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

Happy Holidays!

Wishing all of you a happy, healthy holiday season!

Shingles Vaccine-New and Improved

David Katzman, MD

As many of you know, shingles is a localized, painful rash. The rash often lasts only a week or two, but the usual severe pain associated with it can last a lifetime.

Shingles results from the reactivation of the chickenpox virus that lies dormant in the nerves of our spine or brainstem. All of us who have had chickenpox are at risk for shingles, and the lifetime estimate can be as high as 1 in 3.

For the past decade, we have been vaccinating those over 60 (sometimes 50) with Zostavax. This vaccine reduces the chance of getting shingles by 50% and seems to attenuate the symptoms should one break through. The effectiveness of this vaccine seems to wane after a decade.

A new and improved vaccine should be available early next year. Shingrix, administered twice 6 months apart, reduces the incidence by 90-95% and seems to remain much more effective over time. When available, we are recommending that those over 50, regardless of prior vaccination status, receive the vaccine. It looks like it will be covered by Medicare or your private insurance and we can send a prescription to your pharmacy on request or at the time of your next appointment. Coverage may take a few months to be on formulary by your private insurance company. It appears that it will be safe for those whose immune system is weakened by illness or medication. Side effects generally are localized redness or swelling at the site of injection, or perhaps feeling achy for a few days.

Please contact us if you have any questions regarding this new and innovative vaccine.

Public Health Implications of Gun Ownership

Jennifer DeLaney, MD

35% of American households have guns.

People who have guns in their homes are substantially more likely to die of gun violence. They have much higher rates of suicide, homicide (typically from domestic disputes) and accidental gun deaths.

33,000 Americans died of gunshot wounds last year. 2/3 of these were suicides.

Roughly 1,000 were women murdered by their current or former domestic partner. 3,500 children were killed by gun violence. Many children were killed accidentally when they were playing with a family member's gun.

If you have children in your home, consider getting rid of any weapons, or keep them unloaded, disassembled and locked.

Talk to parents of your children's playmates to make sure they don't have guns in their home that are unsecured and may pose a danger to your child.

If there is a history of domestic violence in your family, you should not have guns in your home. 1 in 3 women have been the victim of domestic violence.

If there is a history of a major depression in a family member who lives with you, you should not have guns in your home. 96% of suicide attempts with guns are fatal, versus 6% of suicide attempts with knives or poisoning.

High Blood Pressure Redefined

Lauri Slyman, RN

The American Heart Association and American College of Cardiology have updated the guidelines for high blood pressure in adults. The new guidelines are based on a comprehensive review of the latest medical evidence and clinical trial research. So, what's behind these changes? The new guidelines eliminate the category of pre-hypertension. Research shows adults with blood pressure readings considered pre-hypertensive under the old guidelines (120-139/80-89) are already at up to double the risk of having a heart attack or stroke! As of today, if your blood pressure tops 130/80 you are considered to have high blood pressure. Clearly, earlier detection and treatment results in significant cardiovascular benefit and improved overall health!

The good news is that high blood pressure is treatable and the new guidelines focus on prevention, earlier detection and lifestyle changes being the key. Even with the lower threshold for diagnosing high blood pressure, only a small increase is expected in the number of adults requiring anti-hypertensive medication. There are many effective strategies to reduce your numbers that don't involve drugs. It is so important to know your numbers so you can start a conversation with your doctor. The key to this is knowing how to accurately take your blood pressure. Correct home monitoring with an accurate device can provide valuable information to your doctor. Office setting readings can often be falsely elevated, and at least two readings on two separate occasions are needed for diagnosis.

- Don't smoke, drink caffeinated beverages or exercise for at least 30 minutes prior and sit quietly for at least 5 minutes before taking a B/P reading.
- Empty your bladder.
- Sit up straight with both feet flat on the floor.
- The cuff should fit correctly and be placed above the bend of your elbow with your arm resting on a stable surface at heart level.
- Keep a diary for your doctor. Take at least 2 B/P readings a few minutes apart in the morning (before you take your B/P medicine-if any) and in the evening before dinner.

Bottom line: Be sure to know your numbers and work with your doctor to develop an individualized treatment plan that's right for you. Lowering your blood pressure can save your life!

More to come on the new guidelines, lifestyle changes and treatment for high blood pressure in the next newsletter!

Office News

Holiday Office Hours: The office will be closed on the following dates:

Thursday and Friday, November 23rd and 24th.
Monday, December 25th
Monday, January 1st

Client Portal Update: We are continuing to hand out the patient portal information to you at your office visit. For those of you that haven't received the information please search your e-mail junk folder for an e-mail from "personal physicians" **after** you receive your instruction letter mailed to your home. This e-mail gives you the token to access your account. When we print off your instructions to mail, an e-mail is automatically generated and sent. We appreciate your patience and please pardon the delays! The information that will be sent for enrollment should answer most questions you may have and of course please feel free call the office with any questions or concerns you may have!

New Insurance Cards for 2018: Please CONTINUE to let us know if you have received a new insurance card! We must have the correct information to obtain approval for your medications, ordering labs and scheduling diagnostic tests. We will continue to check and update all cards at your office visit. This will allow us to expedite your services in a more timely manner.

Billing Concerns and Questions: Tonya would like to thank everyone for referencing the invoice number on their check. Please continue to reference invoice numbers on every check, and it is ok to pay more than one invoice on one check as long as they are from the same doctor. Tonya can be reached via [e-mail](#) and she is available to return your calls on Tuesday afternoons and Wednesdays.

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11709 Old Ballas Rd. Suite 101, St. Louis, MO 63141

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