



The Medical News Report for September 2012, #8

THE OUTLINE OF SUBJECTS

- I. **GERD**—GASTRO-ESOPHAGEAL REFLUX, HIATAL HERNIA, AND THE CONNECTION TO ESOPHAGEAL CANCER.
- II. **HYPERTENSION**—WHY IS IT SO SERIOUS?
- III. **OBAMA-CARE** AND THE TAX HIKES.
- IV. **DEPRESSION**— ASSOCIATED ANXIETY; TREATMENT
- V. **ADDED SCREENING SERVICES FOR WOMEN**
- VI. **LATEST NEWS IN MEDICAL ISSUES**

I. **GERD**----GASTRO-ESOPHAGEAL REFLUX, HIATAL HERNIA, AND IT'S CONNECTION TO ESOPHAGEAL CANCER

- A. MOST OF US HAVE G-E REFLUX (HEARTBURN) FROM TIME TO TIME. WE MAY HAVE EATEN OR IMBIBED TOO MUCH... AND THEN COMES THE BURN. WE TAKE AN ANTI-ACID AND FEEL BETTER. BUT FOR MILLIONS OF AMERICANS, IT IS A DAILY OCCURRENCE, AND REQUIRES FREQUENT IF NOT DAILY TREATMENT.
- B. GASTRO-ESOPHAGEAL REFLUX COMES FROM THE LOWER ESOPHAGUS AS IT CONNECTS TO THE STOMACH. THE SPHINCTER (RIGHT AT THE DIAPHRAGM) PREVENTS STOMACH CONTENTS FROM REFLUXING BACK INTO THE ESOPHAGUS. IN FACT, THERE IS A SIMILAR SPHINCTER AT THE UPPER ESOPHAGUS AS IT CONNECTS TO THE LOWER THROAT.
- C. THE STOMACH MAKES ACID THAT HELPS DIGEST FOOD. PANCREATIC ENZYMES AND GALL BLADDER BILE SALTS ALSO BREAK DOWN FOOD. THE LINING OF THE STOMACH IS PROTECTED FROM ACID, BUT THE ESOPHAGUS IS NOT. CONSTANT REFLUX CAUSES ULCERATION JUST INSIDE THE END OF THE ESOPHAGUS (BARRETT'S ULCER) AND CAN CAUSE A STRICTURE (NARROWING) IN THAT AREA CAUSING OBSTRUCTION. THESE PATIENTS REQUIRE DILATION BY A GASTROENTEROLOGIST.
- D. BARRETT'S ULCER CAN LEAD TO A CHANGE (DYSPLASIA) IN THE LINING OF THE ESOPHAGUS TO THE POINT THAT IT BECOMES CANCER. THOSE THAT **smoke** ARE TWICE AS LIKELY TO DEVELOP THIS CONDITION AS DO ABUSERS OF **alcohol**. TOGETHER, THESE 2 RISK FACTORS INCREASE THE LIKELIHOOD



OF *esophageal cancer*. ESOPHAGEAL CANCERS CAN OCCUR WITHOUT SYMPTOMATIC REFLUX. THESE CANCERS TEND TO INVADE INTO THE SURROUNDING TISSUES WITHOUT MANY SYMPTOMS OTHER THAN INDIGESTION OR FOOD STICKING. AT DIAGNOSIS, THE STAGE OF THE DISEASE IS USUALLY ADVANCED. FOR THIS REASON YOU SHOULD TALK TO YOUR DOCTOR IF HEARTBURN CONTINUES IN THE FACE OF HEARTBURN MEDICATION.

- E. REFLUX CAN CAUSE SYMPTOMS IN YOUR THROAT AS WELL. IN MY PRACTICE, I SAW HUNDREDS OF PATIENTS COMPLAINING OF A "LUMP IN THEIR THROAT", WITH CONSTANT SORE THROATS. WITH A NORMAL ENT EXAM, CHRONIC SINUS DRAINAGE WAS USUALLY THE DIAGNOSIS. THE SECOND MOST COMMON WAS REFLUX INTO THE THROAT AT NIGHT. THE SENSATION OF "A LUMP IN THE THROAT" IS CAUSED BY IRRITATION OF THE MUSCLE SPHINCTER AT THE TOP OF THE ESOPHAGUS. USUALLY PATIENTS POINT JUST BELOW THE "ADAM'S APPLE".
- F. THE DIAGNOSIS OF REFLUX NEEDS TO BE VERIFIED BECAUSE OF THE POSSIBLE COMPLICATIONS THAT CAN OCCUR. THE SIMPLEST TEST IS AN *upper GI* X-RAY, WITH BARIUM LOOKING FOR A HIATAL HERNIA, EROSIONS, CONGENITAL ABNORMALITIES, OR CANCER. THE MOST DEFINITIVE EXAMINATION IS A *direct flexible endoscopy*.
- G. HIATAL HERNIAS ARE VERY COMMON. A WEAK SPHINCTER BETWEEN THE ESOPHAGUS AND STOMACH DILATES UNDER INCREASED ABDOMINAL PRESSURE AND ALLOWS THE STOMACH CONTENTS TO REFLUX INTO THE ESOPHAGUS CAUSING HEARTBURN.
- H. REFLUX DOES NOT REQUIRE A HIATAL HERNIA. ALL IT TAKES ARE CERTAIN FACTORS TO OVERCOME THE PRESSURE OF THAT SPHINCTER THAT NORMALLY PREVENTS REFLUX. **OBESITY** IS THE NUMBER 1 CAUSE.

EXCESSIVE BODY WEIGHT (A THIRD OF THE POPULATION), EATING AND DRINKING TOO MUCH AT ANY ONE MEAL, LYING DOWN WITH A FULL STOMACH FREQUENTLY CAUSE INDIGESTION, HICCUPS, COUGHING, OR SENSATIONS IN THE THROAT.

- I. **ASPIRATION** OF STOMACH CONTENTS INTO THE **TRACHEA** (WIND PIPE) OVER TIME CAN LEAD TO PNEUMONIA, WHICH IS VERY SERIOUS AND CAUSES CHRONIC SCARRING IN THE LUNGS. IF YOU ALREADY HAVE CHRONIC BRONCHITIS OR COPD, YOU ARE A PRIME TARGET.
- J. **REMEDIES** TO PREVENT REFLUX:

1. EAT SMALLER MEALS, 2. DON'T DRINK FLUIDS FOR 2-3 HOURS BEFORE BEDTIME, 3. DON'T DRINK ALCOHOL IN THE EVENINGS, 4. PUT A 4 - 6 INCH BLOCK UNDER THE HEAD OF THE BED SO THAT YOU SLEEP ON A SLANT, 5. TAKE ANTACIDS, 6. TAKE ACID REDUCTION PILLS, AND 7. LOSE WEIGHT. 8. AVOID THESE FOODS: TOMATO PRODUCTS,



GARLIC, CHOCOLATE, PEPPERMINT, CARBONATED BEVERAGES, SPICY FOODS, COFFEE, FOODS THAT MAKE YOU BELCH, FRIED FOODS, TIGHT FITTING CLOTHES, AND CERTAIN MEDICATIONS THAT CAUSE GASTRIC IRRITATION (SUCH AS ANTIBIOTICS, AND ARTHRITIS MEDS) (WEBMD)

K. THERE ARE 3 TYPES OF HEARTBURN/REFLUX MEDICATIONS:

a. **Neutralizing** acid meds---**antacid** pills (i.e. Tums) will provide temporary relief, but if you need these pills daily, you should see your doctor. Liquid antacid with simethacone (this drug causes gas bubbles to burst) not only work faster but help bloating too. These products have a lot of calcium in them and can lead to kidney stones.

b. **H-2** inhibitors--- Zantac, Tagamet, Pepcid, etc. block certain cells from making acid by blocking histamine in the cell. Some are longer acting, and the generics are just as good as the brand names.

c. **Proton pump** inhibitors-- are the latest acid reduction medications and may be the most effective. These drugs accumulate in the parietal cell in the lining of the stomach and are activated when acid is secreted. This chemical pump is deactivated by these drugs in this acid environment. Nexium, Prevacid, and Dexilant are good examples. Dexilant can decrease magnesium levels so ask your doctor about this side effect. These drugs can also interfere with Valium, Coumadin, Dilantin, Lanoxin, Nizoral, and can interfere with calcium absorption. WebMD

d. Can taking these meds affect digestion when they are blocking the acid? If these pills cause bloating, pain, and diarrhea, it probably is interfering. There is a hereditary condition known as **achlorhydria** (no acid production) that increases the risk of gastric cancer. This is another reason you should be under close supervision by your doctor when you have chronic reflux or heartburn.

e. If all attempts at treatment fail, there is a **banding procedure** that can be effective.

II. HYPERTENSION—the silent killer

A. HYPERTENSION IS SILENT THAT IS WHY IT IS SO DANGEROUS. YOU MUST GET YOUR BLOOD PRESSURE CHECKED FREQUENTLY. IT IS CALLED THE SILENT KILLER FOR GOOD REASON. IT IS THE MOST COMMON VASCULAR DISEASE THAT LEADS TO HEART DISEASE, STROKES, AND OTHER VASCULAR DISEASES. ONE IN THREE AMERICANS HAVE HYPERTENSION, AND IT WAS THE MAJOR CAUSE OR CONTRIBUTING CAUSE OF DEATH IN 347,000 AMERICANS IN 2008. THE COST IN HEALTHCARE SERVICES, MEDICATIONS, AND LOST WORK DAYS WAS \$93 BILLION. ONLY HALF OF HYPERTENSIVES ARE UNDER CONTROL. 30% HAVE PRE-HYPERTENSION. ONE IN FIVE KNOW THEY HAVE HYPERTENSION AND ONLY 7 OUT 10 WHO KNOW THEY HAVE HYPERTENSION USE MEDICATIONS. (REFERENCE-CDC)

B. WHO IS AT RISK? THOSE WHO ARE OVERWEIGHT, HAVE OBSTRUCTIVE SLEEP APNEA, AFRO-AMERICANS, ANYONE GREATER THAN 55 YEARS OF AGE, THOSE THAT DO NOT EXERCISE, SMOKE, DRINK EXCESS ALCOHOL, EAT EXCESSIVE FAT IN THE DIET, HAVE DIABETES, KIDNEY DISEASE, EXCESSIVE SALT (SODIUM) INTAKE, HAVE



EXCESSIVE STRESS, ARE TYPE A PERSONALITY, TAKE CERTAIN MEDS (NSAIDS–ALEVE, IBUPROFEN, ETC.), DECONGESTANTS, CERTAIN ANTIDEPRESSANTS, HEREDITY, THOSE WITH LOW POTASSIUM, MAGNESIUM, CALCIUM AND PREGNANCY.

C. WHAT CREATES BLOOD PRESSURE? IT IS THE PRESSURE CREATED BY BLOOD FLOWING THROUGH THE MAJOR VESSELS. TOO MUCH PRESSURE IRRITATES THE VESSELS AND STIMULATES AN INFLAMMATORY PROCESS WHICH CREATES *atherosclerosis*. THE **SYSTOLIC PRESSURE** IS THE PRESSURE WHEN THE HEART BEATS AND FILLS THE VESSELS, AND THE **DIASTOLIC PRESSURE** OCCURS WHEN THE HEART RESTS IN BETWEEN BEATS.

D. WHAT IS A NORMAL BLOOD PRESSURE? 120/80 IS THE USUAL STANDARD ALTHOUGH WIKIPEDIA STATES THAT THE **SYSTOLIC** SHOULD BE BETWEEN 100 -140MMHG, AND THE **DIASTOLIC** BETWEEN 60 - 90MMHG. GREATER THAN 140/90 IS HYPERTENSION. PRE-HYPERTENSION IS BETWEEN THESE 2 LEVELS.

E. THE KIDNEY IS CRITICAL IN REGULATING BP. ANGIOTENSIN AND RENIN ARE CHEMICALS THAT ARE RELEASED BY THE KIDNEY WHICH CAN MAINTAIN BP. RENAL DISEASE FREQUENTLY ACCOMPANIES HYPERTENSION AND STENOSIS (NARROWING) OF THE RENAL ARTERY CAN LEAD TO HIGH BP AS WELL.

F. WHY IS SALT (SODIUM) SO IMPORTANT? BECAUSE, SODIUM MAKES THE BODY RETAIN FLUID, WHICH CAN INCREASE BP. MORE FLUID MAKES THE HEART WORK HARDER TO PUSH THE BLOOD THROUGH THE VESSELS. MAINTAINING A **LOW SALT DIET** IS VERY DIFFICULT. NOT SALTING FOOD IS A GOOD START, BUT THE GOVERNMENT ALLOWS TOO MUCH SALT TO BE ADDED TO FOOD. TOTAL CONSUMPTION FOR 24 HOURS SHOULD NOT EXCEED **1500MG**. (3/4 OF A TSP). FOODS THAT ARE EXCESSIVE IN SALT INCLUDE: FROZEN DINNERS (787MG), CEREALS (250MG PER SERVING), VEGETABLE JUICE (479MG PER CUP), CANNED VEGETABLES (730MG/CUP), DELI MEATS (362MG PER 2 SLICES), SAUCES (554MG/CUP), MARINADES, SOY, ETC. , SALTED PRODUCTS LIKE NUTS, CHIPS, CRACKERS, AND KETCHUP (167MG/TSP). WE CAN STAY AWAY FROM ALL THESE BUT IT MEANS MORE EXPENSE TO EAT FRESH VEGETABLES, MAKE OUR OWN SAUCES, AND BUYING MEATS THAT SALT IS NOT ADDED.

IT IS RECOMMENDED TO BE ON LOW SALT DIETS FOR ANYONE OVER 51, AFRO-AMERICANS, ALL HYPERTENSIVES, DIABETICS, AND THOSE WITH CHRONIC RENAL DISEASE. ASK YOUR DOCTOR ABOUT USING SALT SUBSTITUTE (POTASSIUM IS SUBSTITUTED FOR SODIUM).

G. THERE ARE SYMPTOMS OF HYPERTENSION, BUT IT IS USUALLY WHEN THE PRESSURE IS REALLY DANGEROUSLY HIGH: HEADACHE, CONFUSION, BLURRY OR DOUBLE VISION, BLOODY URINE, AND NOSEBLEEDS. THIS IS A MEDICAL EMERGENCY.



H. classification of anti-hypertensives:

1. BETA-BLOCKERS—THESE DECREASE THE HEART RATE, DECREASE THE CONTRACTILITY OF THE HEART BY BLOCKING SYMPATHETIC (ADRENERGIC) NERVE RECEPTORS PREVENTING ADRENALINE FROM STIMULATING THESE RECEPTORS. THEY ALSO SUPPRESS **RENIN** SECRETION FROM THE KIDNEYS WHICH ALSO RAISE THE BP. (EXAMPLES—BLOCADREN, COREG, CORGARD, INDERAL, LOPRESSOR, ETC.) THE GENERIC OF THE FIRST DRUG MENTIONED IS METAPROLOL AND COMMONLY USED.

2, ACE-INHIBITORS—(ANGIOTENSIN CONVERTING ENZYME). THESE DRUGS BLOCK THE ACTION OF THE CHEMICAL **ANGIOTENSIN** (KIDNEY), WHICH CONSTRICTS VESSELS. EXAMPLES INCLUDE LISINAPRIL, CAPTOPRIL, BENAZEPRIL, COZAAR, AVAPRO, BENICAR, MICARDIA, ETC.

3, ARBs—(ANGIOTENSIN II RECEPTOR BLOCKERS). THESE DRUGS PARTIALLY REDUCE THE BODY'S SUPPLY OF ANGIOTENSIN BY PREVENTING IT TO ACT ON THE VASCULATURE. EXAMPLES INCLUDE VALSARTAN, LOSARTAN, CANDESARTAN, OLMESARTAN, ETC. THESE ARE REPORTED TO HAVE LESS SIDE EFFECTS THAN THE OTHER CLASSES.

4. CALCIUM CHANNEL BLOCKERS—THESE ACT BY SLOWING THE MOVEMENT OF CALCIUM MOLECULES INTO THE CELLS OF THE HEART AND VESSELS, WHICH MAKE IT EASIER FOR THE HEART TO PUMP BLOOD THROUGH IT AND THE VESSELS. LESS WORK FOR THE HEART EQUATES WITH LESS BLOOD PRESSURE. EXAMPLES ARE NORVASC, CARDIAZEM, CALAN, PROCARDIA XL, CARDENE, ETC.

5. DIURETICS—THESE WATER PILLS CUT OFF A PITUITARY HORMONE CALLED ADH—**ANTI-DIURETIC HORMONE**, WHICH SIGNALS THE KIDNEYS TO GET RID OF EXCESSIVE FLUID. THESE MEDS ARE FREQUENTLY ADDED TO BETA BLOCKERS AND ACE INHIBITORS, BUT CAN BE USED AS THE SOLE TREATMENT, ESPECIALLY IN THE ELDERLY. DIURETICS MAKE THE KIDNEYS RELEASE **SODIUM** AND **WATER**, SO THAT THE PLASMA VOLUME IS REDUCED, AND THUS CREATES LESS WORK FOR THE HEART TO PUMP.

IF YOU ARE TAKING NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY MEDS) LIKE ALEVE, IBUPROFEN, INDOCIN) KIDNEY FUNCTION MUST BE MONITORED CAREFULLY. IN ADDITION TO REMOVING SODIUM, DIURETICS ALSO REMOVE **POTASSIUM**, SO IT IS IMPORTANT THAT YOUR DOCTOR MONITOR THESE LEVELS IN YOUR BLOOD. LOW POTASSIUM CAN MAKE YOU WEAK, CREATE MUSCLE CRAMPS, CREATE HEART RHYTHM TROUBLE, ETC.

DIURETICS ALSO CAN RAISE **CHOLESTEROL**, **BLOOD SUGAR** IN DIABETICS, AGGRAVATE **GOUT**, CAUSE KIDNEY **STONES**, AGGRAVATE **LUPUS**, **PANCREATITIS**, AND EVEN INCREASE **HEARING** LOSS IN CERTAIN CASES. (MEDPAGE).



I. SIDE EFFECTS OF ANTI- HYPERTENSIVES (EXCLUDING DIURETICS):

ERECTILE DYSFUNCTION, INSOMNIA, COLD HANDS AND FEET, DRY COUGH, DIZZINESS, SKIN RASH, CONGENITAL ABNORMALITIES (ACE-INHIBITORS), INCREASE POTASSIUM, MUSCLE CRAMPS, ETC.

J. THERE ARE PATIENTS WHO SHOULD NOT TAKE SOME OF THESE CLASSES OF DRUGS, AND TALKING WITH YOUR DOCTOR ABOUT THIS IS CRUCIAL (CERTAIN HEART RHYTHM PROBLEMS, PREGNANCY, ASTHMA, PERIPHERAL VASCULAR DISEASE, ETC.)

K. A NEW STUDY JUST OUT REPORTS THAT LIP CANCER IS GREATLY INCREASED IN PATIENTS TAKING ANTI- HYPERTENSIVES. THESE DRUGS CAUSE HYPERSENSITIVITY TO SUN, SO BE SURE AND USE LIP BALM WITH SUNSCREEN TO PROTECT YOUR LIPS. (ARCHIVES OF INTERNAL MEDICINE, JULY 2012)

L. USING THESE CLASSES OF MEDS IS AN ART, AND EACH DOCTOR WILL RECOMMEND THESE DRUGS BASED ON YOUR INDIVIDUAL HEALTH NEEDS. THE GOAL IS TO PREVENT HYPERTENSIVE EPISODES AND ALSO NOT CREATE HYPOTENSION (TOO LOW). MAINTAIN THE BP AND THE HEART RATE IN A NORMAL RANGE CAN PREVENT A HOST OF HEALTH PROBLEMS LIKE STROKE, HEART FAILURE, HEART ATTACK, KIDNEY DAMAGE, ETC. MONITOR YOUR BLOOD PRESSURE AT HOME MORNING, NOON, AND NIGHT. REPORTING THESE PRESSURES TO YOUR DOCTOR WILL ASSIST HIM GREATLY. IF YOU START HAVING PROBLEMS WITH DIZZINESS UPON STANDING, CHECK YOUR PRESSURE, AS IT MAY BE TOO LOW. YOU NEED TO REPORT THAT TO YOUR DOCTOR. ASK YOUR DOCTOR TO TEST BOTH ARMS (DISCUSSED IN A PREVIOUS MEDICAL NEWS REPORT).

III. DEPRESSION; associated anxiety; treatment

- a. This is in follow up from last month's medical news report, so you may want to review that before going forward. Remember, if you delete previous reports, you can always go to my website and click on archives. www.themedicalnewsreport.com
- b. Some comments from my **Psychiatry** friend and colleague: He felt the most important issue is when to consult a psychiatrist. If the first anti-depressant doesn't work that your primary care doctor prescribes, ask your doctor to consider a consult. If there is a family history, two or more previous bouts of depression, or if the patient is getting worse, strongly consider a consult. He does feel that psychotherapy alone without anti-depressants is not very effective, because psychotherapy takes so long to achieve improvement. The biology of depression demands medication intervention. If the depression is severe, the gold standard is still ECT (**electrical shock therapy**). He also said it is sad how often a patient is referred to him for the first time after a suicide attempt. If the patient is even mentioning suicide or is getting more withdrawn, an



immediate consult is indicated. Lastly, he feels it is extremely difficult to get depressed patients to exercise, but it is effective especially as an adjunct for mild depression and prevention of depressive symptoms. Chemical control of the brain chemicals, **serotonin and norepinephrine**, are crucial to getting this disease under control. Other forms of psychotherapy may assist in the overall management. It is his clinical experience that most anti-depressants work about 50% of the time and they all work about as well. Switching to a different medication or adding others should be left to a specialist. Side effects dictate who is best suited for these specific meds.

THE MONTGOMERY—ASBERG DEPRESSION RATING SCALE WILL LET YOU SCORE YOUR OWN LEVEL OF DEPRESSION. (SEE THE ATTACHMENT ON THIS EMAIL OR GO TO WIKIPEDIA).

B. DEPRESSION ASSOCIATED WITH ANXIETY— DEPRESSION HAS MANY FACES, AND IS SOMETIMES DIFFICULT TO DIAGNOSE AND TREAT WHEN ANXIETY IS PLAYING A SIGNIFICANT ROLE. WHEN A PERSON IS CLASSICALLY DEPRESSED, BUT HAS AGITATION, FEELINGS OF BEING OVERWHELMED, HAS MORE IMPAIRMENT OF EVERYDAY LIFE, AND DIFFICULTY FINDING AN ANTI-DEPRESSANT THAT WORKS, ANXIETY HAS TO BE CONSIDERED. USUALLY, THE SYMPTOMS OF DEPRESSION ARE WORSE WITH BOTH PSYCHOLOGIC ENTITIES, AND THERE IS HIGHER RISK OF SUICIDE. (REF- ANXIETY DISORDERS ASSOCIATION OF AMERICA). SUICIDE IS THE 11TH MOST COMMON CAUSE OF DEATH.

IF ANXIETY IS A PROMINENT FEATURE, WITH HIGHS AND LOWS, IT IS CRITICAL TO CONSIDER **BIPOLAR DISORDER**, WHICH REQUIRES DIFFERENT MEDICATION AND OTHER TREATMENTS. THIS DISORDER WILL BE REPORTED ON NEXT MONTH.

B. POSTPARTUM DEPRESSION IS THOUGHT TO OCCUR MUCH MORE OFTEN IN YOUNGER AND UNWED MOTHERS. WHEN IT IS RATHER SEVERE, THE INFANT'S WELFARE IS AT RISK. AS CONCERNED GRANDPARENTS OR OTHER RELATIVES, AWARENESS AND ACTION IS IMPORTANT. THIS TENDS TO BE WORSE IN TEENAGERS. 2% OF **CHILDREN** ARE HARMED IN THIS SITUATION. RECOGNITION, TREATMENT AND COUNSELING IS NEEDED. THERE IS NO BLOOD TEST TO DIAGNOSE THIS.

C. SEASONAL DEPRESSION CAN OCCUR IN 3-20% OF PEOPLE DEPENDING ON WHERE A PERSON LIVES. THE WINTER MONTHS ARE THE WORSE. ALCOHOL ABUSE TENDS TO FOLLOW THESE PEOPLE AS WELL.

D. TREATMENT FOR PSYCHIATRIC DISORDERS SHOULD BE DISCUSSED WITH YOUR DOCTOR, BUT PATIENTS NEED TO BE HONEST WITH THEIR DOCTORS. INVOLVING FAMILY MEMBERS MAY HELP. SOMETIMES, THE PATIENT IS THE LAST PERSON TO ADMIT THEY NEED TREATMENT. THIS APPLIES TO DRUG AND ALCOHOL ABUSE AS WELL. INTERVENTIONS MAY BE NECESSARY. IN FACT, 34% OF DEPRESSED PATIENTS ARE



REPORTED TO ABUSE ALCOHOL AND OR OTHER DRUGS (12-15%). (PSYCHOSOMATIC MEDICINE, 2012, APRIL) DON'T MIX ANTI-DEPRESSANTS WITH ALCOHOL AND OTHER LEGAL OR ILLEGAL DRUGS.

E. THE COMMON ANTI-DEPRESSANTS THAT ARE PRESCRIBED ARE MEDS THAT REGULATE **SEROTONIN AND NOREPINEPHRINE (NEUROTRANSMITTERS) IN THE BRAIN. REFER TO LAST MONTH'S MEDICAL NEWS REPORT FOR THE MECHANISM OF ALTERATIONS IN BRAIN CHEMISTRY. SEROTONIN AND NOREPINEPHRINE ARE THOUGHT TO PLAY AN INTEGRAL PART IN DEPRESSION.**

THESE INCLUDE, CELEXA, CYMBALTA, EFFEXOR, LEXAPRO, PAXIL, PRISTIQ, PROZAC, ZOLOFT, ETC. SOME NEWER MEDICATIONS ACTUALLY COMBINE CHEMICALS TO AFFECT MULTIPLE NEUROTRANSMITTERS. THE COST OF THESE MEDICATIONS IS AN ISSUE, SINCE THEY ALL WORK ABOUT AS WELL. CHECK PRICES BEFORE YOU FILL A PRESCRIPTION. YOU MAY BE TAKING THIS DRUG THE REST OF YOUR LIFE.

WELLBUTRIN (BUOPRION) IS FAIRLY DIFFERENT THAN THE ABOVE MEDS BUT CAN BE EFFECTIVE. IT ALSO IS THE DRUG IN THE ANTI-SMOKING PILL THAT HELPS YOU TO QUIT (CHANTIX).

MY COLLEAGUE PRESCRIBES AS MUCH PROZAC AS ANYTHING. JUST BECAUSE IT IS A NEWER DRUG DOESN'T MEAN IT WORKS ANY BETTER, BUT IT MAY HAVE FEWER SIDE EFFECTS AND THUS BETTER COMPLIANCE FROM THE PATIENT. THEY USUALLY TAKE SEVERAL WEEKS TO BE EFFECTIVE, AND SIDE EFFECTS TEND TO IMPROVE WITH TIME. IT IS RECOMMENDED TO START WITH THE SMALLEST DOSE AND THEN INCREASE THE DOSAGE OVER TIME, AS DIRECTED BY YOUR DOCTOR. RESULTS HAPPEN OVER TIME. YOU MAY NEED TO TAKE THESE FOR PROLONGED PERIODS. NEVER ADJUST THE DOSE YOURSELF, OR SKIP DOSES. IF A PATIENT HAS 2 OR MORE BOUTS OF DEPRESSION, LIFELONG THERAPY IS GENERALLY RECOMMENDED. THIS IS UP TO YOUR DOCTOR.

WHEN CHANGING FROM ONE ANTI-DEPRESSANT TO ANOTHER, A RECENT STUDY IN FIRST WATCH PSYCHIATRY, 2012, REPORTED NO DIFFERENCE BETWEEN CHANGING AT 4 VERSUS 8 WEEKS. THIS IS AGAIN THE DOCTOR'S DECISION.

The art of medicine is why we go to board certified doctors. Doctors may disagree on management based on experience, not necessarily what a research study reports. That is the best reason to read these reports with that in mind. Advice for your diagnosis and treatment must come from your doctor. If you are not sure about his or her advice, it is time for a second opinion.

SIDE EFFECTS: INCREASED APPETITE, WEIGHT GAIN, LOW SEX DRIVE, INSOMNIA, JITTERY FEELING, DRY MOUTH, BLURRED VISION, FATIGUE, AND DROWSINESS. READ THE INSERT FROM YOUR PHARMACY (ASK FOR A PRINTOUT IF NOT OFFERED), AND ASK QUESTIONS. IT IS VERY IMPORTANT TO BE MONITORED BY YOUR DOCTOR. IT IS VERY



IMPORTANT TO READ ABOUT THE MEDICATIONS YOU TAKE, SIDE EFFECTS, REACTIONS WITH OTHER MEDS, OTC MEDS, HERBS, AND ALTERNATIVE TREATMENTS, ETC. AND BE SURE TO TELL YOUR DOCTOR THE NON-PRESCRIPTION CHEMICALS YOU ARE TAKING!

IV. OBAMACARE AND THE 20 TAXES TO COVER THE INCREASE OF 30 MILLION MORE AMERICANS BEING INSURED (17 MILLION MEDICAID CASES AND THE REST FROM THE FEDERAL MANDATE)

A. THE ROMNEY-RYAN VS OBAMACARE PLAN WILL BE REPORTED MID-MONTH AS A SOLE REPORT!

B. ATTACHED IS A LIST OF THE TAXES FROM THE AMERICAN FEDERAL REFORM ORGANIZATION ON THE ACCOUNTABLE CARE ACT BY MR. OBAMA. SOME OF YOU HAVE ASKED FOR THIS. IT IS ESTIMATED TO COST \$1.8 TRILLION IN TAXES OVER TEN YEARS TO COVER THE ADDITIONAL 30 MILLION AMERICANS. EVEN THOUGH MR. OBAMA SAYS IT WILL ONLY AFFECT HOUSEHOLDS OVER \$250,000 AGI (ADJUSTED GROSS INCOME), A PORTION OF THIS MONEY WILL COME FROM THOSE ROUGHLY BETWEEN \$70,000-\$250,000 INCOMES IN NEW TAXES.

B. DEPENDING ON WHERE YOU STAND POLITICALLY AND IDEOLOGICALLY, HIS LAW WILL POTENTIALLY PREVENT ANY ECONOMIC RECOVERY, CREATE HUGE LAY-OFFS, DROP INNOVATION, PREVENT COMPANIES CLOSE TO THE 50 EMPLOYEES FROM EXPANDING THEIR BUSINESS, AND WILL SEND MANY BUSINESSES TO OTHER COUNTRIES (ALREADY HAPPENING). PRIVATE INSURANCE SPENDING WILL INCREASE 5% PER YEAR, MEDICARE SPENDING WILL INCREASE 3.1% PER YEAR, MEDICAID SERVICE SPENDING WILL INCREASE 3.6% PER YEAR.

C. HOSPITAL COSTS WILL GROW FASTER THAN MEDICARE REIMBURSEMENT EVEN WITH INCENTIVE PAYMENTS FOR IMPROVED EFFICIENCY OF CARE, AND THEREFORE HOSPITAL CHARGES TO PRIVATE PAYERS WILL INCREASE TO COMPENSATE FOR THEIR LOSSES. FAMILIES WILL SEE AN INCREASE OF AN AVERAGE OF \$4,138 COSTS, AND LOW INCOME FAMILIES WILL SEE AN INCREASE OF \$1,207. (NEW ENGLAND JOURNAL OF MEDICINE, 2012).

HOSPITALS ARE IN FAVOR OF THE EXPANSION OF MEDICAID, BECAUSE THEY WILL GET PAID SOMETHING FOR ALL THOSE ADDITIONAL PATIENTS FLOODING THE EMERGENCY ROOMS. THE HEALTHCARE BUSINESS SEES THIS EXPANSION AS A PLUS, WITHOUT KNOWING HOW THEY ARE GOING TO MAN THE ADDITIONAL GLUT OF ALL PATIENTS NOW WITH HEALTH INSURANCE, UP 28% IN 3 YEARS. (IBJ-HEALTH REFORM, 2012) DO NOT EXPECT THAT TREND TO CHANGE, NO MATTER WHO IS PRESIDENT. IT IS AN APOCALYPTIC CRISIS.



REFORM MUST HAPPEN WITH CUTBACKS, DECREASED SPENDING, LOWER TAXES WHERE POSSIBLE AND INCREASE IN TAXES WHEN NECESSARY, BALANCING THE BUDGET, GETTING A CONGRESS TO DO THEIR JOBS AND REPRESENT US AS WE DIRECT. MOST IMPORTANTLY, WE MUST TAKE INDIVIDUAL RESPONSIBILITY FOR OWN PERSONAL HEALTH, BY LOSING WEIGHT, EXERCISING, TAKING OUR MEDICATIONS, AND EATING THE RIGHT FOODS. WHO IS READY TO ACCEPT THAT FACT???

HERE ARE THE 20 OBAMA-CARE SURTAXES THAT YOU MIGHT NOT KNOW WAS IN THE 2000 PLUS PAGES OF OBAMACARE. (SEE ATTACHMENT FOR ACTUAL DOCUMENT)

1--HIKE IN MEDICARE BILLS TAX--INCREASE OF \$86.8 BILLION

2--CAPITAL GAINS FROM 15% TO 23.8%, DIVIDENDS FROM 15% TO 43.4%, AND UNEARNED INCOME FROM INTEREST, ROYALTIES, NET RENT, AND PASSIVE INCOME FROM PARTNERSHIPS, AND SUBCHAPTER S ORG., OR BUSINESS INCOME DISTRIBUTED FROM RETIREMENT PLANS

3--SURTAX ON INVESTMENT INCOME--\$12.3 BILLION--AN INCREASE OF 3.8% IN HOUSEHOLDS MAKING OVER \$250,000. KEEP IN MIND A LOT OF SMALL BUSINESSES ARE INCLUDED IN THIS.

4--HIGH MEDICAL BILL TAX--\$15.2 BILLION--THOSE OF YOU WHO SPEND MORE THAN 2.5% OF YOUR ADI(ADJUSTED GROSS INCOME) ON HEALTHCARE COSTS. THIS WOULD APPLY TO CANCER PATIENTS, STROKES, INJURIES, ETC. ABOVE 2.5% THE EXPENSES WERE TAX DEDUCTIBLE. WITH OBAMACARE, IT WILL BE INCREASED TO 10% OF AGI BEFORE THE COSTS ARE DEDUCTIBLE.

5--EMPLOYER MANDATE TAX--IF THE EMPLOYER DOES NOT OFFER HEALTH INSURANCE TO ITS EMPLOYEES, THE EMPLOYER IS TAXED \$2000 PER EMPLOYEE FOR ALL FULL-TIME EMPLOYEES. ALSO IF ANY ONE EMPLOYEE RECEIVES COVERAGE FROM A FEDERAL EXCHANGE, IT IS A \$3000 TAX PER EMPLOYEE.

6--EXCISE TAX ON ALL WHO HAVE HEALTH INSURANCE "CADILLAC PLANS", PROVIDED BY THEIR EMPLOYER, COSTING MORE THAN \$10,200 FOR A SINGLE INDIVIDUAL, EARLY RETIREMENT WITH INSURANCE COSTING MORE \$11,500. IN BOTH SITUATIONS THE EMPLOYEE WILL BE TAXED 40% OF THE PREMIUM COST. STARTS IN 2018.

7--SPECIAL NEEDS KID'S EDUCATION--AN ENORMOUS COST--THERE WILL BE A CAP ON FLEXIBLE SPENDING ACCOUNTS (HERETOFORE THERE WAS NO CAP) TO ONLY \$2500. ABOVE THAT, IT WILL NOT BE DEDUCTIBLE.

8--A TAX ON MEDICAL DEVICES OF 2.3% MORE--\$20 BILLION--ON ALL DEVICES OVER \$100. 400,000 AMERICANS ARE EMPLOYED BY THESE COMPANIES.



9—ELIMINATION OF TAX DEDUCTION FOR EMPLOYER PROVIDED RETIREMENT PRESCRIPTION DRUGS COVERAGE IN MEDICARE PART D—\$4.5 BILLION

10—INDIVIDUAL MANDATE TAX—IF YOU DON'T BUY HEALTH INSURANCE YOU WILL BE TAXED UP TO 2.5% OF AGI BY 2016 (1% FOR 2014, 2% FOR 2015 OF AGI, NOT TO EXCEED \$695).

11—ALLOWS THE IRS TO DISALLOW TAX DEDUCTIONS THAT MINIMIZE TAX BURDEN DEEMED BY THE IRS TO "LACK SUBSTANCE". (ECONOMIC SUBSTANCE DOCTRINE)—\$4.5 BILLION

12—TAX HIKE ON INSURANCE COMPANIES NOT USING 85% OF THE PREMIUM REVENUES ON CLINICAL SERVICES—\$0.4 BILLION.

13—THE HEALTH SAVINGS ACCOUNTS INITIATED BY PRESIDENT BUSH WILL BE ABOLISHED AS WELL AS THE HEALTH REIMBURSEMENT PRE-TAX DOLLARS TO PURCHASE NON-PRESCRIPTION DRUGS,

14—INCREASE TAX FROM 10 TO 20% FOR EARLY WITHDRAWAL FROM THESE HEALTH SAVINGS ACCOUNTS MAKING THEM UNATTRACTIVE COMPARED TO IRAs WHICH WILL STAY AT 10%.

15—EMPLOYER REPORTING OF INSURANCE ON W-2. THIS IS A PREAMBLE TO TAXING HEALTH BENEFITS ON INDIVIDUAL TAX RETURNS.

16—EXCISE TAX ON CHARITABLE HOSPITALS OF \$50,000 IF THEY FAIL TO MEET COMMUNITY ASSESSMENT NEEDS, FINANCIAL ASSISTANCE, AND BILLING/COLLECTION RULES.

17—BLACK LIQUOR" TAX ON A BIO-FUEL MADE BY THE PAPER INDUSTRY—\$23 BILLION

18—TAX ON HEALTH INSURERS IMPOSED RELATIVE TO HEALTH INSURANCE PREMIUM COLLECTED THAT YEAR—\$60 BILLION.

19—TAX ON TANNING BEDS INDUSTRY OF 10% PAID FOR BY THOSE WHO USE THE BEDS—A GOOD TAX. NEW STUDY SHOWS 20% INCREASED RISK FOR MELANOMA IN TANNING BEDS.

20—LIMIT OF \$500,000 ANNUAL BONUS ON EXECUTIVE COMPENSATION FOR HEALTH INSURANCE EXECUTIVES—\$0.6 BILLION.

AN ADDITIONAL 4500 IRS AGENTS HAVE BEEN HIRED TO AUDIT COMPANIES AND INDIVIDUALS TO INSURE COMPLIANCE.



5. NEW SCREENING FOR WOMEN WITH HEALTHCARE REFORM BECOMES LAW AUGUST 1, 2012

A. MOST OF THE ATTENTION CENTERED AROUND REQUIRING FREE CONTRACEPTIVES FOR ALL WOMEN INCLUDING THOSE THAT WORK IN CATHOLIC UNIVERSITIES AND HOSPITALS. HOWEVER, THERE ARE 8 NEW SCREENINGS. CHURCHES AND AFFILIATED RELIGIOUS ORGANIZATIONS WERE EXEMPT FROM PROVIDING CONTRACEPTIVES, BUT NOT THE SCHOOLS AND RELIGIOUS HOSPITALS. BECAUSE OF THE PROTEST BY THE CATHOLIC CHURCH, AN ADDITIONAL YEAR WAS GIVEN TO THEM TO COMPLY. THERE ARE LAWSUITS PENDING....

B. THESE NEW SERVICES ARE NOW AVAILABLE FREE OF CHARGE, NO CO-PAYS, OR DEDUCTIBLES TO THE PATIENTS. THAT MEANS YOUR INSURANCE COMPANIES ARE PAYING FOR THIS. ALSO, THE INSURANCE COMPANY (NOT THE EMPLOYER) COVERING AN EMPLOYER'S HEALTH PLAN FOR EMPLOYEES IS RESPONSIBLE TO PAY FOR EMPLOYEES WITH RELIGIOUS AFFILIATED JOBS. THEY ARE:

- 1. WELL WOMEN VISITS ANNUALLY.**
- 2. GESTATIONAL (PREGNANCY) DIABETES SCREENING.**
- 3. DOMESTIC/INTERPERSONAL VIOLENCE SCREENING AND COUNSELING**
- 4. FDA APPROVED CONTRACEPTION, INCLUDING COUNSELING AND EDUCATION.**
- 5. BREAST FEEDING SUPPORT, SUPPLIES, AND COUNSELING. FEEDING STATIONS ARE NOT YET MANDATORY, BUT A PRIVATE PLACE IS.**
- 6. HPV (HUMAN PAPILLOMA VIRUS) SCREENING FOR WOMEN AGED 30 (NOTE THERE IS NOW AN ORAL SALIVA TEST FOR ORAL HPV WHICH IS POSITIVE IN MANY THROAT CANCERS) AS WELL AS VAGINAL SCREENING FOR HPV (ALMOST 100% OF CERVICAL CANCER IS HPV POSITIVE).**
- 7. COUNSELING FOR SEXUALLY TRANSMITTED DISEASES (STD) IN SEXUALLY ACTIVE WOMEN.**
- 8. HIV SCREENING AND COUNSELING FOR SEXUALLY ACTIVE WOMEN.**
- 9. ALREADY AVAILABLE TO WOMEN WITH PRIVATE INSURANCE OR MEDICARE, MEDICAID, ARE ANNUAL WELLNESS VISITS, CHOLESTEROL SCREENING, OTHER CARDIOVASCULAR SCREENINGS, CANCER SCREENING INCLUDES MAMMOGRAM, COLONOSCOPY, AND PAP SMEAR WITH EXAMS. REMOVING THE CO-PAYS, DEDUCTIBLES, AND ANY ADDITIONAL CHARGES WILL ENCOURAGE MANY MORE WOMEN TO SEEK AND FOLLOW THROUGH WITH THESE SERVICES. THIS WILL REMOVE THE**



BARRIER TO NEEDED CARE. THERE IS EVIDENCE THAT LIVES WILL BE SAVED WITH THIS ADDED PART OF THE LAW. HOW MANY LIVES REMAINS TO BE CONFIRMED IN FUTURE STUDIES. A STUDY IN 2009, FOUND THAT MORE THAN HALF OF WOMEN DELAYED OR AVOIDED CARE BECAUSE OF SCREENING COSTS. MAMMOGRAPHY HAS ALSO SHOWN THAT WHEN IT IS WITH NO COST, IT INCREASED USE BY 9% MORE WOMEN. THESE NEW SERVICES ARE NOT AVAILABLE TO A WOMEN UNTIL HER RENEWAL DATE FOR HER INSURANCE IS REACHED (MOST WILL BE IN EFFECT BY JAN 1, 2013).

THAT IS THE GOOD NEWS. THE BAD NEWS IS THAT WITH THE CURRENT WORKFORCE OF DOCTORS, IT WILL TAKE 7.4 HOURS OUT OF EVERYDAY FOR ALL THESE PATIENTS TO BE SERVED, LEAVING NO TIME FOR THEM TO SEE SICK PATIENTS. THIS IS VERIFIED BY THE CDC. THE DOCTOR SHORTAGE CRISIS WILL BE STAGGERING. CAN YOU IMAGINE HOW LONG IT WILL TAKE TO GET IN TO SEE YOUR DOCTOR? THE AVERAGE LENGTH OF TIME FOR A NEW PATIENT TO SEE A PRIMARY CARE PHYSICIAN IS 2 WEEKS RIGHT NOW!!!!!!

V. THE LATEST IN MEDICAL NEWS

- A. WEBMD ANNOUNCED THAT THERE IS A NEW ORAL SALIVARY TEST FOR ORAL HPV (HUMAN PAPILLOMA VIRUS) AVAILABLE TO DETECT HPV INFECTIONS IN THE THROAT AND MOUTH. IT IS A DNA TEST ABLE TO TYPE THE VIRUS (16 AND 18 ARE THE HIGHEST TYPES FOUND IN ORO-PHARNGEAL CANCERS (POSTERIOR TONGUE AND TONSIL) WHICH ARE ON THE RISE. ASK YOUR DENTIST OR DOCTOR. ALSO PLEASE HAVE CHILDREN VACCINATED FOR HPV FROM AGE 8-12 TO PREVENT CERVICAL AND ORO-PHARNGEAL CANCERS). I WILL REPORT ON THIS WHEN MORE INFORMATION IS AVAILABLE AND WHEN I DISCUSS HEAD AND NECK CANCERS.**
- B. THE ANNALS OF INTERNAL MEDICINE, JULY 3, 2012, REPORTED IN THE HOSPITALS STUDIED (817 PATIENTS), THAT 50% OF PATIENTS DISCHARGED HAD 1 OR MORE CLINICALLY IMPORTANT MEDICAL ERRORS IN THE INSTRUCTIONS, PRESCRIPTIONS, ETC. 22.9% WERE CONSIDERED SERIOUS. MOST IMPORTANTLY, EVEN WITH HEALTH LITERATE-SENSITIVE INFORMATION FROM THE HOSPITAL PHARMACY, IT DID NOT REDUCE THESE ERRORS. SO, PAY ATTENTION AS THE CAREGIVER THAT INSTRUCTIONS ARE QUESTIONED AND UNDERSTOOD, AND THAT PRESCRIPTIONS ARE ACCURATE FOR NAME AND CORRECT DOSAGE. ALSO MAKE SURE THE HOME PHARMACY AGREES WITH THESE PRESCRIPTIONS. THEY CAN CALL THE DOCTOR TO VERIFY THE PRESCRIPTIONS.**
- C. THERE WAS RECENTLY A SWINE FLU OUTBREAK AT A FAIR IN OHIO. THIS WAS NOT H1N1 SWINE FLU. IT WAS H2N3, ANOTHER TYPE. THE H1N1 FLU VACCINE IS INCLUDED IN THE YEARLY FLU VACCINE, BUT WOULD NOT PREVENT INFECTIONS THAT ARE H2N3. CLINICAL TRIALS ARE UNDER WAY**



- TO CREATE A VACCINE FOR THIS VIRUS. PRECAUTIONS AROUND PIGS ESPECIALLY AT FAIRS AND ON FARMS ARE CLEARLY INDICATED.**
- D. THERE IS AN OUTBREAK OF WEST NILE VIRUS IN 6 STATES (TEXAS, OKLAHOMA, THE DAKOTAS, ETC.). THEY ARE MASS SPRAYING OVER CITIES LIKE DALLAS WITH CHEMICALS THAT HAVE CARCINOGENS IN THEM. THIS VIRUS CAUSES FLU-LIKE SYMPTOMS. 1 IN 150 DEVELOP ENCEPHALITIS. IF YOU ARE BITTEN BY THE CULEX MOSQUITO, YOU ONLY HAVE A 20% CHANCE OF GETTING SICK, AND A 1% CHANCE OF GETTING VERY ILL. 24 PEOPLE DIED IN THE DALLAS, FT. WORTH AREA, BUT KEEP IN MIND 30,000 DIE EVERY YEAR FROM INFLUENZA. PROTECT YOURSELF FROM MOSQUITOES WITH THE 5 "D"s—1—DEET SPRAY 2—DRESS-COVER YOUR BODY 3—DON'T BE OUT AT DUSK 4—DON'T BE OUT AT DAWN 5—DRAIN ANY WATER STANDING.**
- E. THE BRITISH MEDICAL JOURNAL REPORTED A 20% INCREASE CHANCE OF HAVING A MELANOMA FROM TANNING BEDS.**
- F. THE LANCET MEDICAL JOURNAL ANNOUNCED THAT A MALARIA VACCINE HAS BEEN DEVELOPED THAT WILL IMPACT THE 216 MILLION CLINICAL CASES WORLDWIDE. IN FACT, IT IS BEING RECOMMENDED THAT THIS VACCINE BE GIVEN IN ENDEMIC COUNTRIES TO INFANTS, AS 1 MILLION CHILDREN DIE IN AFRICA EACH YEAR. YOU CAN GET THE VACCINE AND TAKE PREVENTATIVE MEDS (CHLOROQUINE) TOGETHER IF TRAVELLING TO THESE COUNTRIES.**
- G. THE JOURNAL OF THE AMERICAN MEDICAL ASSOC. REPORTED THAT THERE IS A LINK BETWEEN HAVING CATARACTS AND INCREASED RISK FOR HIP FRACTURES. THIS IS BECAUSE OF THE VISUAL IMPAIRMENT AND DEPTH PERCEPTION PROBLEMS THAT ACCOMPANY CATARACTS. 49% OF THE FRACTURES WERE LINKED TO CATARACTS, AND WITH SURGERY THERE WAS A 16% DECREASE IN FRACTURES. HINT—GET YOUR CATARACTS OUT!!**
- H. SINGULAR (ASTHMA MEDICATION), HAS COME OFF PATENT. THEREFORE MERCK PHARMACEUTICALS WILL LOSE 90% OF ITS REVENUES. SEVERAL COMPANIES HAVE FILED APPLICATION TO PROVIDE A GENERIC. GENERIC LIPITOR BY THE FIRST OF THE YEAR BE MUCH LESS EXPENSIVE. THE FDA GAVE PFIZER 6 MONTHS AFTER THEIR PATENT EXPIRED TO STILL CHARGE HIGH PRICES FOR THE GENERIC.**
- I. CHOCOLATE HAS MANY HEALTH BENEFITS, ESPECIALLY IF IT HAS HIGHER COCOA BEAN CONTENT (DARK CHOCOLATE), AND LESS MILK. IT IS KNOWN TO INCREASE THE GOOD HDL-CHOLESTEROL, THUS HELPING TO PREVENT HEART DISEASE. IT ALSO DECREASES BLOOD PRESSURE, AND IS A GOOD SOURCE OF ANTI-OXIDANTS (FLAVONOL—EPICATECHINS), IN FACT, IT HAS MORE PER OZ THAN RED WINE, AND GREEN TEA. BUT REMEMBER, IT IS PACKED WITH CALORIES, AND HAS 28 MG OF CAFFEINE PER OZ. IT**



IMPROVES INSULIN RESISTANCE IN TYPE 2 DIABETES. So, WHEN YOU HAVE A CRAVING, GRAB A COUPLE OF DARK CHOCOLATES AND ENJOY!!

STAY HEALTHY AND WELL MY FRIENDS,

DR. SAM