC and NIH guesstimate which strains of influenza will be travelling from Asia to our shores in creating the annual vaccine program. As a practicing physician, my supplier is already taking orders for next flu season telling me that if I delay in ordering beyond June 2019 I may not have any flu vaccine for the fall.

In this climate of uncertainty, the National Institute of Health (NIH) announced plans to begin a human trial on a “universal” flu vaccine. This vaccine will use the “stem of the H1N1 virus” plus other constituents. Fifty-three healthy volunteers from the NIH aged 18- 70 years will be entered in Clinical Trial NCT03814720. The first 5 will receive one 20 mcg intramuscular injection of the vaccine. The other 48 participants will receive two 60 mcg vaccinations 16 weeks apart. Patients will return for about ten follow-up visits over a 12 -15 month period and will provide blood samples to measure and analyze anti-influenza antibodies.

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