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

2018-2019 Flu Vaccine Update

Getting an annual flu vaccine is the best way to protect yourself and your family from the flu and its potentially serious complications. The 2018-2019 flu vaccines have been updated to better match the current circulating viruses.

The vaccines available in our office:

- * Quadrivalent (4 component) vaccine, which contains an extra B virus to provide broader immunity against the influenza viruses circulating in our area. It is recommended for all adults, including pregnant women.
- * High Dose vaccine, which is recommended for people 65 years and older. It provides a stronger immune system response against the flu virus.
- * Both vaccines are latex, antibiotic, and preservative free.

Flu season typically peaks during the winter months of December-February in the United States, but isolated outbreaks can start in the fall. The CDC recommends vaccination by the end of October, but may still be given anytime during the flu season which can last until April or May.

We have not received our vaccine at this time. Please be on the lookout near the end of September or beginning of October for an e-mail with our flu vaccine appointment dates! For your convenience, if you already have a scheduled appointment with your doctor, we will administer the vaccine at that time.

Thank you!

Narcotic Prescription Limitations

Jennifer DeLaney, MD

The Missouri Legislature has passed a new law effective August 2018 that limits new narcotic prescriptions to 7 days for acute pain. Exceptions will be made for patients with cancer, who are in hospice, palliative care or nursing home settings. Your diagnosis will have to be documented in the chart and it may require an office visit to document the reason why narcotics are required and other classes of medications will be inadequate. This does not appear to apply to people who have had a recent narcotics prescription, however, as with any new law, I suspect there will be some difficulties with pharmacies filling narcotic prescriptions until the new system is well understood by all.

Headaches

David Katzman, MD

Headaches are ubiquitous and rarely herald a serious underlying condition, though the frequent occurrence of headaches, particularly severe ones, can certainly impact one's quality of life.

Headaches can be categorized as a primary headache issue such as tension or migraine or secondary headaches from some other medical condition.

Tension headaches are the most common form of primary headache and generally are mild to moderate in intensity, bilateral, non-throbbing and have no other symptoms. A heightened sense of pain in the brain is thought to be a contributing cause, often in association with stress or anxiety. They can be rare (less than 1 per month), frequent (1-14 days per month) or chronic (>15 days per month). Imaging of the brain is not necessary when the headaches fit the typical pattern. Such headaches are generally treated acutely with Tylenol or NSAIDS. Sometimes adding caffeine will help. When tension headaches occur more frequently, we often see what are called "rebound headaches", which can occur when the above medications are used twice daily more than 9 days per month. For those with frequent tension headaches this problem can be avoided with daily preventative medications.

Migraine headaches, another common form of primary headache, are generally unilateral near the eye, throbbing and often associated with nausea/vomiting, sensitivity to light or sound, and sometimes heralded by visual changes. Migraines can be triggered by stress, menstruation, wine, weather changes, sleep disturbances or artificial sweeteners-to name a few. Avoiding such triggers is the best treatment, but when this fails specific medicines called "triptans" are extremely effective, in addition to otc analgesics. There are also preventative medications generally reserved for those with 4 or more headaches per month, or those whose headaches last over 12 hours.

Secondary headaches are extremely rare and include tumors, brain bleeds, or "sinus headaches". Sudden and severe headaches warrant medical attention for the possibility of bleeding. Although patients often feel their headaches are caused by their sinuses, this is extremely rare. Generally these headaches would begin with the onset of significant sinus congestion, with the headache worsening or improving with changes in the sinus symptoms, or made worse by pressure applied over the affected sinus.

High Blood Pressure

Lauri Slyman, RN



The new high blood pressure guidelines from the American Heart Association ([November 2017 newsletter](#)) has increased awareness on the importance of lowering your numbers. According to the latest research, if your blood pressure numbers are 130/80 and above, you are considered to have high blood pressure.

The new treatment guidelines focus on prevention, earlier detection and lifestyle changes. Everyone with repeated readings of 130/80 and above should be making important lifestyle changes known to drive down blood pressure levels! Individuals who are at higher risk of heart disease or have other known risk factors such as diabetes or chronic kidney disease will most likely need medication along with lifestyle changes.

To help estimate your risk, use the [ASCVD risk calculator](#), which helps to assess how likely you are to have a heart attack or stroke within the next 10 years. Research recognizes that many people will need two or more types of medication and compliance increases if multiple medicines are combined into a single pill. Be informed and talk to your doctor about your cardiovascular risk and high blood pressure treatment options.

Lifestyle changes to lower your blood pressure:

- Maintain a healthy body weight.
- Follow the [DASH](#) diet, which consists of eating lots of fruits and vegetables and low-fat dairy.
- Reduce salt intake by aiming for 1,500 mg-2,300 mg per day. (1 tsp salt =2,300 mg) One way to reduce salt intake is to make your meals from scratch-no processed foods!
- Get regular physical activity. Aim for 90-150 minutes of aerobic exercise per week.
- Decrease and manage stress with healthy choices such as taking time for an activity you enjoy or using deep breathing exercises to calm yourself when you are feeling stressed.
- Limit alcohol. For men, 2 drinks or fewer daily; for women, 1 drink or fewer daily.
- Boost potassium by eating potassium-rich foods such as baked sweet or white potatoes, winter squash, white beans, orange juice, broccoli, cantaloupe, avocado, spinach and bananas.

It is important to stay in contact with your doctor to determine if medication is necessary. If medicine is prescribed-take it! Keep track of your out of office readings and keep your doctor appointments to recheck your blood pressure!

High blood pressure is known as the "silent killer" and is the leading cause of death from heart attacks and stroke. Changes may not be easy at first, but they are achievable with the help of your doctor!

Office News

Medicare issuing New ID Cards: Medicare is stopping the use of Social Security numbers for identification. This move required by law was enacted to discourage identity theft. The new cards will be mailed to you directly with new Medicare Beneficiary Identifiers (MBIs). Please bring in your new card or let us know you have received a new card when requesting any diagnostic testing, labs, medications or other services. We will not be able to obtain authorization for services needed in a timely matter without correct card information. Thank you!

Shingrix Vaccine: There is a national shortage of the new shingles vaccine, Shingrix. This is partly due to the overwhelming demand of the vaccine and being recommended at the earlier age of 50. No need to worry if you have already received the first dose! This is a two dose series with recommended interval of waiting at least 2 months up to 6 months between the first and second dose.

United Healthcare and LabCorp: United Healthcare will be contracting with Quest for laboratory testing starting in January 2019. Just a reminder to our clients who currently have **United Healthcare** as their primary insurance. There will be a \$50.00 co-pay for **covered** labs if you choose to have your labs drawn in our office until the contract takes effect. Please check with your individual plan to determine what labs are covered.

Florida Blue and EPO's: If you have the Medicare supplement plan [Florida Blue](#) please check the website to find out if you are covered outside of Florida. If you have coverage, check if you need to have an in-network primary care physician designated to order all of your diagnostic tests. **Dr. Katzman and Dr. DeLaney are not in-network.** There are many health insurance plans that are considered an **EPO** (exclusive provider organization). This is a managed care plan where services are only covered if you go to doctors, specialists, or hospitals in the plan's network. This means you may have to pay the full cost of services provided if you use a physician out of network. Dr. DeLaney and Dr. Katzman are not in network and will not be able to order any diagnostic services for you even if the facility is in network.

Client Portal Update: We are continuing to hand out the patient portal information to you at your office visit or via mail. **Please note: Enrollment in the portal is voluntary and your information uploaded into the portal is not linked or shared with any other medical facilities or physician offices.** You will be receiving an email from Personal Physicians (check your spam folder) regarding the enrollment token. Following the email you will receive a letter in the mail that contains your token. The email will contain a link and instructions to access your account. The information that will be sent for enrollment should answer most questions you may have and of course please feel free to call the office with any questions or concerns you may have!

New Insurance Cards: 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. Please be patient and allow a few extra minutes as we will continue to check and update all cards and demographics 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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