

# Advocacy | Availability | Compassion | Prevention

Practicing in Boca Raton and the Surrounding Community Since 1979

## WINTER 2024/2025 - NEWSLETTER

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### **“Just Give Me a Z-Pak”**

The common cold and similar upper respiratory tract infections of viral origin are one of the most frustrating types of illnesses to treat. Patients feel miserable. Their noses drip and the postnasal drip irritates the back of their throats. Their bodies may ache with muscle and joint pains or exacerbations of existing pains. They cough and the irritative cough hurts their chest wall. Sweats, chills and low-grade temperatures common. Change in taste and digestion with alteration of bowel habits occur frequently as does fatigue.

As physicians, we recommend an annual influenza vaccine to prevent the more serious viral syndromes. For those older than 75 years we recommend the RSV vaccine and recommend seniors stay up to date on their COVID vaccines. These are all designed to prevent or limit the severity of viral illnesses.

Bacterial illnesses are different. We have several vaccines developed to ward off the community acquired pneumococcal pneumonia infections that seem to plague those over 60 years of age, the immune compromised and those with lung disease.

When a patient acquires a viral upper respiratory tract infection and they do not have asthma, emphysema, chronic bronchitis or other lung disease and or immunosuppression, we recommend rest, hydration with warm clear solutions (tea and manuka honey, chicken or beef broth), Tylenol for the aches and pains and time. Cough syrup or cough drops help as well. These illnesses frequently are accompanied by a visit or a call to their physician for an antibiotic. When the physician is reluctant to provide the antibiotic because it provides no healing benefit and may cause harm they are often greeted with disdain, anger and “I know my body better than anyone else. “They gave me an antibiotic at the urgent care center for this in the past.”

A November research paper in the *Journal of Clinical Investigation* looked at this issue. Researchers exposed mice to a cocktail of antibiotics while exposing them to influenza. A control group of mice just received influenza exposure. The antibiotics disrupted the gut micro biome of the mice allowing the development of fungal invaders in proportions higher than normal.

The mice immune systems reacted to this by producing more cells called eosinophils. The eosinophils released a chemical mediator that suppressed the development of and function of bacteria eating cells caused macrophages. The antibiotic group developed more pneumonias and of a severe nature. The antibiotics did nothing to help or limit the viral infection and, in fact, were detrimental. Using these findings, researchers examined hospital records of humans treated with antibiotics for a viral illness. They too had a very high eosinophil count which inhibited the development and function of the bacteria gobbling macrophages.

The next time your doctor suggests your viral illness does not need an antibiotic, think about the research providing an explanation as to why that doctor is likely correct.

### **How Often Should You Have a Mammogram?**

In recent years, the number of malignancies in patients younger than age 50 has prompted recommendations for earlier screening. When dealing with breast cancer, the United States Preventive Task Force (USPTF) now

recommends women begin getting mammograms at age 40 and then every other year. This is a stark departure from past recommendations of yearly mammograms.

As a practicing clinician for 48 years, I have never been a fan of USPTF who seem to be a cost-conscious evidence-based group commenting repeatedly on subjects where the research has not been done and evidence does not fully exist. Breast cancer screening is one of those areas. They cite cost and “worry” by patients as the reason for no longer teaching patients breast self-exam fearing that non health care professionals examining their own bodies will worry about changes they find leading to testing and biopsies they don’t need. **Who better to notice a change in their body than the patient?**

A recent study in the *Journal of Oncology* examined whether there was a difference in outcome and survival of women who had a mammogram annually beginning at age 40, every other year or at a longer interval. The research looked at a fifteen-year period between 2004 and 2019. During that timeframe they detected 8,145 cases of breast cancer. Advanced or late-stage breast cancer was only found in 9% of patients who had an annual mammogram. Advanced breast cancer was found in 14% of those who had a mammogram every two years and in 19% of women who waited > 27 months between mammograms. Survival from breast cancer followed these same patterns. **Annual mammograms beginning at age 40 resulted in finding disease at an earlier stage and resulted in less mortality.**

It’s time for health insurers like United Health Care, Blue Cross Blue Shield, Cigna etc. to step up and cover a preventive mammogram annually for women beginning at age forty. It’s also time for employers and HR departments to step up and insist on this screening coverage for their employees.

## Leg Cramps at Night

Throughout the 45 years I have been in private practice, I have read about the problem of nocturnal leg cramps and practical solutions. When I was a resident in internal medicine, I researched the issue and reviewed all the pertinent literary peer reviewed articles. None of the solutions seemed to work well.

One article discussed the benefits of putting an unopened bar of Ivory Snow soap under the sheets and cited data to show how that action reduced the frequency of painful muscle spasms. I never understood the mechanism of that intervention.

Other articles discussed hydration replacement with water, Gatorade with potassium and magnesium rich products. There were multiple articles on the benefits of quinine in preventing night cramps. The easiest source of quinine was in bottled tonic water. When I suggested this, I was besieged with questions about whether we should be using diet tonic water with quinine or quinine water with sugar? I have tried them both.

A peer reviewed article appeared in *JAMA Internal Medicine* online October 28, 2024, in which researchers in China used Vitamin K2 to prevent night cramps. They worked with about 200 senior citizens, all 65 years of age or older, who complained of nocturnal leg cramps. The group was evenly split between males and females.

The study group was given a physical exam and lab tests then randomized into one group that received a capsule of 180 ug of Vitamin K2 (Menaquinone 7) and another group who received a placebo. Researchers followed the group between September 2022 and December 2023. The Vitamin K2 group had fewer nocturnal leg cramps, and they were less severe.

Since reading the article, I have evaluated several Vitamin K2 supplements online in the U.S., but none meet the standard of being verified by a USP lab or similar institution.

I researched food’s rich in Vitamin K2 and found that kale, Brussel sprouts, collard greens, spinach, broccoli, turnip greens and lettuce are all great sources of Vitamin K2. Natto is a Japanese vegetable with extremely elevated levels of this product. Non vegetable sources include butter, sauerkraut, hard cheeses, egg yolks, liver and organ meats, beef, pork and chicken.

When I get a night cramp, I try to relieve it by rolling out of bed and stretching. If that does not work, I remove some ice cubes from the freezer which I use to massage the muscle involved and break the spasm. Then I usually hydrate with Gatorade. When I get back in bed, I try to avoid the movement or action that led to the muscle cramp in the first place.

However, I am now going to give the green leafy vegetable products a try to reduce my night cramps.

## Multivitamin Intake and Mortality: A Long-Term Study

I attended a commuter college in Brooklyn, NY -a part of the outstanding New York City Public University System Brooklyn College. I would drive in every day with my friend and lab partner Stu. Before we would leave for school his mother would make him take about fifteen vitamin, mineral and supplement pills each day. He was neither frail nor sickly and he ate well. When he moved to Italy to attend medical school in Sardinia, a package would arrive each day from his mom in Brooklyn with his daily vitamins. I always wondered if that would improve his health long-term.

One in three adults in the United States consumes a daily multivitamin and multiple supplements. Does it help you live longer?

Lotfield and associates at the National Institute of Health (NIH) published a study in *JAMA* looking at mortality and multivitamin usage. They followed 390,000 adults for over 20 years and found that taking a multivitamin had absolutely no effect on mortality. A multivitamin is a product that contains three or more vitamins at a dosage below the maximal daily requirements. The article and an accompanying editorial did not downplay the importance of micronutrients in our health. They just explained it doesn't contribute to us living longer.

We need these micronutrients with a case in point being scurvy which is caused by a deficiency of Vitamin C but was prevented when sailors ate limes. Brown rice being converted to white rice removed the thiamine that prevented Beriberi. We give pregnant women folate to prevent neural tube defects from forming in their developing child. We encourage use of Beta Carotene, zinc, Vitamins C and E in adults with macular degeneration to slow its progression down. Men and women with traditional gastric bypass surgery used to treat obesity need vitamin and mineral supplementation to absorb these nutrients due to changes in post-surgical absorption. While these are all positive outcomes of vitamin supplementation there are also negatives.

Smokers and humans exposed to asbestos have an increased risk of lung cancer if they ingest supplemental beta carotene. Fat soluble vitamins A, D, E and K store excess intake in cells and can cause toxicity as opposed to water soluble vitamins B and C which simply pass through the kidneys and are eliminated in our urine.

I will stick to getting my micronutrients from fresh healthy food in my diet. As for my friend Stu, now a retired 73-year-old cardiologist in Southern California, he told me each day in Sardinia he would open the package from his mom, read the enclosed letter, walked out onto the pier and enriched the micronutrients of the Mediterranean Sea.

## Administrative Blues - Dealing with Chain Pharmacies

One of my seasonal patients returned to the area recently and came in for a health evaluation. We reviewed her summer medical experiences in Suffolk County, NY and performed a detailed medication history and review. At 85 years old, we are hoping to deprescribe medications where her health situation permits it. Her northern physician had prescribed Valium (diazepam) at a low dose for her at bedtime years ago. We have tried and tried to wean this woman off that medication, but it has been difficult.

While up north, she had several episodes of musculoskeletal muscle spasm due to a pinched nerve in her cervical spine. She had been prescribed a corticosteroid Medrol Dose Pak and told to take Valium three times a day since it is a superb muscle relaxant. Valium (diazepam) is a wonderful muscle relaxant and works well if you aren't

going to be driving a vehicle, operating power tools or drinking alcohol -which she was not. She said she was short on her medication and would run out because of the extra Valium used with her physician's blessing for the neck muscle spasms. We told her not to worry and we would send in a refill.

The refill was transmitted electronically following all the steps now required by the State of Florida and the DEA. I had previously taken my required eight-hour course on prescribing controlled substances and passed the test necessary to get my drug dispensing license. I accessed the State's controlled substance website and printed out and reviewed all the controlled substances prescribed for this patient while in Florida. Failure to do so is a \$10,000 fine per prescription. To send the prescription to the pharmacy electronically, a service I pay a monthly fee for, I had to participate in a two-point authentication process using an app on my phone that took six hours of interrogation by a cyber security firm to achieve permission to access and use. Finally, I submitted the prescription.

The next morning the patient's blood and urine lab results were available and I phoned her to discuss them. She was upset because the pharmacist said he would not refill her Valium because it was too soon based on the prescribed dosage. She explained that her physician had suggested she take extra pills when she had neck spasms but was denied the refill. My nurse called the pharmacist and confirmed the need for a refill and the fact that if this was an insurance drug benefit manager issue the patient was willing to forsake the insurance and pay cash for it. She additionally said the prescription would contain directions for using the medication for muscle spasms when needed. The pharmacist said, "The doctor will be lying then to get the patient the medication."

At that point I was called to the phone. I identified myself by my title, my board certification in internal medicine and geriatrics and my DEA prescribing number. I requested that he fill the new prescription for three months' worth of medication or give her enough medication to carry her through until the magic date arrived when it could be refilled. He declined, first insisting it was illegal to do so and then insisting that his "system" would not allow him to do so. I asked him what was illegal about the request and asked to speak to his manager. He said he was the manager. I took down his name and CVS pharmacy store number and solved the problem by sending the request to a different local pharmacy who filled it with no resistance.

Encounters like this go on daily in the health system. Staff time, money and energy are wasted dealing with obstructions placed in the way of providing care by insurers, drug benefit managers and unfortunately some ill-advised pharmacists. I thought about reporting the pharmacist to the Florida Board of Pharmacy, but the time involved may be too burdensome to participate in the process.