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## Summer 2020 - NEWSLETTER

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### Influenza Vaccine Program in the COVID-19 Pandemic

We have ordered influenza vaccine for the entire practice and will begin immunizing our patients on October 1<sup>st</sup> this year because of the anticipated spike in Coronavirus activity forecast for the fall. This is earlier than we traditionally start our program but is necessary because of the presence of the COVID-19 virus. I believe our office is a far safer place to receive the flu shot than entering a commercial pharmacy.

Senior citizens 65 years or older will receive the senior high dose vaccine which is Quadrivalent this year - protecting against the A viruses and the B viruses. Patients younger than 65 years of age will receive the Quadrivalent cell culture, egg free, vaccine protecting against the 3 A viruses and the B Virus.

Flu shots will be administered by appointment only and all CDC guidelines for preventing transmission of COVID-19 will be followed. If there is a late season influenza surge, we will be administering a second seasonal influenza vaccine to our senior citizens.

Please call the office to set up an appointment.

### Staying Safe With a Mask in the Heat this Summer

Outdoor activity while maintaining a safe distance of six feet or more from others is safe. So are taking a walk, going for a hike on your favorite trail and even enjoying your time at your preferred beach is safe.

The sunshine provides Vitamin D naturally which is needed for a healthy immune system. My patients complain that with the heat and humidity their mask fogs up their glasses. I suggest washing your glasses in warm water just before you exit into the heat and humidity and this may prevent this.

They complain about how warm it gets inside the mask. I have few solutions for this other than hydrate well before putting the mask on and find areas where it is safe to remove your mask, wipe your face down with cool water, rehydrate and then put your mask back on. Bring a spare mask along just in case the original one gets too wet and uncomfortable from excessive sweat.

Please remember, if no one is nearby you do not have to wear your mask. Keep it close by to place on your face if you foresee a close encounter. You should not need it while swimming if you maintain distance.

Maintaining safe distance is the key. Use your common sense too. If a location seems too congested, consider leaving and returning at a time it is expected to be less congested. The Corona virus is highly transmissible but maintaining distance outside should permit you to partake in those outdoor activities of summer we all look forward to.

## Is Summer Travel Safe?

People who have been staying home with social distancing, avoiding restaurants and retail stores clearly have cabin fever. As we move into the summer months, many of us have traditionally taken a vacation travelling out of our area. In the face of the pandemic is it safe?

If you are 60 years of age or older, or obese with active respiratory disease, heart disease, diabetes or immunosuppressed; my immediate reaction is “no”. The coronavirus is out there in increasing numbers with more asymptomatic but contagious people who transmit the disease to 5.7 individuals. If you are younger and healthier, your chances of avoiding a hospitalization or complication are much better. You will just need to avoid those friends and family members who are high risk.

Overseas travel will be problematic. Cruise lines are still not operating out of USA ports and the CDC and WHO still recommend that you do not take a cruise. Most European countries have their borders still closed to American tourists. Some in the European Union have opened their borders to neighboring countries. Many of the Caribbean Islands are still closed to tourists.

Air travel is problematic as well. There are fewer flights in the air, and they are unfortunately much more crowded. The journey to boarding is fraught with danger due to potential crowding and close contact in the terminal, at security checkpoints, in the concourse and while boarding and leaving the plane. Wear an N95 respirator mask or KN95 respirator mask if you decide to go. Wear gloves. Wipe down your seat, your tray with an approved liquid disinfectant. Be prepared to wear the mask the entire trip.

Automobile travel is far safer to avoid COVID-19 than air travel. You will need to plan your route and check with AAA or local state authorities to confirm you will be permitted to stay overnight in their state. While most states are reopening; Vermont, Maine, Florida, Alaska and Hawaii still have restrictions on travel by outsiders or residents of states with high infection rates.

In some places you will be required to self-quarantine for 14 days prior to beginning to enjoy your new vacation destination. Check with your preferred hotel about what precautions they are taking to keep you and their staff safe. Bring your own cleaning supplies and disinfectant with you to wipe down your room or rental upon arrival. Open the windows and let the place air out.

I would most definitely research what type of medical care is available in route and at your vacation destination. If you become ill, you want the local hospital to have available beds, ICU beds and ventilators.

Investing in medical evacuation insurance may be a great investment as well. Private jets which become mobile air ambulances will whisk you home if you become ill and require care. The annual cost is about \$300. Make sure they will agree to take a COVID-19 positive patient home before you sign on to the plan.

These are extraordinary times with changes occurring daily. Staying home, wearing a mask when out in public and maintaining your social distance are still your best choices until we have a COVID-19 treatment or preventive treatment. Much to my regrets, summer travel is just not a wonderful idea right now.

## Sunscreen Summer 2020

Sunscreens protect the skin against sunburn, skin aging and skin cancer. The most effective sunscreens contain chemicals such as oxybenzone, octocate or octocrylene. These chemicals are especially effective at filtering and protecting us from ultraviolet light.

This year scientists discovered that applying these suntan lotions at the recommended dosage and frequency led to absorption and higher than normal serum levels. The high serum levels were unexpected

especially since regulatory agencies such as the Food and Drug Administration have no idea what level of absorption is safe and healthy.

To complicate matters further, oceanographers and researchers of marine life have discovered that minute amounts of these chemicals which wash off when we go swimming in the ocean are killing our coral reefs. Hawaii, Australia and Key West, Florida banned sunscreens containing these chemicals.

Chemical containing sunscreens are not recommended in children due to the high rate of chemical absorption. There are mineral containing barrier sunscreens that can be used on children but they just are not as effective in protecting against skin aging and cancer. When their effectiveness is compared to chemical sunscreens they lag behind. These sunscreens use zinc oxide and titanium dioxide.

Both types of sunscreen limit ultraviolet exposure which is wonderful for skin protection but not wonderful for Vitamin D production to bolster your immune system during this COVID-19 pandemic era. Limiting UV exposure prevents normal kidneys from producing Vitamin D.

One solution to these dilemmas is to wear tightly woven eco-friendly clothing outdoors designed to limit sun exposure and skin damage. Fair skinned individuals prone to sunburns and skin cancers should probably use the more effective chemical products. Darker skinned individuals can try the mineral barrier products.

It is essential to wear sunscreen the right way. Always use a product with an SPF 30 or greater. The sunscreen should be broad spectrum protecting against UVA and UVB spectrums. You should apply the product 15 minutes before sun exposure. Applying about one ounce will cover most adult bodies wearing a bathing suit. This is equivalent to a shot glass amount. Reapply it every two hours of exposure or immediately after swimming or excessive sweating. Make sure you cover frequently missed spots such as your earlobes, top of feet and ankles and dorsum of hands. Make sure to cover your head with a wide brim hat especially if your hair is thinning or absent.

*Consumer Reports* magazine studies and rates sunscreens annually. It's top three chemical products are Coppertone Ultra Guard Lotion SPF 70, CVS Health Ultra Protection Sun Lotion SPF 70 and Salimo General Protection Lotion SPF 70. All cost less than \$10. The highest rated mineral barrier product is California Kids Supersensitive Tinted Lotion SPF 30+. It is pricey at \$20.

One additional point, last year's chemical sunscreen probably has expired and is not as effective especially if it was exposed to temperature extremes.

## **Screening for Colon Cancer, Guidelines, Outcomes, Blood Test**

Colorectal Cancer continues to be a killer of adults. The disease has been more aggressive in younger patients in recent years resulting in requests to reduce the age we start screening to 45 years of age.

The guidelines published in the *Annals of Internal Medicine* give the physician and patient the choice of the best tests for the situation. One option is to perform either a fecal immunochemical blood test or high sensitivity guaiac- based fecal occult blood test every two years. This involves the patient placing a fecal sample on a slide and in an envelope and mailing it to a lab.

Option 2 would require a colonoscopy every 10 years. Colonoscopy has its pros and cons as well. It requires a preparation to clean the bowel out. This usually involves a combination of drinking liquids and taking pills which are essentially laxatives and cathartics. The goal is to produce a clean and clear liquid stool. You are then driven to an outpatient facility where an intravenous line is started, and you are administered intravenous fluids. An anesthesiologist will usually administer a hypnotic drug such as propofol which makes you unaware of the procedure.

While you are under the influence of the anesthetic a board-certified gastroenterologist or colon rectal surgeon inserts a fiber optic device which allows them to view the interior of the colon, take photos,

remove or coagulate lesions. The procedure takes about 20-30 minutes. If the examiner sees anything suspicious it can be sampled or biopsied and sent to a pathologist for evaluation and diagnosis. The downside is the possibility of the fiberoptic device perforating the colon which occurs about once in 15,000 attempts in younger patients but more frequently in men and women over seventy.

Current guidelines call for ceasing to perform screening colonoscopies in men and women over 75 years of age for just this reason or in persons who have an expected life span of less than 10 years. For quite some time now healthy 75- year old's have been complaining about this new age limit asking what happens if I live to a ripe old age.

A recent study published in the *Annals of Internal Medicine* showed that with one negative colonoscopy and no follow up study 10 years later there was a reduced mortality from colorectal cancer that extended up to 17.4 years post procedure. As in most situations each patient should be individualized.

There will be high risk individuals who are healthy and fit who may have the colonoscopy past 75 if there is agreement between the patient and gastroenterologist. There are new noninvasive tests on the market that will find their place in the screening process.

Cologuard by ExactSciences performs a DNA test on cells sloughed from the colon during a bowel movement. You send them a stool sample and they analyze it with an accuracy rate of almost 93% if colon cancer is present. It is not quite as accurate in finding premalignant polyps. The cost is about \$500, and some insurers cover it.

CellMax Life's First Blood has produced a blood test that is apparently fully accurate in detecting colorectal cancers. In a small study of 354 patients at a California VA facility it detected all 11 cancers present and confirmed on colonoscopy. It is not yet commercially available and is being entered into a larger multiple institution research study. If the larger study is as accurate as the first study, then developing a blood test to screen who will need a colonoscopy may be a big plus. If the noninvasive Cologuard or blood tests are positive you will ultimately need a diagnostic colonoscopy to biopsy and remove the lesion causing the positive test.

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