Personal Physician Care

HEALTH FOR LIFE

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INSIDE THIS ISSUE:

Special points of interest:

- Learn why screening tests such as PSA should not be ordered without a thoughtful plan
- Treating hypertension in midlife and geriatrics is not so simple.
- The effect of antioxidant supplements, statins, and salt on the heart can surprise you.
- The Medicare debate probably will impact you less than you think.

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THE PERILS OF PSA TESTING: WHY SCREENING CAN BE RISKY

Not for the first time, a large medical study has questioned the utility of PSA testing in older men. In a study published in the September NCI Journal, the authors conclude that PSA screening does not save lives. In fact, based on the available evidence, the US Preventive Task Force does not recommend PSA screening in men over 75. Additionally, recent studies on colonoscopy have led to the recommendation that it should not be done on people over the age of 85. Other studies vary, but one conclusion is starting to emerge with many screening tests in the elderly: sometimes they cause more harm than good.

How can a screening test be harmful? In the case of colonoscopy, there can be a higher chance of bowel rupture during the test than of finding a treatable cancer. For PSA, where high values lead to prostate biopsies, there may be a higher likelihood of causing an adverse outcome, such as incontinence and impotence, than of finding a treatable cancer. Other tests such as paps, mammograms, and even cardiac stress tests need to be assessed for their risk/benefit ratio before they should be ordered. If a test finds disease, the treatment of that disease and the test itself may be more harmful than just leaving the disease alone. In the elderly, cancer is not necessarily lethal and is often best managed conservatively. Sometimes hands off is the safest approach.

Talk to your doctor about the pros and cons of testing before a test is ordered. It is vital that both of you together devise a sensible plan for the test's outcome. In PPC's health education room look at a copy of *The Illusion of Certainty* for an excellent discussion of this topic. And remember, just because we can test for something does not mean that we should.

ANTIOXIDANTS: TRYING TO GET THE MOST OUT OF SUPPLEMENTS

To anyone who walks through a health food store or peruses a vitamin magazine, the supplements deemed to be "necessary for your health" are both numerous and expensive. Most are antioxidants, and most will give you only a fraction of the **useful** antioxidants in foods (see summer 09 newsletter). Also, good studies have yet to prove than most supplements can significantly improve health and prolong life, despite claims to the contrary. The large number of supplements squeezed into capsules may even cause interactions not only with each other

but with other medicines you take. We just don't know how they will affect you. So be sensible with supplements, make sure your doctor knows what you take, and stay away from the mega combinations. On page three several popular supplements are reviewed. None has more value than a good diet and exercise though!

In our PPC health education room we have many articles that review the most recent buzz about supplements. There is always something seemingly coming out that is going to save your life and cure all your illness, that is until the next great supplement replaces it. Be wary, but be smart. Antioxidants can be useful if taken correctly, but they can harm too.

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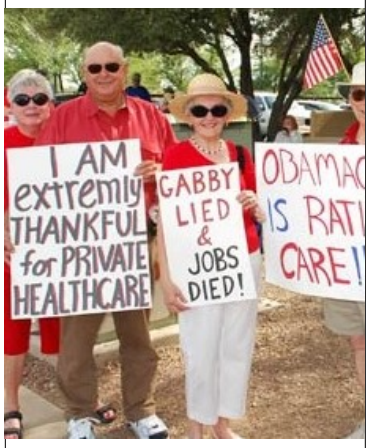
Don't forget to get your flu shot in October or November! And get pneumovax once after age 65.

Moderation is your body's best friend.



MIDLIFE CORNER: GETTING CONTROL OF HYPERTENSION

After the age of fifty blood pressure often starts to rise. A strong family history of high pressure, a strong personal history of obesity, and sedentary behavior increase the risk of high blood pressure. Once the systolic (top number) consistently exceeds 140, or the bottom (diastolic) number exceeds 90, it is time to start treatment.

Allowing high blood pressure to fester increases the risk of heart attack, stroke, kidney disease, and even death. Initial treatment of hypertension requires two strategies. First, change personal habits that increase blood pressure: lose weight, exercise, see if cutting back on salt helps, and try to reduce mental stress. Second, control other risk factors: stop smoking, reduce cholesterol, and take periodic aspirin.

When simple strategies don't work, it is time to treat with medicine. Medicines to treat hypertension are usually inexpensive and easy to tolerate. Some, like ace inhibitors and beta blockers, help protect the heart in other ways. Even if blood pressure is only high in the office but fine outside (white coat hypertension), studies suggest it is best to treat. There is never a rush to start treatment; the damage of hypertension takes years to occur. And you should not panic if treatment does not work or if the blood pressure goes very high. Panic only increases blood pressure more! Over the course of months, we will find a good regimen that is effective, and then over the course of years we will adjust the treatment as is needed, even sometimes eliminating medicines. Take control over your pressure in a calm and sensible way before it takes control over you.

NUTRITION: IS SALT A FRIEND OR FOE?

Salt is a much maligned food. But we have to remember just how important it is to the function of our body. That is why we so often crave it. The problem is, as with so many things, we consume it in excess. In some people, salt can lead to high blood pressure, swelling of the legs, and even congestive heart failure. Such people are salt sensitive. When eating salt causes your legs to swell, you are likely salt sensitive. Salt sensitivity increases with age, and cutting back on salt consumption often helps salt sensitive people. Also, people who are prone to congestive heart failure need to be very strict with their salt intake. But many people are not salt sensitive, and there are some whose blood pressure actually increases if they cut out salt. Also, older people who deprive themselves of too much salt can get dizzy, weak, dehydrated, and often very ill. So as with everything, moderation and common sense should prevail, and don't snub a little salt if your body insists on it.

POLITICS: THE MEDICARE DEBATE

For those who worry about Medicare reform and what it may mean to you, there is little reason to fret. No proposed plan would strip away the necessary care that Medicare now delivers. If anything, reform would make delivery of valuable care easier to achieve. The PPC model of care is uniquely poised to fit into any new visions of Medicare. Having a personal physician, easy access to care, and preventive services clearly reduces the need for hospitalization, excessive testing , medication use, over-reliance on specialists, and emergency room visits. Costs are dramatically reduced and the quality of care increases. But we would benefit even more if Medicare would pay for additional care in the home, would allow rehab stays without needing to be hospitalized first, and would reward primary care as much as it rewards more expensive care. As a PPC patient you already have access to the best care possible. No plan now would decrease Medicare benefits. Let us hope that any reform makes good care even easier to attain.

GERIATRIC CORNER: TREATMENT OF HIGH BLOOD PRESSURE

In the 1980's the SHEP trial altered standard thinking about treating hypertension in the elderly by showing that high systolic blood pressure (the top number) in older patients leads to a higher risk of stroke. Systolic bp increases with aging and it is often very difficult to treat. Sometimes even 3 or 4 medicines hardly dent it, sometimes it is much higher in the office than at home. So, how hard should we push to get that number below 140, as SHEP suggests?

As a medical resident in Virginia I traveled to the home of a 93yo man living alone in the country. I examined him, and found his systolic bp to be very high. He was on no medicines and was in great health. I told my instructor, and we decided to start him on a medicine. One week later, the man died.

Coincidence? Maybe not. Overtreatment of bp can be damaging as well. Many older patients need high blood pressure to allow for blood flow through narrow arteries, and that is why they are resistant to treatment. When we over treat we can cause dizziness, feinting, weakness, tiredness, and even stroke.

There are no studies to guide us about treatment; it often comes down to common sense. If someone has high systolic blood pressure it is worth trying to treat it through exercise, diet, and medicine. But if the pressure refuses to

budge, or if the patient develops symptoms of dizziness or tiredness, we need to respect that and not push treatment too far. We need to take high blood pressure seriously, but we can't let the treatment be worse than the disease.

POPULAR ANTIOXIDANT SUPPLEMENTS

Vitamins A,E, and C: E was originally touted as heart protective, but recent studies show just the opposite; E may even increase death risk. Beta Carotene can increase risk of lung CA in smokers. C has shown no benefit in any major cardiac studies.

Coenzyme-Q10: A strong antioxidant, studies suggest it may help heart disease, but there are no good studies. Don't overpay for the more expensive Guercetin form!

Linolenic Acid: Extracted from flax seeds and canola, no evidence it is effective.

Omega-3 Fatty Acids: Studies suggest clear improvement in heart disease, strokes, and death. Too much can lead to excessive bleeding.

Antioxidant mega vitamins: You pay a lot for them, but there is NO evidence any of them will help you.

DRUG CORNER: STATINS

Statins are unique medicines that lower cholesterol directly in the liver, where cholesterol is produced. But while many medicines lower cholesterol, statins do much more: they dramatically reduce the risk of stroke, heart attack, and even death. People with a family history of heart attack, prior heart attack, angina, diabetes, and hypertension can benefit from statins, even if their cholesterol is not very high. Statins are strong antioxidants; they literally strip plaque away from blood vessel walls. Most people tolerate statins, but some can develop muscle aching, especially in the upper legs, and very rarely can have liver abnormalities. Both problems are reversible when the medicine is stopped. Lipitor is the most well known statin, but others are less expensive and just as effective. If you have risk factors and can tolerate it, being on a statin can improve your health more than virtually any other drug, cutting back stroke and MI by as much as 50%. While exercise and good diet are still most important, statins may well have a role in your heart health.

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Nutrition is always better in the food than in the pill, and it's cheaper and tastier too

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PPC OFFICE: THE ANNUAL ASSESSMENT

Every year PPC patients are given a two part annual assessment. Why are two visits necessary for one assessment? Most insurances will pay for a comprehensive visit that covers chronic illness with a full history and physical. But counseling, preventive services, and a review of findings require a second visit, and these are a crucial component of any annual assessment. In the PPC assessment our goal is to determine your current health status and then map a plan for the year ahead.

- In the first part we will review your medical problems, medicines, active complaints, and full history. I will examine you and order any appropriate tests.
- In the second part we will discuss the findings of the exam and testing, and determine what is needed to maintain good health in the year ahead. We will review preventive strategies, and make sure you understand your illnesses and medicines. At the end of the visit we will update your flash-drive medical record.

The annual assessment is very important to your on-going good health. Make sure to schedule both visits every year, typically a few weeks apart.

Check out our website
www.personalphysiciancare.net

Dr. Andres Salazar works with Dr. Lazris at PPC in Long Term Care and geriatric settings.

He is a Board Certified Geriatric Physician who is an expert in medical issues of the elderly.

FOR LARGER PRINT, SEE A COPY OF THE NEWSLETTER ON OUR WEBSITE

DR. SALAZAR: FUNCTIONAL DECLINE IN THE ELDERLY

It is essential to assess our senior population for signs and symptoms of functional decline which leads to increased disability, increased morbidity, frequent hospitalizations, placement in nursing homes, and even death. The evaluation of function in elderly people begins with the assessment of activities of daily living (ADL's), which include dressing, eating, walking, toileting, and hygiene. The evaluation of function also includes the assessment of the instrumental activities of daily living (IDAL's) which include the performance of tasks such as shopping, housekeeping, accounting skills, food preparation, use of public transportation, use of the telephone, and taking medications. These tasks must be completed in order for an individual to remain living independently in the community. It is also vital to assess an individual's mental capacities, using tools like the mental status test. These assessments are almost always performed by physicians, psychologists, social workers or nurses with expertise in this area. Further assessment of function includes the evaluation of balance, mobility, falls, incontinence, hearing, and visual impairment. All these assessments are analyzed in light of the individual's medical condition and the social support that a particular individual may have available. After the initial assessment is completed, a physician can make a diagnosis of functional decline and frailty. The latter is more often related to generalized weakness, impaired mobility and balance, loss of muscle mass, and poor endurance. Frailty is, therefore, a state of reduced physiological reserve which often leads to further disability if not appropriately assessed.

It is vital that patients and caregivers learn to recognize early signs of functional decline and frailty so that prompt medical evaluation can be obtained and intervention initiated before further functional decline and frailty occurs. For example, the early treatment of anemia might prevent complications such as falls, exacerbation of congestive heart failure, heart attack, or lack of energy – all of this leading to immobility and cognitive impairment (the brain requires oxygen in order to work at optimum levels). In other instances when an elderly person presents with progressive functional decline affecting the ADL's and/or IADL's, early interventions with physical therapy (exercise programs) and appropriate social and caregiver support might forestall further loss of function and disability. Moreover, it is important to recognize that infections may present in an unusual way in the elderly, without fever or specific symptoms, but rather as agitation, behavioral changes, change in mental status, immobility, and falls. In this case, prompt medical evaluation and treatment with antibiotics will prevent further complications and avoid further functional decline.

In summary, the assessment of functional status and frailty is essential in the comprehensive evaluation of the elderly. In addition, it is important that seniors maintain active lifestyles that include an exercise program and appropriate nutrition to maintain function and well-being.