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David Katzman, MD & Jennifer DeLaney, MD Internal Medicine Specialists

Dear Friend,

May is physical fitness and sports month, national stroke awareness month and skin cancer prevention month. These are important issues to be aware of as we head outdoors to enjoy the warm weather and sunshine! Don't forget to wear your sunscreen and hat. Do enjoy the extra hours of daylight to increase your physical activity! Exercise improves the quality of life for all ages such as reducing your blood pressure and the risk for heart disease and type II diabetes. Exercise can decrease the risk of falls and improve cognitive functioning in older adults and can also raise your good cholesterol. Reducing your blood pressure and lowering your risk for heart disease can also decrease your risk of having a stroke. Educate yourself and loved ones on the signs and symptoms of a stroke. The new acronym BE FAST is a helpful reminder.



B-is for balance: Does the person have a sudden loss of balance?
E-is for eye: Has the person lost vision in one or both eyes?
F-is for face: Does the person's face look uneven?
A-is for arm: Is one arm hanging down?
S-is for speech: Is the person having trouble speaking or seem confused?
T-is for TIME: Call 911 now!

Mahatma Gandhi said "The future depends on what you do today." What will you do today to live a healthier life? Start by having your regular check-ups and screenings, eating right and exercising more! Enjoy the summer with your family and friends!

Opiate Use

Dr. Jennifer DeLaney

The CDC has recently released new recommendations for limiting the use of narcotics. This is in response to the epidemic of narcotic dependency in the United States. 4 million people in the US are addicted to prescription narcotics. The number of prescriptions for narcotics annually has quadrupled since 1999. There were 258 million prescriptions written for narcotics in the US in 2012. Over 165,000 Americans have died of prescription narcotic overdoses since 1999. In Americans aged 35-54 the risk of dying from prescription narcotics exceeds the risk of dying from guns or car accidents. 1 in 500 people given narcotics for chronic pain will die from use of the narcotics. Your risk of death from a narcotics overdose is markedly increased if you are taking narcotics and sedatives like sleeping pills, Xanax, Ativan or Valium at the same time. Alcohol, older age, or kidney or liver issues also increase the risk of taking narcotics.

Narcotics are clearly effective in helping acute pain, such as after a surgery, and chronic cancer pain. However, they have not been proven effective in chronic musculoskeletal pain, such as pain due to back problems or osteoarthritis. 43% of American adults have chronic pain due to back or neck issues, arthritis or chronic headaches. A review of 39 studies of narcotic use for chronic pain showed

no benefit in terms of quality of life and a dose related risk of side effects and overdose. There was an increased risk of death, overdose, car accidents, sleep apnea, falls and fractures, heart attacks and sexual dysfunction with chronic use of narcotics. In addition, long term use of narcotics can have the paradoxical effect of increasing your sensitivity to pain and also making stimuli that are typically not painful to others to become painful to you. To put it bluntly, narcotic use makes you more sensitive to pain. Studies that have compared long term use of narcotics versus anti-inflammatories such as Advil for chronic low back pain have showed no increased benefit in terms of pain scores or quality of life in those taking narcotics over those taking Advil. 1 in 4 patients who take narcotics chronically become addicted to them, and an even higher percentage will become physically dependent on them and experience withdrawal and cravings with missed doses. Even short term use for less than a week after surgery can double your risk of chronic narcotic dependency. Most chronic users of narcotics experience "tolerance" over time where they require ever escalating doses to achieve the same effect. The risks and side effects do not diminish with time and worsen as the dose is increased.

Our goal is to work with our patients to maximize their quality of life by minimizing pain. It is clear that the more liberal narcotic prescribing practices of the past 2 decades for chronic musculoskeletal pain has caused the unintended consequence of dependency and addiction. There is growing recognition that narcotics do not cure pain, they merely mask it, until tolerance develops to the dose of medication the person is taking. Our goal needs to shift to curing the underlying cause of the chronic pain, through combined programs to address posture, muscular weakness, joint inflammation and stressors that contribute to muscle tension and pain.

Do I Need an Antibiotic? Probably Not!

Dr. David Katzman

Respiratory-type infections are one of the most common problems our patients face. A frequent question that we are asked is "When do I need an antibiotic?" The good news is that 90% of upper respiratory infections including sinusitis and bronchitis are viral and will get better on their own without antibiotic treatment. The bad news is that the symptoms can be annoying and persistent and there is not an antiviral medication that will hasten your recovery. People often wonder why they shouldn't add an antibiotic on the 10% chance it is not viral. It is easy to forget that antibiotics have serious side effects (1 in 5 ER visits for drug reactions are for antibiotic) such as rashes, superinfections, gastrointestinal side effects like nausea and diarrhea and truly life threatening reactions like anaphylaxis. In addition, frequent use of antibiotics encourages drug resistance and is associated with significant weight gain given the changes in the beneficial bacteria in your intestines.

I have outlined below the common sorts of infections and when an antibiotic might be appropriate:

BRONCHITIS: Viruses cause 90% of all coughs presenting to primary care doctors—This means a cough lasting up to 6 weeks, which can be productive of colored mucous, along with mild symptoms such as fatigue or achiness. Bronchitis is distinguished from pneumonia by the absence of high fever, fast heart or breathing rate and a normal lung exam. Bronchitis leads to the most inappropriate antibiotic prescribing of any illness. Many well done studies have not shown a benefit from antibiotics, and perhaps a trend toward more adverse events. It is best managed with cough suppressants (Mucinex DM or Tessalon), inhalers (Albuterol) and antihistamines/decongestants (Claritin, Sudafed, Dayquil/Nyquil).

SORE THROAT: Most sore throats are also viral in origin no matter how painful they may be. Strep throat requiring antibiotics would be suggested by a high fever, white patches on the back of throat, tender lymph nodes in the neck, and the absence of cough. If you have at least 3 of these criteria, then you may have strep. Otherwise, it is best to manage this with Tylenol or Ibuprofen, gargling with warm salt water, and keeping the throat moist with lozenges. Certainly if the sore throat persists over a week you should contact us as there are other causes for a sore throat.

SINUS INFECTION: Symptoms of this include nasal congestion and obstruction, discolored nasal discharge, tooth or facial pain, headache, fever, fatigue and cough—to name just some. Most of these too are viral and resolve on their own in 7-10 days. The Institute of Medicine specifically recommends not to give antibiotics unless there is a high fever (> 101.5) and discolored discharge/facial pain lasting more than 3 days, or persistence of symptoms without improvement for over 10 days. Symptoms are best managed with decongestants, antihistamines and analgesics. A topical decongestant such as Afrin can also be used but only for 3 days, as longer term use can be habit forming.

COMMON COLD: Antibiotics should never be used for this, which by definition is a viral infection. Symptoms include sneezing, runny nose, sore throat, mild cough, fatigue and headache. Though the common cold occasionally progresses to bacterial sinusitis or earaches, antibiotics have not been

shown to prevent these complications. Symptoms are managed like sinus infections or bronchitis. Zinc supplements like Cold-Eeze have been shown to reduce the duration of the common cold if started within 24 hours after onset.

I know we all want a quick fix when we don't feel well. Unfortunately, for the above conditions there often is not one. In fact, antibiotics have the potential to do more harm than good. You should feel free to call or see us so that we can help manage the illness, offer advice for symptomatic improvement and certainly confirm that the illness is indeed not serious. Please be understanding when we don't just jump to a Z-Pak when you aren't feeling well. It's in your best interest!



How to Stress Less and Live Better

Dr. Diane Sanford, Health Psychologist would like to offer a **FREE** one-hour introductory class in our office!

Learn how to stress less and live better with 5 simple steps which have been clinically proven to reduce worry, anxiety, depression, and improve overall health. **RSVP** to [Lauri](#) if you would be interested in coming to this Saturday morning class. We will be sending out dates via e-mail when class will be offered.

Office News

*UnitedHealthCare and LabCorp

If UHC is your insurance carrier please be aware that they have contracted with LabCorp for your lab work. If you choose to continue to have your lab work done at our office we have a contract with Quest and your out of pocket expense will be no more than \$50.00. Please check with your plan administrator first before scheduling your annual physical lab work. There may be no cost to you for well visit labs if done at LabCorp.

*Please E-mail Instead of Texting For Medical Questions

Dr. Katzman and Dr. DeLaney would prefer to be emailed instead of using text messages over the phone for relaying any medical questions. This is for your privacy and personal information protection.

*Reminder on Insurance Card Updates

The office will be asking to see your insurance cards at your next visit. **PLEASE call us if you have a new insurance card so we can update your information!** We apologize for the inconvenience, but it is necessary to have the correct and updated information so we can get approval for your medications and diagnostic testing in a timely matter.

*Be Careful in Choosing Your Individually Purchased Insurance

If you are in an HMO or have purchased an HMO based Medicare plan such as Medicare Complete through a private insurance carrier **we may not be able to order any diagnostic testing or refer you to a specialist. Only the primary care physician assigned by your HMO can manage those services needed.** This can be very frustrating and time consuming for all parties involved. Please check with your insurance carrier if you have any concerns.

*Billing Questions

Please Contact Tonya for any questions concerning your account. She will be available to return your calls on Wednesdays and can also be reached via [e-mail](#).

*Office Website

Please visit our [website](#) if you missed last month's newsletter! The newsletter archives can be found by hovering your mouse over the "Medical Links" tab. You will also find here links to several reputable websites with the latest medical news and health information.

Light Summer Eating

baby spinach and arugula salad with tuna, italian white beans and heirloom tomatoes

3/4 pound fresh tuna steak
 4 cups baby arugula
 4 cups baby spinach
 1 sweet onion
 15 ounce can cannellini beans, rinsed and drained
 10 ounce package baby heirloom tomatoes
 1/4 cup balsamic vinegar
 2 tablespoons extra virgin olive oil
 4 teaspoons honey



2 garlic cloves, minced
1/2 teaspoon coarse salt
1/2 teaspoon freshly ground black pepper

To prepare tuna: Broil with seasoning of choice or ask your grocery seafood dept. to steam for you; chill. Before assembling salad, flake or cut tuna into bite-sized pieces.
To prepare salad: Combine arugula, spinach and onion:toss gently then arrange on a large serving platter. Top with flaked tuna, beans and tomatoes (halve if large). Serve with vinaigrette.

To prepare vinaigrette: In small bowl, whisk together vinegar, oil and honey until well blended. Stir in garlic, salt and pepper.

Makes 6 servings.

per serving: 213 calories, 22 mg cholesterol, 5 g fat, 1 g saturated fat, 306 mg sodium, 22 g carbohydrate, 5 g fiber, 19 g protein.

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