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Written by Dr. Andy Lazris

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Special points of interest:

- Learn how good nutrition can help impact your health, with special emphasis on diabetes and osteoporosis.
- New ideas to get better sleep.
- Can you finally get off your troubling Coumadin pill?
- The Medicare debate is missing the main point!

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FALLS, OSTEOPOROSIS, AND NUTRITION: WHAT IS NEW

Eat foods fortified with Calcium and D, and take pills too. The more the better!

Such is the conventional wisdom. But as more studies are done, the less certain we are. Clearly exercise and good diet are important in preventing bone loss. But supplementation is on less firm footing.

Calcium: No study in middle age or elderly participants has clearly shown that calcium supplementation helps with osteoporosis. In fact, a recent analysis showed just the opposite, while demonstrating increase risk of heart disease

in people who took calcium pills (30%). Calcium also causes constipation. Dietary calcium seems to be safer than pills.

Vitamin D: Studies show that low D increases the risk of falls and osteoporosis, and a recent study shows that D supplementation decreases falls, fractures, and hospitalization when combined with exercise. One fact is clear: people cannot get enough D in food, even food allegedly supplemented with D. And although sunshine is the best source of D, use of sunscreen and limited sun exposure

decrease our ability to absorb enough D. Most people are Vitamin D deficient and need to take supplements. But how much?

We do know that getting our D level over 30 is good, and usually 1000u of D3 a day will accomplish this. A recent study showed that megadoses of D in older women taken over 3years increased fracture risk. So, as with everything, be reasonable in dosing. More is not better, and we do not know the optimal dose and level. But a pill a day makes good common sense.

HOW TO MAXIMIZE YOUR SLEEP

"Reassurance and a later bed time are probably as effective and certainly safer than chronic use of sleeping pills in the older population."

So concludes a recent study of sleep in the elderly. Several factors led to improved sleep patterns:

- Go to sleep later
- Wake up the same time every morning
- Do not spend more than 30 minutes in bed without sleeping

- Do not nap during the day; exercise if you are getting tired.



walking can accomplish the same goal.

There is no specific amount of sleep people need, and in fact less sleep is normal as we age. Studies do not show any increase illness or even decreased function from insomnia. In fact, sleeping pills are much more harmful and dangerous than a lack of sleep.

Another recent study showed that the use of bright lights during the day (60 minutes a day of 1000 lux lighting) improved sleep in elderly people. Getting outside more and

Don't fret over lack of sleep; the stress only makes things worse. Exercise, get out, and use common sense. But if you can't sleep, then get up and enjoy your free time!

Make sure to ask about the shingles vaccine. While it can be costly, it can save you a lifetime of pain.

As you age, the hospital is the one place not to be!



HEART DISEASE: NEW INFO ON BLOOD PRESSURE, DIET, AND MEDS.

In the literature, several new facts about heart disease have emerged. Treating angina, CHF, AFIB, and other common conditions are becoming easier to accomplish with older, tested medicines. Exercise always has a role and several medicines are life savers. Here is what we know that is new:

Blood Pressure: A new study shows what most of us already know: as people age, blood pressure need not be so low. In fact, in people with heart disease, the ideal pressure is 130-150, and people with pressure under 110 do the worst. Low pressure leads to falls, tiredness, dizzi-

ness, and possibly to more death.

Testing: In moderate risk patients, obtaining a CT scan calcium score is more predictive of bad events than getting a stress test.



Cholesterol: Statin medicines still rule; they are safe, cheap, and very effective. In fact, even in people with low HDL

and high triglycerides, adding other medicines to statins do not improve cardiac outcome, even if those medicines improve HDL or lower LDL. If people do not want to take medicines, then red rice yeast is an alternative. It is a statin in disguise.

Diet/supplements: One study showed that dietary fiber from grains when eaten regularly can cut heart risk by 25%. In fact, low carbohydrate diets can increase plaque formation on blood vessels.

Fish oil supplements will decrease heart attack deaths and sudden death in people

NUTRITION: DIET AND DIABETES

Diabetes lives in the land of reality and fear. The latter conjures images of amputated legs, insulin injections, constant sugar checks, and early death. Many people feel that eating sugar causes diabetes. But most diabetics live with their disease on both legs, eat well, and hardly are bothered by the illness.

Sugar does not cause diabetes, but being nutritionally smart can both help prevent and control the illness. Nothing is more important than exercise and weight control. Simply by cutting calories and walking a half hour a day people can control their disease and prevent complications.

When you eat, be wary of eating carbohydrates that have a high glycemic index (see table). These lead to rapid elevations of glucose. Also, when you do eat carbs, mix them with protein and good fat (vegetable fats, such as oils) and eat moderate quantities. But most of all, keep the calories down!

POLITICS: THE MEDICARE DEBATE

While certain Republicans want to scrap Medicare and make it private, other politicians have failed to find ways of cutting cost. They make small changes in reimbursement and hope the system will somehow become viable.

It is important to know that most Medicare changes occur behind closed doors on Social

Security Blvd, not in the halls of Congress or the White House. For us doctors, keeping up with those changes can be a full time job.

But where is the real money drain of Medicare? It is not in cholesterol testing, in doctor visits, or in home health. Most of it is in expensive hospitalizations that are often

unnecessary and deleterious. Many of those hospital stays occur in the last few weeks of someone's life. With a realistic understanding of aging, and with good outpatient care, Medicare can be saved by simply knowing when the hospital is inappropriate. Aggressive care can be both futile and costly. We need to come to terms with that fact.

GERIATRIC CORNER: WHAT IS NEW WITH DIZZINESS AND COPD.

DIZZINESS: What makes people dizzy? It is a common problem with aging, and we doctors often make matters worse by giving our patients dangerous drugs.

Dizziness can be defined different way. To many it is unsteadiness, to others it is lightheadedness or just bad balance. Any form of dizziness increases fall risk and decreased ambulation.

A recent study showed that 23% of people with dizziness had a reaction to a medicine, and that 57% had a cardiac cause. Most heart issues that cause dizziness relate to low blood pressure or fast or slow

heart rates; these problems can be exacerbated by medicines too. When dizziness is more of a spinning nature, inner ear issues can be the culprit.

It is important that anyone with new dizziness lets the doctor know. The list of medicines causing dizziness is long, but all medicines should be reviewed. Blood pressures and heart rates should be monitored; often medicine reduction alone can resolve heart related issues.

COPD: We now know a bit more about chronic bronchitis and emphysema. For years medicines called Beta Block-

ers have been considered dangerous in patients with lung disease. But now, these medicines have been shown to help, and chronic use of beta blockers (a common medicine for blood pressure) may help prevent flares.

When flares do occur, the hospital is not the place to go. Early use of oral antibiotics, oral steroids, and simple inhalers are as effective as aggressive intravenous treatment in the hospital. In the elderly, even if there is no sign of infection, use of an antibiotic immediately with a flare is vital, and the same antibiotic should not be used more than twice in 3 months.

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THE GLYCEMIC INDEX: DIET AND DIABETES

Over 55 is high. For full list: www.lowglycemicdiet.com.

Grapefruit 25, orange, apple 38, grape 46, banana 51, watermelon 72.

Green vegetables 10, tomato 38, corn 60, yams 44, potato 85, carrots 85

Raisin bran 61, cheerios 74, rice krispies 82.

Pancakes 67, syrup 76

Sugar 68, nutra-sweet 35

Snickers 35, dark choc 22

Nuts 15, popcorn 72

Orange juice 53, apple 46

Wheat bread 53, white bread 70, baguette 95

Muffin 60, bagel 75

Pizza 60, spaghetti/rice 38

Milk 32, yogurt 32, ice cream

38, diet ice cream 30

Hummus 6, Chips 57

DRUG CORNER: WHAT'S NEW?

Coumadin: Finally, the days of Coumadin adjustments, frequent blood tests, and dangerous bleeding are at an end! Pradaxa, a new oral anticoagulant, is as effective as Coumadin in afib, dvt, and blood clots. Pradaxa does not have to be monitored by blood tests, is not as altered by foods and medicines, and seems to be safer. Some studies even suggest it is

more effective than Coumadin. At present, it is expensive, and some drug plans will not pay. But if you can afford it, it may be time to dump the rat poison in the toilet and see the benefits of Pradaxa!

NSAIDs: Anti-inflammatory drugs such as motrin, when taken for extended periods, can be harmful, increasing the risk of stroke. Blood pres-

ures can be elevated, and other factors may make vascular disease more likely.

To prevent ulcers, the safest NSAID is celebrex. Ibuprofen with an acid blocker (prilosec) is the next safest way to go.

Thyroid: When is the best time to take thyroid medicine? Well, according to a new study, it is bedtime!



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PPC VISITS: OUR NURSE PRACTITIONERS

At PPC Dr. Lazris, Brian Sharkey, and Kathy Jantac work together to provide the best care possible to our patients. We all have extensive experience in clinical medicine, especially geriatric care, we know and trust each other, and we talk frequently.

Kathy is trained in geriatrics, and can provide excellent clinical care to patients over the age of 55. She has various expertise, including incontinence and end of life care. She can make home and facility visits, and can see geriatric patients at the office.

Brian is trained in adult medicine, although much of his experience is in geriatrics. He is an expert in bone health and fall prevention. He has done outpatient office work for many years, and is regularly available to see patients in the PPC office for follow-up visits, bone health visits, or acute visits.

By working together, and not relying on sharing services with outside doctors, we can provide timely and expert care to all our patients. Feel free to see any of us when you are in need of medical care. When you are ill, one of us will be available.

THE BACK PAGE: NUTRITION PEARLS FROM THE LITERATURE

Nutrition is a moving target. Not a lot of studies explore the benefits and harm of nutrition manipulation because those studies are too difficult to accomplish and take too long. We have come to the conclusion from what studies are available that a balanced, modest diet coupled with regular exercise is a no-loss proposition. Here's what we know that is new:

Alzheimers Disease: A new study showed that people who eat a diet high in nuts, tomatoes, fish, fruits, and vegetables had a significant decreased risk of developing dementia.

Red Meat: New studies continue to show the harmful effects of a diet high in red meat. Such diets show higher risk of death from cancer and heart disease. There is a 21% increase risk of diabetes, 20% increase risk of colon and lung cancer, and a 50% increase risk of macular degeneration. Some studies hint at a higher rate of dementia and other serious ill-

ness. Eat red meat in small portions and infrequently. Focus on lean cuts such as round steaks, top loin, sirloin, tenderloin, and 90% ground beef. Red meat is a strong pro-oxidant. Beware!

Diabetes: A diet high in green leafy vegetables can help prevent the onset of diabetes. People who ate one serving a day reduced their diabetes risk by 14%

Fat: All fat is not the same. Studies show that replacing fats with high glycemic carbohydrates is not better for one's health. As previously mentioned in this newsletter, carbohydrates that are high in fiber, such as grains, can help prevent heart disease and stroke. Also, low carbohydrate diets can add plaque to blood vessels and potentially cause vascular disease.

When judging fats it is best to stress products made with oils such as canola or olive oil. A diet with lean proteins, low-

glycemic carbs, high fiber, and polyunsaturated fat seems best.

Organic Foods: Are organic foods better than non-organic foods? The evidence is unclear. A recent study demonstrated no nutritional benefit from an organic diet. Organic fruits and vegetables often use organic fertilizers and pesticides that may be more dangerous than their non-organic equivalents. Use of hormones in animals has failed to show dangerous levels in humans who eat them. So whether organic or non-organic, wash fruits and vegetables well, and eat meat sparingly.

Probiotics: Many people gain benefits from probiotics, but the studies have been disappointing. There is no evidence that probiotics help bowel health, help prevent bowel infections, or make people feel better. Giving pills with a few bacteria hardly impacts our bowels, which are laden with thousands of bacteria.