

## The Medical News Report -#5-June, 2012

By Sam La Monte, M.D., F.A.C.S.

1. The Lipid Profile and other tests... what they mean.
2. Pain Management, Narcotic Abuse, Adult and Newborn Addiction
3. Sunscreens and Skin Cancer.
4. Differentiating Age-Related Memory Problems and Clinical Dementia.
5. Medical Malpractice Insurance, and where is the Tort Reform?
6. June is gout awareness month, and other late breaking medical information

### 1. THE LIPID PROFILE AND OTHER TESTS.....WHAT IT MEANS.

The entire panel includes

- (1) Direct measured Cholesterol panel
- (2) Secondary and Emerging Risk Factors
- (3) Apolipoproteins
- (4) Metabolic Syndrome and Insulin Resistance Assessment
- (5) Other CONSIDERATIONS
- (6) Atherotech Panels and Profiles

- a. Last month, I talked about the statins that lower cholesterol, and how it helps reduce the fats in your blood, which lower your risk of vascular disease. As I mentioned before, there are several statins and some are in generic form. Your doctor will decide which is best for you. Crestor may be the best of the lot, but they are expensive. For your doctor to determine what kind of heart and vascular risks you have, a lipid profile must be ordered and repeated every 6-12 months to follow your progress. There are side effects of the statins that you need to discuss with your doctor, especially if you are diabetic (statins can increase your risk of diabetes by 13% in one study). They also can affect the liver, so those enzymes must be followed for a year or so, before they can be discontinued. The latest studies say continued monitoring of liver enzymes are not necessary if they are normal for a year or two.
- b. The Lipid Profile (every laboratory will have different normal values—these are from Atherotech in Birmingham, Alabama).
  - (1) DIRECT MEASURED CHOLESTEROL PANEL
    - A. Total LDL—(low density lipoprotein) less than 130 mg/dl (normal value)

Fats are carried in the blood with proteins called LIPOPROTEINS, and they indicate the amount of fat (lipid) in the blood. LDL is the BAD cholesterol that accumulates inside the

vessel walls. The size of the particle attached to the protein determines whether it is bad or good.

B. Total HDL (high density lipoprotein)---greater than 40 mg/dl (normal value)

This is the GOOD cholesterol in the blood.

LATEST NEWS—HDL CHOLESTEROL LEVELS DO NOT NECESSARILY CORRELATE WITH IMPROVED HEART DISEASE RATES (from the journal The Lancet). It may turn out that some of the newer lipid tests (below) might be better at predicting heart and vascular disease.

C. Total VLDL (very low density lipoprotein)-less than 30mg/dl

D. Total Cholesterol---less than 205 mg/dl. Total Cholesterol is the sum of the 3 above types of lipoprotein. Besides the statins, there is a drug called Zetia, that blocks fat from being absorbed. It has recently been reported that adding it to a statin (Zocor), does not improve heart and vascular disease anymore than statins alone.

(2)SECONDARY AND EMERGING FACTORS to determine cardiovascular risk

These are other types of fat that accumulate in the blood and have been linked to vascular disease. With newer research, they may be even more important.

A. Triglycerides---less than 150mg/dl.

These are linked to the cholesterol problems and are frequently genetic in cause.

Thought to be of minor consequences in the past, it is now thought to be a major player.

A diet heavy in sugar, excess alcohol, and diabetes have been linked to higher levels of triglycerides. These too coat your vessels. They require different medications than statins. There are 3 on the prescriptions on the market—gemfibrosil (Lopid) and fenofibrate (Tricor), and concentrated forms of Omega-3 fatty acids (Lovaza). Niacin (Vitamin B6) 1000mg a day may help as well if you can tolerate the side effects

B. Non-HDL Cholesterol---less than 160

C. Remnant Lipoproteins---less than 30 mg/dl

D. Lp(a)--less than 10 mg/dl ----this is thought to be more indicative of vessel damage Than LDL.

E. LDL Density (Pattern)—A or B----Type B pattern implies more risk and Type A less.

F. APOLIPOPROTEINS—new emerging tests for cardiovascular risk. These tests include Apo-B, Apo-AI, and the ratio of these 2.

(4) METABOLIC SYNDROME/INSULIN RESISTANT ASSESSMENT—I mentioned in the LAST MONTH'S MEDICAL REPORT that I would define this syndrome. This syndrome is a group of factors that create a disease complex, in this case VASCULAR DISEASE.

There are 6 major factors that define this syndrome and all are involved in cardiovascular risk:

1. ATHEROGENIC (meaning vascular disease) DYSLIPIDEMIA-- (abnormalities of fats) (worst case is abnormal triglycerides, HDL2, and a B pattern of LDL).

2. INSULIN RESISTANCE-- I told you last month that insulin resistance occurs when your body does not recognize your insulin well enough to lower your blood sugar, and therefore the pancreas makes too much of it often leading to exhaustion of the cells (beta) in the pancreas. This is the main cause of type 2 diabetes.

3. TYPE 2 DIABETES (We will start looking at this disease next month)

4. HYPERTENSION (greater than a blood pressure of 130/85),

5. BLOOD SUGAR LEVEL (less than 100mg/dl is normal—over 125 begins real concern.)

6. ABDOMINAL OBESITY (greater than 40 inch waist for males and 35 inches for women).

This increase in your “gut” is from fat in the omentum in the abdomen (This investment of tissue keeps the intestine wound around in a fibro-fatty network). It is not fat outside the muscle layers of your abdomen. When you get so much fat inside the abdomen, unless you do a lot of “stomach” exercises, your abdominal wall muscles stretch and, then you can’t see your feet.

(5) It is your responsibility too---These fats in our blood assist in the pathogenesis of atherosclerosis. Physicians can write the fat lowering, hypertension and diabetic prescriptions, but it is your responsibility to eat healthy diet, reducing the number of calories you eat, lose weight, start an exercise routine (minimum of 150 minutes of aerobic exercise per week), stop smoking, and reduce your alcohol intake.

(6) Other tests----your doctor should consider to assessing these tests as well. These newer tests can be abnormal and will increase your risk:

A. C- Reactive Protein—less than 1.0 mg/L. This is an INFLAMMATORY MARKER thought to be very important in the genesis of atherosclerosis.

B. Lp-Pla2—less than 200ng/ml

C. Vitamin D—between 30-100ng/ml. Vitamin D is necessary for good functioning cells including bone, organs, and the brain. You have heard a lot about Vitamin D lately, and it is apparent its importance is greater than previously thought for heart and vascular disease. Remember, sunscreen keeps you from absorbing vitamin D.

D. TSH—thyroid stimulating hormone-- normal is between 0.35-4.94. This is the thyroid test most often ordered to make sure you have adequate thyroid hormone production. Being low in thyroid (hypothyroid) will increase your risk for vascular disease, including other metabolic abnormalities as this endocrine hormone is essential for metabolism.

E. Apo E genotype—this is a heredity test that gives you a higher or lower risk of vascular disease. E4 genotype (25% of the population) is associated with a higher risk of vascular disease. These genetic abnormalities make up 4 types, and Type III genotype is associated with the highest risk of vascular disease including diabetes, elevated triglycerides, and vascular disease.

---Conclusion--- If you have normal total cholesterol and triglycerides, a low LDL, and a high HDL, I would expect your doctor would consider these other tests unnecessary. If you do have abnormalities or have a strong family history for vascular disease, are diabetic, and/ or overweight, these tests will help you and your doctor form the correct strategy to prevent heart and vascular disease. Cardiovascular disease is the leading cause of death in America. Vascular disease is silent for decades. There is new data that shows this process starts in childhood. Prevention of these diseases is the key to a long and healthy life. Read up on good diets to lower cholesterol, manage diabetes, and prevent vascular disease. We will talk about this in the future, but for now consult [www.myplate.com](http://www.myplate.com) and the DASH DIET. Consult with a nutritionist and your doctor.

2. PAIN MANAGEMENT, NARCOTIC ABUSE, OVERPRESCRIBING, ADULT AND INFANT ADDICTION  
Reports vary, but there are close to a third of Americans in chronic pain at some time. It costs \$1 Billion dollars a year for chronic pain considering lost wages, lost work, treatment costs, and rehabilitation. It is an enormous problem.

- a. Overuse of pain pills--people often reach for pain pills too often. We have become so pill oriented, we may be getting too soft and expect instant relief. When experiencing pain, analyze why you have the pain. Was it exercise, work, sports, lying on the couch for hours, sleeping in a bad position, etc.? Try simple solutions like an ice pack or heat to relieve the pain. Stretching increases blood flow into muscles, which take away chemicals that accumulate with injury. Musculo-skeletal pain, which is the most common type of pain and back pain is # 1. Good posture, regular breaks when required to be in front of a computer for hours, walking, sleeping on one pillow, relieving stressful situations, quiet time, breathing exercises, meditation, yoga or any kind of workout will prevent so many problems that cause pain and reduce stress. Massage therapy or a visit to the Chiropractor will help in certain cases. A good comfortable chair and mattress can be helpful since we probably spend more time in those two than any other activity.
- b. Aging and pushing your body too far--As we age, the cost to our bodies for activity or inactivity gets higher, so think before doing things you once could do easily, because the price of pain and injury gets higher. If you forget, your body will remind you. It is interesting that only 21% over 65 report pain compared to age 44-65 (30%). It may be perception of pain that is the difference. Maybe we just get tougher when we age.
- c. What should you take?--If you can't get relief, try non-steroidal anti-inflammatory meds (NSAIDS) like naproxen (Aleve), ibuprofen (Motrin), and aspirin. Acetaminophen (Tylenol) will help if your stomach is sensitive to the NSAIDS. If you get no relief or you are getting worse, go see your doctor. Don't jump to codeine or synthetic codeines casually. Ask your doctor about milder pain meds like Tramadol if the OTC meds don't work. If you need narcotics (hydrocodones-Vicodin, Oxycodone) this means you should have a significant amount of pain (at least 5 or 6 on the pain scale which is from 1-10). You are taking a

potentially dangerous addicting drug when you take prescription narcotics. Get off them as quick as you can.

- d. Muscle relaxants (Flexeril ,Soma Compound, or Valium) might help too. They can cause sedation, so don't mix these with other meds like sleeping pills or alcohol, and don't drive.
- e. Be sure you do not exceed the maximum dosage of Tylenol for 24 hours. One Tylenol contains 850 mg and about 5000mg is the allowable limit per 24 hours. Tylenol can damage the liver.
- f. Accidental overdose and death—This problem is increasing across the US. We hear when celebrities die such as Whitney Houston. Toxicology reports showed Oxycodone, Cocaine, Xanax, and Ambien in her body. Combinations of these drugs cause sedation and respiratory depression and can create a very hazardous situation. Ms. Houston made bad decisions in her life and paid for it with her life. She was an addict unable to beat her demons.
- g. Drug addiction is a disease-- Just like alcoholism, drug addiction requires experienced treatment like any other disease. It is always difficult to admit you have a drug problem, but until an addict does, times are going to be tough for everyone around them. This is a family disease.
- h. Number of annual pain prescriptions--In 2000, there were 17.4 million narcotic prescriptions written in 2009, and 2011 there were 257 million! Filling narcotic prescriptions was an \$8.5 billion dollar business in 2011. Doctors take the Hippocratic oath—"when in doubt, do no harm"----some of them forgot. Pill mills especially in the South are common. Prescription abuse is big business.
- i. Narcotic abuse-- There are 7 million Americans that are abusing narcotic drugs for NON-MEDICAL REASONS!! There are millions more addicted because they are in pain. If they get addicted that may be more serious than the medical reason for taking the pills in the first place. Most people in pain are not taking the pills to get high; they take them for relief, but addiction still comes just the same. Admit it and get help. In 2008 (the latest year for the CDC statistics) showed 14,800 people died in incidents involving painkilling prescriptions. Can you imagine what a problem this is in returning wounded war veterans?
- j. What is addiction? Chemicals stimulate centers in our brain that gives us pleasure and pain relief releasing other chemicals like serotonin, dopamine, and endorphins. As the drug is taken, it takes more chemical to do the same amount of stimulation, so you need to up the dose. In a short period of time, as you take more of the drug, if you stop it, you will withdraw from the chemical causing real physical withdrawal symptoms such as nervousness, shakiness, sweats, feeling faint, etc. This is PHYSICAL DEPENDENCY. PSYCHOLOGICAL DEPENDENCY does not cause real physiologic withdrawal but the craving will be real. This is a recipe for hard times to come. There is no solid statistic on how many patients will become addicted to the point of needing help, but the first step is always admitting you have a problem.
- k. Pain prescription addiction- -The CDC estimates only 1.5 million Americans are addicted to cocaine, whereas there ARE many millions addicted to prescription pain meds. There are

14,800 deaths per year in 2008 from prescription pain medication, having quadrupled over the past 10 years. Your doctors, I am afraid, are at times too liberal writing prescriptions for pain. Physicians are trained to relieve suffering, but patients are often times pressuring the physician or even lying about the amount of pain they are experiencing. There is new pressure to prescribe less just like not prescribing antibiotics inappropriately. When a doctor has been abusive and is disciplined, that should be monitored closely, no matter where he may move to. Institutions have not been aggressive enough until recently. All you or anyone has to do is log on to [www.stateboardofmedicine.com](http://www.stateboardofmedicine.com) and look up your doctor.

- l. What about your children?-- 1 in 20 youngsters age 12 or older have taken YOUR PAIN MEDS without you knowing it. There are 5000 kids stealing your narcotics from the medicine chest every day or are buying them at school or on the street. A single Oxycodone pill costs an average of \$17 on the street. They will steal your money if not your drugs.
- m. There are 200 million pounds of unused drugs accumulated per year in the US. Get rid of all your pills when finished or lock them up. The Journal of Environmental Science and Technology just came out with a study proving that "Take back" programs are not any better than flushing your narcotics. Other drugs can be put in a sealed baggy in coffee grounds in the trash. The FDA website will tell you what drugs can be put in the trash. The EPA has yet to decide if putting these narcotics in the water supply is dangerous to our health. Don't throw your narcotics in the trash especially in the prescription bottle. Your kids are watching!
- n. The Tampa Bay Times 2 weeks ago said that prescription pain abuse will be a \$1 trillion problem by 2030. Narcotics are linked to sleep apnea, sharply reduced hormone production by the body (including male and female hormone), a greater risk of falling for the elderly, auto accidents, health neglect and disease.
- o. If you are not getting pain relief, talk to your doctor about a referral to a PAIN MANAGEMENT SPECIALIST (American Board of Pain Management). There is a shortage of these doctors, but be sure you are going to a reputable one. There many pain clinics that are nothing but pill mills. There are many ways to address pain.
- p. The Journal Watch of Psychiatry this month reported treating poly-drug dependence with the drug Naltrexone in implants that block the euphoric effects of narcotics. 56% of patients with these implants were able to quit their drugs compared to 14% of placebo patients with urine negative for the narcotic. Understanding pain and its mechanism is beginning to help physicians to re-think pain and its management. Better education for healthcare providers is a must to address this huge problem. Palliative care physicians should be sought out as well especially for severe pain like with cancer, injuries, etc. This field is expanding, and should not be thought of as a last resort.
- q. Newborn addiction--Hundreds of millions of our dollars are needed each year to treat newborns who are born addicted because their mother's addiction. 3.4 out of every 1,000 births born in a hospital in the US in 2009 suffer from some type of drug addiction according to the Journal Of the American Medical Association. That is 13,539 infants a year, or one born every hour. Infants born addicted suffer from low birth weight, breathing problems, feeding problems, and seizures. More of these infants are addicted to prescription narcotics

- than cocaine, etc. There has been a five- fold increase in pregnant women being addicted. About 4.5% of pregnant women use illegal drugs at the time of their delivery. The incidence is increasing every year. These infants have to be treated with decreasing doses of Methadone to prevent withdrawal.
- r. Addiction Clinic help---Only 3% of addiction clinics will treat pregnant women because of the liability, so these girls are not seeking help and impose their addiction on their poor infants. A Cooper Anderson TV program on this subject reported that 94% of these pregnant women want help, but where do they go? Neonatal intensive care units are full of these kids. As in the FETAL ALCOHOL SYNDROME these infants have life-long neuro-cognitive and developmental issues, and WE ARE PAYING FOR IT. It is these unnecessary expenses that have caused an enormous increase in healthcare. Obviously, most of these are Medicaid patients.
  - s. Patient responsibility--Whatever you do, don't keep taking pain pills without proper evaluation and supervision. Also studies show that smokers and the overweight report a higher incidence of pain, therefore stop smoking and lose weight.
  - t. Complementary providers—Do not forget chiropractic, meditation, massage therapy, acupuncture, yoga, and physical therapy before surgery is decided on. These modalities work, so take advantage of these complementary options.
  - u. The challenge--Treating chronic pain is very challenging. Training physicians how to treat pain must improve in the face of the crisis occurring with abuse. States are creating tougher regulations on who can prescribe narcotics. Information across state lines needs to improve. In the future, your primary care doctor may not be able to prescribe certain pain meds. The public and some doctors have created the need for stiffer regulations. Special licenses will soon be required in some states to prescribe Oxycodone, Morphine, Demerol, etc.
  - v. Addiction is increasing--Today, prescription pain medication addiction outnumbers all other addictions combining heroin, cocaine, methamphetamines, pot, etc. It is increasing at a scary pace. The DEA is monitoring pharmacy orders in the states of Florida, Georgia, and South Carolina, and in Florida a prescription requires a fax or electronic prescription. Some pharmacies are filling too many prescriptions for pain meds from the same doctor. Most good pharmacists would contact the DEA about this abuse from certain doctors. All healthcare professionals have to work together to reduce this epidemic. Electronic medical records, cross-checking in a central database would insure patients are not filling pain meds from different doctors. Regulations continue to improve to help this epidemic, but cooperation from all parties will be necessary to get this crisis under control. Check out [www.webmd.com](http://www.webmd.com) April 25<sup>th</sup> edition on arthritis. They have a good discussion on this subject.

### 3. SUNSCREENS AND SKIN CANCER

This subject is near and dear to my heart since skin cancer surgery and reconstruction of large facial defects was a big part of my practice. Over 2 million Americans are diagnosed with a

skin cancer of some type every year. It is the most common cancer of all. 1 in 5 Americans will develop a skin cancer over their lifetime. If you develop one skin cancer, there is a 50% chance you will get a second one. Most skin cancers are preventable with common sense and protection.

Good photos of skin cancers and a short video are available by logging on to [www.everydayhealth.com/skincancer](http://www.everydayhealth.com/skincancer) and [www.webmd.com/skincancer](http://www.webmd.com/skincancer) has a good discussion on sunscreens in the May 2012.

Another good source of information is [www.mdanderson.org/skincancer](http://www.mdanderson.org/skincancer) (a tremendous resource for advanced disease especially melanoma)

There are 3 common types of skin cancer

- A. Basal Cell Cancer—the most common and least aggressive of the skin cancers. These are increasing worldwide, more in Australia than anywhere, but Europe is increasing as well. These lesions, like the photos will show you, are very innocent pink to tan shiny little bumps that suddenly appear on the sun-exposed parts of your body. Some are more flat and scaly. These can be removed by a variety of treatments by a board-certified doctor usually a dermatologist but plastic surgeons frequently remove these as well. If they are advanced or in a vital spot like the nostril, near the eye, or recurrent, you should ask your doctor to consider sending you to a Moh's surgeon (specially trained dermatologist), who can geographically remove them with close to a 98% success rate. After removal, plastic reconstruction may be necessary by an experienced surgeon. The best chance of a cure always comes from getting the cancer completely removed the first time. The good news is these cancer rarely spread to other parts of your body called metastasis. There is a rare form of hereditary basal cell cancers (Basal Cell Nevus Syndrome), and these people literally have hundreds of skin cancers.
  
- B. Squamous Cell Carcinoma—This type of skin cancer (look at the photos on those websites) is mainly scaly somewhat sensitive pink and irritated looking lesions on the surfaces of sun-exposed skin. They usually start as a benign lesion called actinic keratosis, but a pre-cancerous lesion. These can be frozen, or scaped (curettage), treated with an acid (a newer treatment uses photodynamic therapy) to rid them from your skin. These appear as a scaly spot on your arm etc. and can be scraped off with your fingernail, but they may bleed, don't heal and if left untreated will become a squamous cell carcinoma. These can get quite aggressive and spread to the lymph nodes. I have had to do radical surgery on too many of these patients, because they ignored a spot on their skin.

The LIPS are particularly sensitive to the sun, because there is no tanning capability. After all a tan is nothing more than a response to trauma from the sun. Too bad it is so glorified in our society. When sun damage advances on the lips it becomes a white plaque- like lesion called leukoplakia. The reason the lips react differently than the skin is that it is the same as the lining of our mouths. It is not squamous epithelium, rather it is a mucosa. With trauma from wind, thermal and sun transformation from a mucosal surface to a skin surface occurs and a squamous cell carcinoma develops. Leukoplakia is precancerous, but must be

removed by freezing or peeling if early, and excision of the area with an advancement of the inside of the mouth to make a new lip. The result is amazing. This was a very satisfying procedure to perform. Lip cancers can look like a sore, and if they are to this stage, a wedge resection of the lip has to be performed with reconstruction from the other lip. Great results can be obtained with this as well.

The sun is not the only culprit that can increase your risk for this cancer. Scars from injury or radiation treatments are places to keep a keen eye out for a new spot to form. These cancers must be removed with surgery, frequently requiring plastic reconstruction if on the face. If they get to the lymph nodes, radiation treatments besides surgery may be necessary. These cancers are increasing worldwide as well, and interestingly enough, are increasing more the further from the equator.

C. Melanoma—

- a. These cancers are by far the most deadly of all skin cancers. PLEASE look at the photos on the websites. These frequently occur on the sun exposed parts of the body, but can occur anywhere. So, it is advisable to have a doctor check your skin yearly for hidden lesions on your scalp or on your back where you can't see.
- b. For those interested-- The types are a) superficial spreading-70% usually starting in a mole b) nodular-15-30%-more aggressive and develop quicker c) lentigo-malignamelanoma-4-10%-most common in women over 50 on the face starting as a benign lentigo (pigmented spot). d) acral lentiginous melanoma—these occur on the palms, soles of the feet, or under the nails. 60% of this type melanoma occurs on darker skinned people, whereas the others occur on light- skinned people especially those that freckle. e) mucosal—1%-inside the nose, mouth, vagina, and rectum f) uveal—inside the eye in the choroidal layer (pigmented)under the retina or on the white of the eye. g) amelanotic melanoma—these have no pigment and can look like an innocent spot, easily confused with a basal cell carcinoma.
- c. Melanomas are increasing in numbers with each decade (2.8% per year since 1992), possibly because of the loss of the ozone layer of the atmosphere, tanning beds, and more unprotected skin in the sun for longer periods of time. 70,230 Americans were diagnosed with this aggressive tumor in 2011 (see American Cancer Society-Facts and Figures) [www.cancer.org](http://www.cancer.org)
- d. Melanomas are 10 times more common in white people. The incidence is the same for both men and women. Of 70,000 diagnosed, 9,000 will die of their disease. But, like any cancer, early detection will give you a much higher chance of cure. Even more advanced lesions can be controlled with additional surgery, radiation, and biologic and chemotherapy.
- e. Staging of melanoma is about how far the tumor had grown into the skin (Clark levels) and how tall is it above the skin plus depth (Breslow levels). The 5 year survival rates are

based on these factors plus ulceration, spread to surrounding tissues, lymphatic vessels, regional-- lymph nodes (the number of nodes and whether are clumped)—Sentinel Node Biopsy technique is used! See [www.ask.com](http://www.ask.com) Stages are I-IV, and have different survival rates. Many feel that we should consider 10 year rates, because since these tumors can not only spread through the lymph system but also blood vessels and can recur late.

- f. The signs of melanoma are as follows ---REMEMBER THE ABCDEs of melanoma.
- a)---ASYMMETRICAL pigmented lesions
  - b)---BORDERS of the pigmented spot
  - c)---COLOR change of a mole or pigmented spot on the skin
  - d)DIAMETER change
  - e)---EVOLUTION of any change in a mole.
- g. Other rare forms of skin cancer come from just under the skin including the oil and sweat glands, fibrous tissue (fibrosarcoma), nerve, muscle, blood vessels and fat tissue. These can be very aggressive, and can grow into surrounding nerves and vessels. Only a biopsy can diagnose these. Treatment is aggressive.

#### Risk Factors for skin cancers

- A. Sunburns as a young person increase greatly the risk of developing a melanoma, especially those lighter-skinned people with red or light hair who burn easily. Children should never be sunburned. Frequent sunburns increase the risk (remember the baby oil and iodine??). There are those that recommend those really light skinned children should not be in the sun much even with sunscreen.
- B. Heredity— Skin cancers can run in your family from your light skin heritage, but melanoma is hereditary! Your family needs to be checked out if you have a melanoma.
- C. Tanning beds—the scourge of the younger generation and some risk taking adults too— frequent tanning will increase your risk of skin cancer by 75%. DON'T DO IT!! Studies show any more than 4 exposures of a tanning bed per year increase your chances of melanoma and other skin cancers, and it ages your skin. The bad thing about tanning bed junkies is that they do it all year round. Don't let your kids or grandkids do it. Tanning bed places say they are safer because they emit only UVA rays. NOT TRUE. They still cause cancer, even though UVB rays are the main ray responsible for skin cancer.
- D. Multiple moles over your body. There is a certain type of flat pigmented lesion that has an increased chance of becoming a melanoma. These people need frequent exams of their skin, including the scalp, behind the ears, and places you can't readily see in the mirror like your back.
- E. Any pigmented spot below your elbow or knee (including palms and under nails) should be evaluated by a dermatologist as these have a higher chance of being a melanoma or becoming one.
- F. Prevention—SUNSCREENS THAT HAVE BOTH UVA AND UVB RAY PROTECTION ARE A MUST. READ THE LABEL! At least 30 SPF (sun protection factor). I would use 45 on your face. Use a TOTAL BLOCK on your lips. Reapply frequently!!! An SPF of over 50 is unnecessary and is just increasing the likelihood of skin allergy to GABA—the active

chemical in sunscreen. More name brand expensive sunscreens are not better. In fact, I read that AD Sunscreen is as good as it gets. You are just paying for their marketing. Also no sunscreen can now say they last longer than 80 minutes, and they cannot say that the screen is waterproof or sweatproof.

- G. Makeup helps, but to protect your skin, you should put sunscreen under your makeup.
- H. If you already have multiple precancerous lesions, damaged skin, and want to try and reverse this, you must see a dermatologist or plastic surgeon for medical skincare treatments. Having practiced in Florida for 30 years, I have a huge amount of experience in this area and will discuss this in the future.
- I. Enjoy the beach, golf, tennis, etc. but wear sunscreens and reapply at least every 80 minutes if you want to maintain full protection. Wear a hat when gardening or sports activities. Protect yourself!
- J. Don't forget to wear UV protected sunglasses to prevent premature cataracts and other damage when out in the sun.

#### 4. DIFFERENTIATING "NORMAL " AGING MEMORY PROBLEMS FROM CLINICAL DEMENTIA

We have dealt with, in a previous report, Alzheimer's courtesy of Dr. Nancy Rampell, local neurologist, and I am reporting in this MEDICAL NEWS REPORT about you being able to tell the difference between what we all suffer from....forgetfulness as we age. When do we or our spouses and friends have to become concerned about this? The information comes from the JAMA (Journal of the American Medical Association). These are tips regarding the subject near and dear to our hearts.

"Normal" aging memory problems :

1. Independent daily activities are preserved.
2. A person may complain of "senior moments", but is able to provide considerable detail regarding incidents of forgetfulness.
3. The individual is more concerned about the alleged loss than close family members.
4. Recent memory is not impaired.
5. The individual does not get lost in familiar territory, but if it happens, after a pause, you remember your way or where your car is parked.
6. The person can operate common appliances.
7. You can learn how to operate new devices.
8. The person can maintain interpersonal social skills.
9. The individual performance on mental status exams (year, day, month, where you are, name of the president, etc.) are normal, taking into account educational and cultural skills.

Dementia:

1. The person becomes dependent on others for daily activities.

2. May complain of memory trouble only if asked. Unable to recall instances when memory loss was noticed. May lie about events, trying to cover up mistake.
3. Others are more concerned than the patient.
4. Memory decline for recent events.
5. Gets lost in familiar territory. If driving to the store, may take an hour to return because they were lost, but may deny any trouble.
6. Unable to operate simple appliances.
7. Loss of interest in social activities because of the memory problem.
8. Socially inappropriate behavior at times.
9. Frequent pauses in conversation and substitution of words trying to find the right word.
10. Abnormal performance on mental status testing.

Comment—how can we postpone these memory problems? Keep an active brain by doing puzzles, use the computer to search information, converse with friends and family on current issues, try concentration skills, or read up on a subject and put out a monthly medical news report (did you catch that?). There are many mental exercises on the internet. Search for them. Do not engage in a lot of passive entertainment like TV (guilty!). There is some evidence that coffee, good health, a diet heavy in antioxidants, vegetables and fruit may help. The Journal of Neurology/Neurosurgery and Psychiatry reported that a diet rich in vitamins B6 (niacin), B12, folic acid, have been shown to reduce the risk of developing Alzheimer's Disease after 6 years of this type of diet regardless of age, genetic predisposition, and intake of other vitamins. A diet rich in meat, beans, nuts, and grains contain these neurological vitamins. (More homework for you)

There is some exciting research under way (in the newspaper) with families that have almost every family member eventually developing Alzheimer's disease. There is an extended family in Columbia being studied. The \$100 million dollar federal investment calls for these 300 family members who are not clinically affected to take the drug, Crenezumab, which attacks the formation of AMYLOID, an amino acid breakdown product of protein that forms plaques in the brain. It is hoped that because of this mechanism of action, it will prevent the disease. This is very exciting.

#### 5. MEDICAL MALPRACTICE INSURANCE AND LACK OF TORT REFORM?

If healthcare reform is necessary then ask President Obama why he doesn't touch malpractice reform. We have become a "civil rights" country, and it is always someone else's fault. No wonder that the majority of the legal profession generally supports the current president. The legal profession has done a good job educating the public. Ever since they cleverly got contingency fees put into law, they have done quite well for themselves. The trial lawyers are who I am talking about. They take a lot of heat from us but are laughing all the way to the bank. TV ads are everywhere.

One law firm in Florida alone donated \$ 50,000 to the Obama campaign. I really have no problem with anyone making money in this country....that's what capitalism is all about. If they want to influence Obama fine! But not addressing tort reform is not right. We need the cost of healthcare to be reduced. Why would our president omit a piece of the equation when healthcare costs are skyrocketing?? I

personally do not feel malpractice is a major reason for the spiraling costs, but it is a factor financially and causes defensive medical practices that run up the cost of healthcare. Baby boomers hitting Medicare age (hey, the system didn't expect us to live so darn long), the huge number of Medicaid recipients, and 47 million recipients getting food stamps, and unemployment payments are costing us a ton of money. The loss of jobs, illegal people in our country, those that could afford insurance and don't have it, and the incredible abuse of the medical entitlements has created a mentality of getting all you can from the government. The cost of employee healthcare for our businesses is at crisis level, and the human resource costs are out of hand. We can't afford it. Where is the concept of you spend what you make??

We have a system that goes beyond paying for a plaintiff's actual costs in a claim? Why has the law allowed the people to recover for pain and suffering (punitive damages)? Why do we punish doctors for doing something wrong when in medical malpractice it is usually unintentional and accidental? Give the person harmed what they deserve for the mistake or mishap. There is a big list of "event claims" that are no contest claims, and the bills are forgiven automatically. An example would be operating on the wrong limb, or leaving a foreign object in someone with surgery. These claims may justify punitive damages but they should be limited. Again, the doctor didn't do it deliberately, but it is very negligent.

Texas and California have already limited non-economic (punitive) damages to \$250,000, and it has dropped the cost of liability, dropped the number of suits as much as 25%. This kind of reform has increased the number of health care providers moving to those states, especially Texas. Since lawyers get 40% of any recovery, this is where they can make a bundle. The punitive damage is what costs doctors such high malpractice insurance rates.

The psychological damage that occurs to the physician because of a suit never goes away. Defensive medicine is increasing by 3% per year. The Quarterly Journal of Economics stated that 10% of healthcare costs are linked to lawsuits. It represents 2% of the nation's healthcare spending.

Tort reform is necessary. The cost to a doctor for malpractice insurance is very high. Here are some facts:

When a payment is made in a lawsuit—the average malpractice cost for the average suit for Cardiology--\$83,056, Oncology--\$78,890, Family Practice--\$68,000, Dermatology--\$24,007, Eye--\$23,780, OB-GYN—60,000, Internal Medicine--\$60,000. When the doctor wins, there is still major cost for defense—The average cost is \$45,070 to defend yourself if a payment is made, but if the doctor wins--\$22,959. The average number of suits for 75% of high risk practices is one suit during the life of the doctor's practice. Consider the number of patients a physician sees in the life of his practice. The information about any doctor's lawsuits is public record. If a doctor has multiple lawsuits, it is time for the Board of Medicine to step in for review. State medical boards are slow to act, and that needs to change.

When malpractice insurance companies calculate what they will charge for coverage both figures have to be considered. The insurance rates depend on if a physician is in a private practice, group, or clinic. The cost for the high risk specialists are in the range \$50-80,000 per year!!!! Neurosurgeons,

Orthopedists, OB-GYNs, and Anesthesiologist have the highest rates. Reimbursement and factors like insurance have forced doctors to close their doors. The cost of overhead including malpractice has forced doctors out of private practice into being an employee for a hospital, clinic, organization, etc. 75% of physicians already are employees.

As you know, a lot of doctors are not seeing new Medicaid or Medicare patients. Adding 20 million Medicaid patients will clog the system and delay care to us all. The reimbursement is so low for these entitlements. The workforce is just not going to be there. The emergency rooms are going to be run over. Next month, I will report on the Medicaid issues.

#### 6. THE LATEST MEDICAL NEWS FLASHES

- a. June is GOUT awareness month--This type of arthritis is created by a protein breakdown product called uric acid which deposit in the joints, classically in the big toe (podagra), and it is extremely painful and debilitating. Not only are the joints affected, but the kidneys are attacked as well and can cause kidney failure. Fortunately, with diet restriction (foods containing high uric acid), and medication, it can be controlled but never cured. Acute gouty attacks are really painful and usually come on with some kind of stress, requiring medications that aren't easy to take. Sometime in the future, I will discuss the common forms of arthritis including gout.
- b. TV and a bad diet---A national survey linked watching TV with unhealthy snacking in students. White children are more likely to eat fruit and vegetables daily. The amount of TV was also associated with skipping breakfast, consuming candy, sugary sodas, and eating fast foods. Parents: limit your child's TV viewing time. Make them go outside and play. Games on the internet and others were not in this study. (May issue of Archives of Pediatrics).
- c. Probiotics and antibiotics--Taking probiotics contained in yogurt significantly reduce your chances of getting diarrhea by 42% when taking oral antibiotics. The lactobacillus bacteria replaces the normal bacteria knocked out by antibiotics. Fungus in the mouth (thrush) can be prevented. Monilial vaginitis also happens frequently in women and requires anti-fungal treatment. Also cheese and other dairy products help. (JAMA-Journal of the American Medical Association).
- d. Obesity rates have doubled since 1980, spurring rates of type 2 diabetes and cancer. Obesity is the # 2 cause of cancer now. Obesity accounts for 2 of 3 deaths globally. 26% of Americans are obese, making it the fattest country on the planet. The World Health Organization (WHO) states that obesity will cost \$47 trillion dollars over the next 20 years.
- e. ONE IN THREE ADULTS ARE OBESE, HAVE HYPERTENSION, AND 10% OF AMERICANS HAVE TYPE 2 DIABETES.
- f. The cost of CHRONIC CARE in the USA-- is \$1.5 trillion dollars annually. with 116 million Americans in pain, 50 million suffering from arthritis, 25.5 million with type 2 diabetes, 34 million with hearing loss and 25 million with visual loss, 20.3 million with depression, 5.4 million with some type of dementia, 2 million with schizophrenia. (The Institute of Medicine).

- g. Employee healthcare by businesses--The percentage of private sector businesses offering healthcare insurance to employees in 2010----Alabama—60.5%, Georgia—48.2%, Florida—46.2% (Source-US Agency for Healthcare and Quality).
- h. Good news--While the economy lost 7.5 million jobs during the recession, healthcare employment will add 4.1 million jobs by 2018 according to the US Dept of Labor.
- i. 87 million Americans , or 1 in 4 will be 65 or older by 2050. That is a lot of gray hair and Medicare recipients (if we still have it).
- j. Good news!! Coffee (decaf or caffeine) will prolong your life if you drink 6 or more cups, but with that many, consider decaf or your blood pressure and nerves will be off the charts.
- k. This and all of the Medical News Reports are now available on [www.medicalnewsreport.com](http://www.medicalnewsreport.com)
- l. A blog is linked to the website for your comments, concerns, suggestions, etc.

Some of the subjects I have reported on are controversial depending on your political persuasion and/or profession, but know that I want our healthcare system to survive. Your medical care is at risk! I see no reason for the doctor to be the lone sacrificial lamb. Our government is so complex, and both political parties are not doing their best to solve this and our economic crisis. Politics as usual just can't happen!! We need real change and we ALL must sacrifice. HERE IS TO YOUR GOOD HEALTH!

Dr. Sam