

# Access | Advocacy | Compassion | Prevention

Practicing in Boca Raton and the Surrounding Community Since 1979

## SPRING 2018 - NEWSLETTER

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### Allergies Worsening Due to Climate Change

The American Academy of Allergy, Asthma and Immunology and the World Asthma Organization recently concluded their joint congress in Orlando, Florida. One of the topics of concern is how climate change is making everyone's allergy symptoms much worse.

We read about more powerful hurricanes and cyclones, seasonal tornadoes occurring out of season, horrible beach erosion and flooding due to large volume rains, lack of rain causing poor harvests leading to waves of migration for survival for animals and humans. Climate change also exacerbates allergy symptoms. Nelson A. Rosario, MD, PhD, professor of pediatrics at Federal University of Parana (Brazil) discussed longer pollen season and increased allergens caused by fallen trees and ripped up plants, mold growing following flooding and irritants in the air due to wildfires. An international survey in 2015 found that 80% of rhinitis patients blamed their symptom exacerbations on climate change items. Pollen seasons have more than doubled in some areas.

The argument should not be about whether climate change is due to cyclical planetary changes or man-made pollutants. It should be about what we can do as a society to maintain economic growth while limiting man made contribution to adverse climate changes. The health and survival consequences of not addressing this issue will ultimately involve our survival as a species.

### White Coat Hypertension is not Benign

A recent edition of the New England Journal of Medicine contains an article written about 24 hour ambulatory blood pressure monitoring and its accuracy in identifying hypertensive patients who need to be treated. The study, from Spain, looks at almost 64,000 patients enrolled in a blood pressure registry recording in office and home readings over several years.

The long and short of it is that if your average BP is elevated your risk of dying is greatly increased. Those patients with elevated in-office blood pressure, who attribute the elevation to stress at the doctor's office, were twice as likely to die during the study period as those with normal office readings. The study additionally identified individuals with "masked hypertension". These individuals had normal in-office BP but elevated BP in the real world. They carry the highest risk of a cardiovascular death.

For years, my office has used a 24 hour ambulatory monitor. Getting patients to use it is like getting patients to sign up for an unnecessary dental extraction. The equipment is big and bulky. It is a BP cuff wrapped around your arm hooked up to a belt level box with a computer chip. You cannot shower or bathe once you are hooked up.

Our equipment inflates and measures BP six times an hour during daylight hours and three times an hour during sleep periods. It allows us to determine whose average BP is normal and who needs treatment. It can be used as well to determine if your treatment is effective or not. The newer equipment is much lighter and less bulky and will be available in our office by fall.

The alternative to wearing the ambulatory monitor is to purchase a digital blood pressure machine. For patients that do, I ask them to bring it to the office and we observe them taking their pressure with their equipment and then calibrate it against our calibrated machines. We then set up a schedule for testing and reporting results. We establish who has normal average blood pressure and who has elevated blood pressure. It allows us to treat those who need treatment and reassure those who don't require intervention.

The New England Journal of Medicine article makes it clear the ambulatory out of office readings can predict mortality. These readings are more predictive of mortality than an in-office reading.

We have the equipment and medications to prevent these events including heart attacks, strokes and kidney failure. Ask your doctor about ambulatory BP monitoring and home BP programs. Remember that smoking cessation, weight reduction, salt restriction, regular exercise and activity are available as non-medicinal treatments of blood pressure elevation. The ambulatory and outpatient monitoring can tell us if that is all you need to do.

### **Does Curcumin Use Help with Cognitive Dysfunction?**

Recently, more and more patients have been adding curcumin or turmeric to their cooking to help with their memory. Curcumin is a metabolite of Turmeric and has been available in health food stores for years.

A study a few years back on Alzheimer's patients published by J. Ringman and Associates showed no benefit in slowing the development of symptoms and no improvement in symptoms when supplied with curcumin. When they looked closely at their study, and analyzed the participant's blood, they found that curcumin was not absorbed and never really entered the bloodstream.

Last month a study was published in the American Journal of Geriatric Psychiatry by Dr. Gary Small and colleagues. They looked at 40 patients with mild memory complaints aged 50 – 90. Some were administered a placebo and others were administered nanoparticles of curcumin in a product called "Theracumin". The participants were randomized and blinded to the product they were testing. The study designers felt the nanoparticles would be absorbed better than other products and would actually test whether this substance was helpful or not. At 18 months, memory improved in patients taking the nanoparticles of curcumin and they had less amyloid deposition in areas it usually found relating to Alzheimers Disease.

Robert Isaacson MD, the director of the Alzheimer's Prevention Clinic at Weil Cornell Medicine and New York- Presbyterian, has been suggesting his patients cook with curcumin for years. Until the development of the Theracumin nanoparticles, cooking with curcumin was the best way to have it absorbed after ingestion. There is now some evidence to suggest that curcumin, in this specific nanoparticle form, may play a role in both the risk reduction and potential therapeutic management of Alzheimers Disease.

### **Fitness Lowers Your Risk of Dementia**

Over the years I have read and passed on to my patients the benefits of exercise on quality of life and healthy aging. This hypothesis was supported by a recent publication in the journal "Primary Care" by Peter Lin, MD, CCFP. Dr Lin and colleagues followed a group of woman aged 38 to 60 years for 44 years to determine the relationship between fitness and development of dementia. They chose to follow 191 women from a group of 1462 patients and selected a balanced number of patients in each age group up to age 60. They performed a physical fitness test on the women in 1968 and then grouped them into high fitness category, intermediate fitness category and low

fitness category based on their performance in the physical fitness test. The women then received neuropsychiatric evaluations in 1974, 1980, 1992, 2000, 2005 and 2009.

The patients within the high fitness group showed an 88% reduction in dementia rate compared to those with medium fitness. Those in the lowest fitness group had a 41% increase d risk of dementia compared to the medium fitness group. Those patients in the high fitness group who developed dementia showed symptoms 9.5 years later on average than the patients in the medium fitness group.

The message for young adults is simple. Stay fit at a high level doing something you enjoy and you may reduce your risk of developing dementia by up to 90%.

## **Heat Related Illness**

Summer is just around the corner and the heat and humidity will be higher than at any other time of the year, making us more susceptible to heat related illness. Heat related illness occurs when your body cannot keep itself cool. As the air temperature rises, your body cools off by sweating. Sweating occurs when liquid on your skin surface evaporates. On hot humid days, the evaporation of moisture is slowed down by the increased moisture in the air. When sweating cannot cool you down your body temperature rises and you may become ill.

Some people are at greater risk to develop heat related illness than others. This includes people 65 years of age or older, people with mental illness taking medications and the physically ill; especially those with heart disease, high blood pressure and lung disease. Individuals who have suffered from heat exhaustion or heat stroke in the past have an increased risk of developing recurrent heat illnesses.

When your body overheats due to very hot weather and or exercise in the heat, you are susceptible to heat exhaustion. Patients experience heavy sweating, non-specific weakness and or confusion, dizziness, nausea, headache, rapid heartbeat and dark very concentrated urine.

If you experience these symptoms in the heat you need to get out of the heat quickly. Find an air conditioned building and rest in it. If you cannot find an air conditioned building then get into the shade and out of the sun. Start drinking cool liquids (avoid caffeine and alcohol which exacerbate fluid loss and heat related disease). Take a cool shower or bath or apply cool water to your skin. Remove any tight constricting clothing. If you do not feel better within 30 minutes you must contact your physician or seek emergency help.

Untreated or inadequately treated heat exhaustion can progress to heatstroke. Heatstroke occurs when the internal body temperature rises to 104 degrees Fahrenheit or higher. Heatstroke is far more serious than heat exhaustion. It can cause damage to your internal organs and brain and it can kill you. Patients with heatstroke are running a fever of 104 degrees or higher. They complain of severe headaches with a dizzy or lightheaded feeling. Their skin is flushed or red in appearance and they are NOT sweating. Many will be experiencing severe and painful muscle cramps accompanied by nausea and vomiting. Their heartbeats are rapid, their blood pressure low. They may be agitated, anxious and disoriented with some experiencing epileptic type seizures.

Heatstroke is a medical emergency and you must call 911 immediately. While you are waiting for help to arrive remove their clothing after taking the patient to an air conditioned or shady place. Wet the skin with water and fan the skin if possible. If you have access to ice or ice packs place them on the patient's neck, back, groin and armpits while waiting for help.

Heat illness is preventable. When the heat index is over 90 and you must go outside wear lightweight, light-colored, loose fitting clothing. Wear a hat or use an umbrella. Apply sunscreen SPF 30 or greater 15-20 minutes BEFORE going outside. Drink plenty of water before you go out and 2-4 glasses of cool water each hour you are outside working in the heat. Avoid alcohol and caffeine including soda with caffeine. Take frequent breaks every 20 minutes and drink water or sports drink even if you do not feel thirsty. Try to schedule your outside work for before 10 a.m. or after 6 p.m. to avoid peak sun exposure.

If you are being treated for chronic medical conditions ask your doctor how to prevent heat illness. Antihistamines, some blood pressure medications (beta-blockers and vasoconstrictors), diet pills, anti-depressants and antipsychotics impair your ability to control your internal body temperature. Water pills to prevent excessive fluid lead to dehydration. Anti-epilepsy and anti-seizure medicines impair your body's ability to regulate internal temperatures as well.

### **The Heat Index**

The heat index combines humidity with the temperature. When you are standing in the sun the heat index is even higher. A heat index of 90 or greater is considered dangerous.

### **Refer Someone You Know**

The greatest compliment you can you can provide is the referral of someone you know to my practice. If you have a family member, friend, neighbor, co-worker, etc. you believe would benefit from more personalized care and attention, please have them call the office and speak to Judi to schedule their complimentary meeting with me.

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