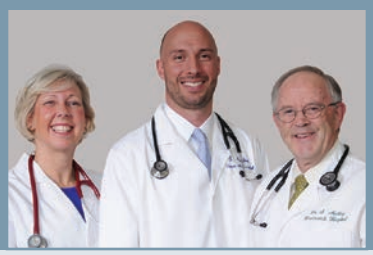
Glenville Medical Concierge Care

HealthWise

News to enrich your lifestyle

Summer/Fall 2016



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The Painful New Reality of Opioid Prescriptions

Nothing erodes the quality of life faster than pain and unfortunately more than half of American adults report they live with it on a chronic, recurring basis. That makes it easy to understand why, when seemingly safe, effective opioid drugs became widely available in the 1990s, they were quickly embraced by physicians and patients. Considered one of the most promising developments in pain management in decades, opioids such as oxycodone (OxyContin, for example), hydrocodone (Vicodin) or meperidine (Demerol) had already proved highly effective on a short-term basis to treat acute pain. The mechanisms were clear: opioid molecules travel through the bloodstream into the brain, attach to receptors on the surface of certain brain cells and trigger the release of dopamine in the brain's reward and pleasure center.

However, what was not known was how patients reacted to these medications when taken daily for weeks, months and years to treat chronic conditions ranging from headaches and stubborn lower back pain to neuropathy, fibromyalgia and severe degenerative joint disease. As use of opioids for chronic pain (defined as lasting longer than three months) became widespread, reports of unwanted side effects emerged, along with doubts about long-term efficacy and optimal outcomes. Most alarmingly, the potential for abuse and addiction materialized into a full-blown crisis, evidenced by stark statistics like these:

- Opioid prescriptions increased 7.3% from 2007-2012; by 2013, 1.9 million people were reported to be abusing or dependent on opioids. As many as 25% of people prescribed opioids on a long-term basis struggle with addiction.
- 165,000 Americans died from overdosing on prescription opioids from 1999-2014, climbing from 3 deaths per 100,000 people to 9; the highest rates were seen among 25 to 54-year-old white Americans.

Clearly, sweeping changes were needed, and in response, new recommended guidelines for safer pain management were issued by the Centers for Disease Control (CDC) last spring, and received strong endorsement from well-respected organizations including the American Academy of Pain Medicine and the American College of Physicians (ACP). According to ACP, the recommendations are "reasonable, based on the best available evidence, and find the right balance between educating about the hazards of opioids while recognizing special circumstances where such medications may be an important part of a treatment plan."

The recommendations specify best practices for dosage levels and usage, and raise awareness of the risks posed to all patients by the drugs. **Please note that these are recommendations only and may be altered at the discretion of the physician treating you to fit your unique needs.** These include:

- Non-pharmacologic and non-opioid therapy are preferred for chronic pain. Opioid therapy should be used only if expected benefits for both pain and function are anticipated to outweigh risks. If opioids are used, they should be combined with non-pharmacologic and non-opioid pharmacologic therapy, as appropriate.
- Physicians should establish treatment goals with their patients before starting opioid therapy, including realistic and clinically meaningful goals for pain and function, and an 'exit strategy' should the therapy need to be discontinued.
- Use immediate-release opioids instead of extended-release/long-acting opioids.
- Use the lowest effective dosage, and carefully reassess individual risks and benefits when increasing dosage to ≥50 morphine milligram equivalents per day.

- Prescribe immediate-release opioids for acute pain in no greater quantity than needed for the expected duration of pain - three days or less will often be sufficient, more than seven days will rarely be needed.
- A frank physician-patient discussion regarding the risks and benefits of opioids should take place before starting therapy. An evaluation of benefits and harms should be scheduled within one to four weeks of starting opioid therapy, and repeated at least every three months. If benefits do not outweigh harms of continued therapy, physicians should explore alternatives (see sidebar) with patients and work with them to gradually taper off to lower doses and ultimately discontinue use.

Haven't Got Time for the Pain

Alternatives to opioids include over-the-counter medications and more holistic care approaches which can greatly ease chronic pain. Among them are:

- Medicines like acetaminophen (Tylenol®) or ibuprofen (Advil®)
- Muscle relaxers
- Antidepressant medicines
- Pain relief creams
- Physical therapy
- Exercise
- Relaxation techniques
- Meditation
- Acupuncture
- Yoga
- Massage
- Stress management - stress can make your pain worse
- Adequate rest and plenty of sleep
- Positive thinking - focus on how you are getting better
- A hobby or pastime that you can do comfortably
- A support group, either in person or online
- Cognitive behavior therapy - a therapist can help you to learn coping skills
- Keep a pain journal - track how your pain feels after certain treatments or activities to avoid those that make it worse

If you are currently on opioid therapy, you may want to talk to your doctor and express your willingness to explore other ways to recover from and manage your pain.

Source: AFP

From the desk of Glenville Medical Concierge Care

Dear Patient:

Every day it seems as if a new medical topic is in the news, from breakthroughs to crises, and it can often be a challenge for patients to determine what is accurate and meaningful. In this edition of *HealthWise*, we bring you the latest updates on the Zika virus, to help you understand who is at risk and how it can be prevented. We also focus on new guidelines for pain medication and sodium consumption that may be significant for you or someone you know. While these recommendations reflect the most respected current thinking, please know that in our practice, we will always work together to ensure the best plan for your individualized care.

Wishing you good health,

Glenville Medical Concierge Care

Did you know?

- **30**
  A female mosquito infected with Zika can continue biting people over its lifespan of about 30 days.
- **2**
  Only 2 known species of mosquitoes spread Zika, out of 176 species of mosquitoes identified in the US.

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The Zika Virus: Prevention is the First Line of Defense

As the Zika virus continues to make headlines daily, it is essential to know who is at risk, how it is transmitted and most importantly, understand strategies for prevention. Following are the latest findings on Zika, according to experts at the Centers for Disease Control and the World Health Organization.

How does Zika spread?

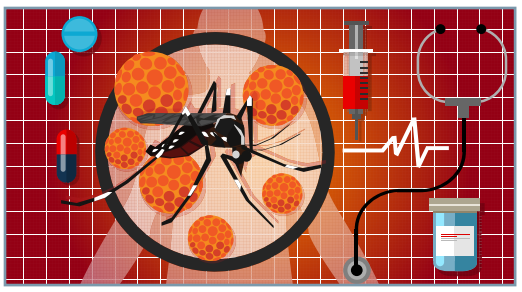
Most people get Zika from a mosquito bite, but it can also be passed through sexual contact, blood transfusion or during pregnancy to a fetus. Zika is spread primarily by Aedes aegypti mosquitoes, which breed in areas with small pools of water, even as small as a coffee cup. When a mosquito bites a person with Zika, the virus travels from its gut to its salivary glands and is then injected into the next human it bites.

Who is at risk?

Almost no one is immune to the virus.

How serious is the Zika virus?

If Zika is transmitted to a fetus during pregnancy, it can cause microcephaly, a birth defect that is a sign of incomplete brain development. Babies with microcephaly have extremely small heads, and the nerves connecting the eyes and ears to the brain may be permanently damaged. Therefore, pregnant women should avoid traveling to destinations with outbreaks of the virus, and should take extra precautions to protect themselves from mosquito bites. In addition, current research links Guillain-Barre syndrome (GBS), an uncommon sickness of the nervous system in which a person's own immune system damages the nerve cells, to Zika; however, only a small proportion of people with recent Zika virus infection get GBS.



What parts of the US is Zika most likely to reach?

The Aedes aegypti mosquito is most common in Florida and along the Gulf Coast, but can travel much farther north in summer. In July, the first cases of Zika caused by mosquitoes in the U.S. (versus those cases acquired by people who traveled outside the country) were reported in the Miami area; in August several more were reported in Miami Beach. However, the CDC indicates clusters of cases are to be expected and does not signal the virus is spreading throughout the state. Experts say Zika is not as likely to spread in the U.S. as it did in Central and South America, because our living conditions are very different (air conditioning, closed windows in the summer and use of window screens) and tracking and treatment of infections is more effective. It's important to note that there are no cases in Connecticut as of now, although the mosquito that carries the virus may make its way to the state by next summer.

What are the symptoms of Zika virus?

The illness is usually mild, lasting about a week with symptoms that include fever, rash, joint pain and red eyes. Only one in five people infected with the virus exhibits symptoms.

What can I do to protect myself?

First, decrease your risk of being bitten by a mosquito:

- Use an EPA-approved insect repellant that contains DEET.
- Wear clothing that provides coverage, such as long-sleeved shirts and long pants.
- Treat clothing with permethrin, an insecticide.
- At home, eliminate any areas of standing water outside that can provide a breeding ground for mosquitoes, including small containers, even a birdbath. Keep in mind that mosquitoes do not travel far once hatched, and will bite whoever is in close proximity.
- If mosquitoes can reach where you are sleeping, put up a bed net.

Additionally:

- Prevent transmitting or receiving the virus by practicing safe sex (use a condom).
- When traveling, check travel advisories to identify areas with known cases of Zika, and avoid if possible. In the U.S., this now includes Miami-Dade county.

How is it treated? Is there a vaccine?

Considerable progress is being made in the development of a vaccine, but none is available yet, and health experts warn that it may take years before one is commercially available. Treatment today focuses on relieving symptoms and includes rest, rehydration, and acetaminophen for fever and pain.

Please check our website at www.glenvillemedicalconciergecare.com for updates throughout the year.

Nutrition Corner

Salt Shake Down: Sodium Reduction is on the Table

Turkey sandwiches…soups…deli meats. Are these the building blocks of a healthy meal or stealthy contributors of excess sodium? Both, according to experts, but improved versions are in the works, thanks to June 2016 Food and Drug Administration (FDA) recommended guidelines and commitments from food manufacturers and restaurant operators to shake down the salt.

Implicated in a litany of ills from increased risk of heart disease and stroke to higher blood pressure, sodium is one of today's major targets for elimination in the quest for a healthy diet. According to the Institute of Medicine, reducing sodium intake to 2,300 mg daily can significantly reduce blood pressure, ultimately preventing hundreds of thousands of premature illnesses and deaths. Currently, Americans consume on average, about 3,400 mg a day (a teaspoon and a half), most of it involuntarily.

"While a majority of Americans reports watching or trying to reduce added salt in their diets, the deck has been stacked against them," the FDA stated. "The majority of sodium intake comes from processed and prepared foods, not the saltshaker."

The guidelines set targets for reducing sodium over the next decade in the majority of processed and prepared foods, including pizza, deli meats, canned soup, snacks, breads and rolls. Already Nestle has reduced the salt in its pizzas, General Mills reduced sodium in more than 350 products, and Mars Food, Unilever and PepsiCo have pledged to follow suit.

Experts at the Harvard School of Public Health and the American Heart Association urge even further downward pressure on sodium in the diet, recommending a limit of 1,500 mg per day. Dr. Frank Sacks, the Principal Investigator in the groundbreaking Dietary Approaches to Stop Hypertension (DASH) Sodium-Trial, concurs, saying the effect of sodium intake on blood pressure is strong and causal, and called the new guidelines "a tremendous step forward to lower heart attacks and strokes in the US."

Start shrinking the sodium in your diet with these simple, tasty strategies:

- Plant-based foods such as carrots, spinach, apples, and peaches, are naturally salt-free.
- Add sun-dried tomatoes, dried mushrooms, cranberries, cherries, and other dried fruits to salads and foods for bursts of flavor.
- Enhance soups with a splash of lemon and other citrus fruits, or wine; use as a marinade for chicken and other meats.
- Avoid onion or garlic salt; instead use fresh garlic and onion, or onion and garlic powder.
- Try vinegars (white and red wine, rice wine, balsamic). Maximize flavor by adding at the end of cooking time.

Did You Know?

2 ounces
Serving of turkey that can contain half of daily sodium allowance

100-940 mg
Sodium in one cup of canned soup

- For heat and spice, try dry mustard, fresh chopped hot peppers and paprika.

On vegetables:

- **Carrots** – Cinnamon, cloves, dill, ginger, marjoram, nutmeg, rosemary, sage
- **Corn** – Cumin, curry powder, paprika, parsley
- **Green beans** – Dill, lemon juice, marjoram, oregano, tarragon, thyme
- **Tomatoes** – Basil, bay leaf, dill, onion, oregano, parsley, pepper

On meats:

- **Fish** – Curry powder, dill, dry mustard, lemon juice, lemongrass, paprika, pepper, saffron
- **Chicken** – Poultry seasoning, rosemary, sage, tamarind, tarragon, thyme
- **Pork** – Cilantro, garlic, onion, sage, pepper, oregano
- **Beef** – Marjoram, nutmeg, paprika, sage, thyme

Sources: National Heart, Lung and Blood Institute, Flavor That Food, American Heart Association, Centers for Disease Control