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FALL 2017 - NEWSLETTER

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Flu Shot Vaccination Campaign 2017

We began administering influenza vaccine to our patients on October 1st. In senior citizens age 65 or older we believe it takes 10-14 days to develop immunity after the vaccine is administered. Immunity begins to diminish 90 days later. The peak flu season actually occurs the last two weeks in January through the first two weeks in February in South Florida. For this reason we suggest receiving the vaccine between Halloween and Thanksgiving. Seniors should be receiving the senior high dose vaccine. Please call the office to schedule your flu shot. IF YOU CHOOSE TO RECEIVE YOUR INFLUENZA SHOT ELSEWHERE, PLEASE OBTAIN A CERTIFICATE OF VACCINATION AND SUPPLY US WITH A COPY.

Patients younger than 65 years old should receive the quadrivalent flu shot. We have that vaccine in the office as well. For those of you with a true egg allergy, there is a DNA produced flu vaccine available this year designed for those "allergic" to the flu shot.

Do not forget about receiving Prevnar 13 as your second pneumonia shot if you are over 65 and have only received Pneumovax 23. These two shots need to be taken twelve months apart.

If you have any questions please call the office or ask at your next visit.

Less Atherosclerosis for Breakfast Eaters

I was raised to get up early and eat a good breakfast. As I entered the medical profession I was taught there were distinct health advantages to eating breakfast - including less obesity. Recent studies have brought that conclusion into question. My wife is the exact opposite. Sleeping late with no breakfast is her preference. The debate over making breakfast for the kids as they grew up was modified by their preferences as they approached adulthood and made their own independent decisions.

The issue of breakfast and health was raised again by an article in the Journal of the American College of Cardiology October 10, 2017 in which Valentin Fuster, MD, PhD, of Mount Sinai Medical Center in NYC and Madrid's Funcacion Centro Nacional De Investigaciones Cardiovasculares provide evidence that eating a full and substantial breakfast daily reduces atherosclerosis in the aorta and carotid arteries.

They found that individuals who skipped breakfast were more likely to be men and more likely to smoke tobacco and live a less healthy lifestyle. Breakfast non-eaters tended to drink more alcohol and eat more red meat. They additionally noted that individuals who skipped breakfast were more likely to be overweight and or obese. The study looked at 4,000 employees of a bank in Spain aged 40 – 54 years. They filled out a questionnaire concerning eating habits, eating style, exercise and health issues. Those who had high energy breakfasts which contributed to

more than 20% of their daily energy intake were thinner with less atherosclerosis. The overall calorie intake of all participants was about 2,200 calories which, in itself, is probably lower than the average American intake daily.

The message is clear to me. Eat breakfast if you want an advantage in the fight against vascular disease and obesity.

Pneumonia Vaccine Works

Years ago Pneumovax 23 was introduced to the market to protect seniors against community acquired pneumonia (CAP). At the time it protected against the 23 most common types of bacterial pneumonia. Made by Merck, it received the endorsement of the regulatory body ACIP and physicians worldwide administered it to adults when they turned 65. There were nuances and earlier and booster shots in certain situations but Merck cornered the market. If you received your shot in the doctor's office or a retail clinic Medicare paid for it.

Pneumovax 13, a competitor from Pfizer, preventing 13 bacterial types of community acquired pneumonia, with one distinct type not present in the Pneumovax 23, was passed over and relegated to use in children. Pfizer cried foul to no avail. Three years ago the ACIP changed course and recommended people take Pneumovax 13 at age 65, wait a year and then take Pneumovax 23. No one said why they changed recommendations. For those already 65 who took the Pneumovax 23, they suggested waiting a year and then taking Pneumovax 13. Pfizer sells Pneumovax 13 wholesale for \$270. It is covered by Medicare Part D, its drug plan if it is received in a retail clinic but not in a doctor's office.

In a study supported by Pfizer, data presented at an international infectious disease conference supported a better immune response if Pneumovax 13 is taken first followed by Pneumovax 23 a year later. Both patterns increase immunity against CAP, but the Pneumovax 13 first worked better. Get your pneumonia shots. Get your flu shots. If you have questions ask your doctor!

ICU Care Does Not Extend Survival Among Elderly

In a ground breaking randomized trial, researchers in France looked at the benefits and problems with elderly patients being placed in the intensive care setting more frequently using more liberal criteria than is generally used to admit this patient population. It is estimated that elderly patients make up almost 20% of ICU admissions with the prospect for those numbers to increase as baby boomers age. In this study, admission to the ICU was encouraged to determine the benefits of care. They compared promoting ICU care at one facility against traditional criteria for admission to an ICU at other institutions. There were more than 3,000 individual situations evaluated with the patients older than 75 years with no evidence of cancer and preserved functional and nutritional status. The patients admitted to the ICU in the more liberal criteria group had as many if not more in hospital deaths than the control group. They had similar six month mortality and no better quality of life at six months. The median age of the patients was 85 with slightly less than 50% men.

The research group had an increased number of admissions to the ICU than the control group but appeared to show no benefit by the criteria they were using to judge improvement (in hospital mortality, survival at six months, quality of life upon returning home). Clearly the conclusion of this study should not be that the elderly have no place in the ICU. I think it clearly points out that even with the use of extraordinary training and scientific research and state of the art care, the loss of reserve in the elderly to fight disease makes extending life with a high quality very difficult. The intensive care unit offers some advantages that traditional care on the floors does not. The nurses are generally more experienced and they are caring for fewer patients at one time. They are more likely to recognize a change in

condition based on more patient contact than a nurse on the floor. The study doesn't say whether any of the intensive care units were closed units directed by board certified critical care physicians such as we have at Boca Raton Regional Hospital in the unit 24 hours per day, or whether the care was provided by their community physicians with the nurses being the eyes and ears of the medical staff when the doctor was not present. The article does not make it clear whether these were teaching institutions with residents present 24 hours a day and calling the shots.

There are distinct advantages to ICU care when you need to provide fluids quickly and in large volumes while monitoring vital signs and kidney function that are not well accomplished outside the units. Certain medicines administered intravenously need close monitoring and cannot be administered on a floor where a nurse is covering eight patients. The ICU is far more expensive and far more exhausting for the patient who rarely gets to sleep unless in a coma either planned or due to illness.

The study does not address, but emphasizes in my mind, the need to individualize care. It sounds like knowing the patient before their illness might provide valuable insight into their pre-illness health fitness and ability to battle back from a life threatening critical illness. Patients' need end of life plans in place before they become ill including discussing resuscitation, feeding through a tube, breathing with a machine and being kept alive with no reasonable hope of recovering your pre-illness quality of living. We all need a health care surrogate who can make decisions for us from our point of view if we are unable to due to illness. These surrogates must be able to communicate with the medical staff daily and with our family members who may not be appointed surrogates but feel their point of view on the intensity of care and the duration of this intense care is relevant.

Biotin Interferes With Laboratory Blood Test Results

On a daily visit by visit basis I review my patient's medications both prescription, over the counter and vitamins, minerals and herbs. There is much controversy in south Florida over the safety and efficacy of vitamins and minerals and herbs since no one inspects or regulates the products sold to us openly on shelves. There is additionally little or no well-structured research on these products. The National Institute of Health maintains a Division of Alternative and Complimentary Medicines who states that if the products testing results are reproducible and it safely works it is neither alternative nor complimentary. Despite this when one searches their records or PubMed, there is very little in the way of well-designed and reproducible research on most products commonly being touted in nutrition shops, pharmacies, grocery stores and on the internet.

Biotin is one of those products recommended frequently for hair and nail health. Danni Li, PhD, of the University of Minnesota and associates, published an article in the Journal of the American Medical Association recently detailing how biotin interferes with the results of many thyroid blood tests. The results for those on biotin can appear to show that your thyroid gland is over or underactive. The message from the study was that the biotin interferes with several different testing processes of thyroid hormone function. Patients will need to stop their biotin a minimum of one week prior to being phlebotomized for thyroid testing if they hope to have results which are accurate and represent your true state of health. In the future, the manufacturers of the chemicals used in the thyroid hormone testing process may have to alter the chemical composition to negate the effects of the supplement biotin.

It's Time to Choose Your Medicare Prescription Drug Plan for 2018

Every year Medicare beneficiaries are asked to choose a new Medicare Part D prescription drug plan. This year you must do so prior to December 15, 2017. These plans, as well as the monthly costs, change annually. The drugs that are covered and those that are preferred change annually. If you do not make the effort to review your drug plan and pick out the most favorable one for yourself, you will be paying more than necessary for your medications and you may in fact be denied coverage in 2018 for medications they no longer list as on their formulary.

To accomplish the review and selection you need to access on your computer the website www.Medicare.gov. If you do not have a computer and do not have a family member or friend who can help you with this please let us know. When the main screen appears pick "Health and Drug Plans" which will appear on the left upper side of the screen. The next screen will give you an opportunity to choose a "personalized" search or review. Enter your zip code, your social security number with the letter A if you have Medicare A, the month and year you started on Medicare (the date you turned 65 years old) and your birthdate. They will then ask you to select a local pharmacy. The next screen will ask you to enter a list of your prescription medications, dosage and frequency of taking them. When this list is complete choose Find Drug Plans. A computerized list will appear showing you what your current plan will cover and cost in 2018. Below that listing will be a list of other plans that they recommend and a description of what their monthly cost, annual deductible and cost for brand name products versus generics will be. Compare them and choose the most cost effective plan for you. Select "Enroll" on the right hand side and it will take you through the process. If you are unable to do this yourself feel free to call us by December 1st and we will find the best plan for you.

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