I hope you had a wonderful Thanksgiving with family and friends.

This month, I will continue to report on autoimmune diseases, not only because of the diseases themselves, but because the field of immune-biology and genetics will continue to dominate the field of medicine. Increase in government funding for more medical research is a must for these discoveries to happen! 2012 will go down as a huge year for cancer research. The latest information about cancer in plain language will be included in next month’s Medical News Report and my article will also appear in the January edition of the Laurel Magazine, a great magazine printed each month for the tri-state area.

Finally, as always, this is a report, not medical advice. Decisions about your health are between you and your doctor.

Don’t forget about commenting on my blog through my website:

www.themedicalnewsreport.com (previous reports are archived in the website)

SUBJECTS THIS MONTH:

I. FUNGAL AND BACTERIAL MENINGITIS, COMPARED TO VIRAL ENCEPHALITIS

II. PART II ON RHEUMATOID ARTHRITIS AND OSTEOARTHRITIS- MEDICAL TREATMENT; GOUTY AND PSORIATIC ARTHRITIS (NEXT MONTH SURGICAL TREATMENT OF ARTHRITIS)

III. PNEUMONIA-DIAGNOSIS, TREATMENT, AND PREVENTION

IV. BRIEF INFORMATION ON THE LATEST IN MEDICAL NEWS AND ADVANCES IN MEDICINE
I. Fungal Meningitis update, Bacterial Meningitis contrasted to Viral Encephalitis

I have reported to you on the outbreak of fungal meningitis and now there are infections in joints and heart transplants from the same compounding company in Massachusetts (New England Compounding Company). Initially, the drug in question was methylprednisolone, which is a common corticosteroid used to inject the nerves as they come out of the spinal cord. This steroid reduces swelling in a pinched nerve from an arthritic spur or a herniated disc (I will report on spinal disease in the future).

Ultimately there were 23 states sent this drug. Several cities in Florida and Georgia were sent the drug. This drug was sent out before July 2012. The reason fungal meningitis didn’t show up rapidly is that fungi grow very slowly and so as much as a month went by before any cases started happening. Fungal causes were contaminants in this drug and a rare cause of meningitis. Then the deaths started happening and Tennessee had the highest number. Now Michigan has the greatest number. Fortunately, as soon as it was realized that this drug was coming from one source, the drug was pulled but not before 23 deaths occurred. This story is still unfolding.

The sad part of this occurrence was that the compounding company was obviously careless in their sterility procedures and a very commonly occurring fungus Aspergillus sp. was one of the culprits. This fungus caused infection in the blood vessels of the lining of the brain and caused strokes and death.
Macon, Georgia was the only place that had any cases of infection but fortunately no deaths. This same contaminated steroid was also injected into some joints, which caused infection, and ultimately a special drug used in heart transplants created some infections.

Why did this happen? Massachusetts or any state has jurisdiction over compounding companies (which take a doctor’s prescription) and these special pharmacies make a drug that does not come in the form the doctor wants it. It may be a pill that needs to be a liquid or a paste, etc. This company had no license to make drugs in mass quantities. Why would a clinic or pharmacy buy it from such a company? It was probably cheaper, but now at the patient’s expense. The FDA is all over this now that it has happened, but will no doubt change the jurisdiction regulations, which were more lax than a regular pharmacy. Massachusetts was not doing their job, and obviously has to take a big part of the blame. This company and one of its sister companies (Ameridose) have had all their drugs recalled, and I doubt their doors will ever open again, with all the law suits coming.

What is MENINGITIS? It is an infection of the lining of the brain. The meninges are a very tough fibrous layer (dura mater), a vascular layer (arachnoid space), and the inner layer (pia mater). See above photo #1. The meninges protects the brain and spinal cord creating a "blood-brain barrier". Unfortunately, if vessels get inflamed, they dilate and allow bacteria to cross that barrier causing headache, stiff neck, fever, delirium, and many other symptoms. This is almost always caused by bacteria that you may be aware of like pneumococcus, streptococcus, meningococcus, etc.
A spinal tap is usually performed with a spinal tap between the vertebrae and taking a sample of cerebrospinal fluid, which will show bacteria, abnormal protein, etc. Intravenous antibiotics are necessary to treat this serious infection, however, treated early, recovery is likely.

Swelling throughout the brain

Encephalitis is an infection of the brain rather than the lining (meninges), which causes swelling of the brain. It is almost always caused by viruses. St. Louis Equine encephalitis is an example that was once thought to occur in horses only. The West Nile virus is another example from a mosquito bite, that recently occurred in Texas, Oklahoma, and South Dakota mainly, but has been reported in most states because of the mobility of Americans today. The treatment for this infection is not as good as the antibiotic are for bacterial meningitis. There are no vaccines or specific anti-viral drugs to give these patients to cure them. Supportive care includes (fluids, hydration, meds to reduce the fever, etc.). The symptoms of encephalitis can be similar to meningitis, but seizures can happen more often, and with swelling it cause death if not reversed, by pushing the brain down through the hole in the skull (called herniation).

Prevention-The pneumococcal (Pneumovax) and the meningococcal vaccines are the only two that may prevent these specific infections. Obviously, those who are immunosuppressed or have chronic illness especially diabetes, should be very careful. The meningococcal infection occurs in the military camps, or at schools or summer camps where many are close to each other.

II. Rheumatoid Arthritis including Psoriatic and Gouty Arthritis—Medical Treatment; contrasted with Medical Treatment of Osteoarthritis

For several months, I have reported on a group of autoimmune diseases, and the cause is unknown in most of these. There are hereditary factors, and environment factors including,
sex, age, obesity, diet, alcohol, etc. that influence the disease. Last month I reported on the 
**diagnosis** of rheumatoid and osteoarthritis, so you will want to review that information if you 
still have the email or go to my website: [www.themedicalnewsreport.com](http://www.themedicalnewsreport.com)

**Osteoarthritis of the knee**

Osteoarthritis is from wear as tear as stated. It starts form the first little knee twist, or 
fracture near a joint. A whiplash injury may be the beginning of arthritis in the spine, or just 
repeated downward force on any weight bearing joint including the spine. Even though these 
joints are cushioned with cartilage or a disc, over time those protective layers wear out, tear, 
or herniated. This is the beginning of bone to start to reach each other causing spurs and 
other reactions to trauma.

Rheumatoid arthritis (as seen below) causes much more deformity and loss of function than 
osteoarthritis. With injury, both of these processes could overlap.
Rheumatoid Arthritis (RA) is a lot less common than the wear and tear of Osteoarthritis (OA) type. Only 5 million suffer from RA and untold millions suffer from OA. Even though there is overlap in the specific joints affected, the weight bearing joints are more commonly involved in OA and the smaller joints in RA. The seriousness of any autoimmune disease including RA is much greater because all organs can be involved while OA is from use and sometimes abuse of the joints. There is double the risk of clotting problems with RA, lung, heart, vascular, and kidney problems. 10% will develop Sjogren’s disease with dry eyes and mouth. See a previous medical new record for Sjogren’s on the website www.themedicalnewreport.com under the archives link.
Normal anatomy of the hip joint! The joint is a ball and socket joint, with articulation of the head of the femur (thigh bone) into the rounded out space in the pelvis.

In osteoarthritis, the surfaces of the joint lose their smoothness, and grind on each other, causing pain in the hip, groin, and even down the leg. In the knee, below, one can see the smooth surfaces of the lower part of the femur (thigh bone) and the tibia (lower leg bone). Cartilage covers the faces of both bones with a small amount of joint fluid for nutrition and lubrication of the joint. Below that drawing is what osteoarthritis looks like in the knee, with touching which cause pain and limitation of motion.
Endoscopic approach to a torn cartilage

The diagnosis was outlined in last month’s report.

Treatment for all types of arthritis

1) NSAIDs (non-steroidal anti-inflammatory drugs) like Aleve or ibuprofen, Celebrex, Mobic, Clinoril, aspirin, etc.). Tylenol is still considered a good drug in both RA and OA for milder symptoms. 3000 mg is the maximum dose/day, since acetaminophen (Tylenol) can cause liver damage. Also all of the NSAIDS increase the likelihood of heart attack and stroke. These meds need careful monitoring of liver and kidney functions, since they are capable of causing damage. These drugs decrease inflammation in all types of arthritis, and are the mainstay of OA. It is too bad that it is not the case for RA.

2) Short courses of oral corticosteroids may be necessary. If fluid persists in joints, it can be removed with a needle and syringe, with injection of steroids in the joint for temporary relief, in most types of arthritis.

3) There are also non-narcotic pain meds such as Tramadol or Pentazocine for both types.

4) Even narcotic drugs may be necessary such as hydrocodone in both types.

5) The supplements of glucosamine and chondroitin sulfate, usually in combination have been proven to help by renourishing the joints to some extent, since these chemicals are found in joint cartilage. It supposedly can help pain and can be used in all types of arthritis.

6) Disease Modifying anti-Rheumatic drugs)—DMARDS—These drugs are really the first groups of drugs that are used in RA if the above meds and supplements don’t work. They must be considered early, as no drug can reverse joint damage. The most common drug used is an old cancer drug, Methotrexate, followed by Sulfasalazine, hydrochloroquinolone, leflunomide. The white blood cells have various types, and the lymphocyte. There are 2 types-T and B cells, which control the immune system. These
cells can influence the inflammatory markers cytokines. These chemicals cause inflammation, and this response results in joint damage.

7) **Biologic Response Modifiers**—These meds are aimed at the inflammatory markers (i.e. tumor necrosis factors). These meds are used eventually in RA in 25-56% of patients and may be used in many other autoimmune diseases that we have covered in previous months. They directly interfere with the immune response that occurs in RA and other immune diseases. These drugs are very effective but do have their risks, like increased risk of infections, including activation of tuberculosis (you must have a skin test prior to treatment), and doubling the risk of lymphomas. I have read recent studies that refute that claim, but it is still something to keep in mind since the immune response is being interfered with. Also, autoimmune diseases initiate the same responses as in cancer, so an increase in cancer might be expected, and not necessarily the drugs that are used. Some of these medications include Cytoxan, Plaquenil, Humira, Orencia, Enbrel, Remicade, etc.) These are injectables, into the skin or intravenous and are given at different intervals either by the patient or in the clinic. These drugs are reserved when the DMARDS don’t work or quit working. The biologics can be combined with the DMARDS.

8) **Rest, Ice packs, massage, yoga, walking, stretching, exercise, acupuncture, etc.** all have their place in arthritis. Letting pain make you sedentary will only make you worse.

Joint destruction may begin as early as 2 years in RA. Pain can be prominent in both, but OA is usually most prominent in only one or two joints early in the disease, whereas RA is symmetrical (both sides) and does not usually attack the weight bearing joints as much as OA. OA worsens over the years, and RA worsens much more rapidly if not treated aggressively.

OA continues to worsen especially after 60. RA begins in the 30s-40s, and more common in women, so it makes housework, jobs, and taking care of children much more challenging. Being disabled in the prime of life takes a toll on the whole family.

The goal in any therapy is to reduce the inflammation in the lining of the joints (synovium). The severity of joint inflammation dictates what can be done and tolerated.

New drugs are in clinical trials, and some of these drugs are also used in cancer treatment, because some of these same markers are present in cancer cells.

9) **Joint injections (knees only for osteoarthritis)**

Hyaluronic acid is one of the ingredients in the cartilage and tissue fluid of the joint. When there is bone on bone problems because the knee cartilage has degenerated or torn, a very viscous fluid containing hyaluronic acid can be injected into the knee joint (only) that temporarily cushions the joint and can relieve pain considerably. I had these injections
(Synvisc) for 2 years (every 3 months) until they quit helping and had to have both knees replaced. It bought some time. There is a newer joint injection called Supartz, which is injected once a week for 3-5 weeks.

Deformity of the RA joints especially the hands are a real problem. Once that happens, you may eventually have to think about joint replacements if you want function of the hands and fingers.

The surgical treatment of these diseases will be reported on next month. In the future, I will report on spine disease since that is a big subject.

**Psoriatic Arthritis** is really another form of rheumatoid arthritis, and golfers all know about Phil Mickelson, who takes an immune drug (Enbrel), which is described above for rheumatoid, is still winning tournaments. Living with any kind arthritis is a fight, but can be managed. These patients may or may not have the classic skin signs of psoriasis, but usually have the rash before the arthritis. This arthritis can affect any joint but has an affinity for hands, feet, and spine. If the nails are involved with psoriasis, it is likely the arthritis will follow.

**Gouty Arthritis**, is another autoimmune disease, but we know more about the cause, which tends to be more common in overweight males, who eat too much red meat and certain seafood, drink too much beer, take diuretics, or have stressful lives or episodes. 5 million Americans suffer from this form of arthritis. Over the centuries, kings frequently suffered from this disease because of their privileged diets.
Some have a hereditary risk factor that keeps them from breaking down uric acid, an amino acid breakdown product of purine metabolism. Higher amounts of purines are present in the above foods. Uric acid crystals tend to form in the joints and kidneys causing major damage.

The classic joint affected is the big toe (podagra), but many other joints can be involved. When an attack occurs the joint is red, swollen, and so painful, patients can’t even stand a sheet on their toe. Knees and knuckles can also be affected. Usually, the patients have an acute attack that brings them to the doctor, but joint aching after eating or drinking too much alcohol or the above foods is a tip-off that gout may be in your future.

A simple blood test is needed (uric acid levels) will tell the doctor (greater than 6mg/dl) the diagnosis, but some have elevated levels without clinical gout. Stress can actually raise the levels.

Treatment is aimed at prevention of joint damage, resolution of tophi (uric acid lumps in the skin around the joints and even in the outer ear)-see photos, and kidney damage. The regimen includes keeping the uric acid levels in the normal range with diet restriction. There are drugs to block the formation of uric acid (Zyloprim or Uloric). My reading favored Uloric. This treatment only helps in between attacks. When first diagnosed, the patient is put on Colchicine or NSAIDS and sometimes cortisone for a few weeks. Amazingly, these treatments can actually cause another acute attack. Benemid can be used if the patient can’t tolerate Colchicine. With an acute gouty attack, the drug of choice is still NSAIDS or Colchicine. There is a new intravenous drug approved (Krystexxa) given every 2 weeks. Colchicine is tough on the gut, so antacids, acid modifying drugs should be considered. Cortisone injections in the acute joint, IV, or orally may be necessary.
Triggers of acute attacks are a) **foods** (sardines, organ meats, anchovies, mussels, salmon, and even spinach b) **alcohol**-beer and liquor (not wine) c) **meds**-diuretics, beta blockers, cyclosporine, and aspirin d) **dehydration** e) **stress**.

Gout creates uric acid **crystals** (seen in photo above) that look like red needles and can severely damage the joints and especially the kidneys causing **kidney failure**. This is a very manageable disease but requires diligence, sacrifice, and taking the medications regularly. Research continues to find more effective therapy. References: The Medical Letter, Vol. 51; New England Journal of Medicine, 1996. SUPPORT THE ARTHRITIS FOUNDATION. One out three will have osteoarthritis by 85. One out two that are obese will have arthritis.

### III. Bipolar Disorder

This is a chemical imbalance disorder usually manifest in young adulthood and is one of the most misdiagnosed disorders. This disorder used to be called **manic-depression**, which describe the 2 opposite symptoms these patients suffer from. It can be misdiagnosed as anxiety and/or depression because there are definite elements of these disorders present. Most of these patients have both components, but one or the other is usually more prominent, swinging back and forth. These patients are just full of energy, going ninety miles...
an hour day after day until they get “sick” and then tend to hide out claiming illness. What is usually happening the bottom has fallen out and they go into depression? They might be thought of as hyperactive, energetic, the life of the party, never tired, etc. They are creative, goal strivers, high achievers, and function on little sleep. Some of these characteristics are admired, but these patients suffer greatly with this disorder and the people that live with them.

**Mania** is misdiagnosed unless you are close to the individual and have to try and keep up with their energy levels. When in the mania stage, these patients can accomplish a great many things. There can be periods of normal behavior between the mania and the depression or rapid cycling. Bipolar disorder has 4 types depending on the clinical symptoms, severity, etc. This disorder can wind up with psychotic episodes including delusions and hallucinations. This disorder needs a psychiatrist to diagnose and treat.

There are other classic signs of bipolar disorder, particularly obsessive-compulsive disorder, with buying compulsions, hypersexuality, flirtiness, excessive happiness, acting hyper, and yet excessively sensitive and easily provoked into anger. Some can have panic attacks, which again can confuse the real diagnosis. These patients may have been diagnosed with ADHD as a child. Younger people may cut themselves as a form of self-mutilation and some studies showed that suicide can be as high as 10-15%. These patients have difficulty maintaining long term relationships. A stressful situation can frequently key off this disorder.

These patients may need an intervention just to get them to go to a psychiatrist for diagnosis. Confronting these patients is a delicate matter, because they don’t believe they have a problem, like many psychiatric disorders.

Medical treatment is absolutely necessary to get these patients under control. Lithium, Seroquel XR, Zyprexa are all approved for this disorder. Finding the right dosage and combination of medications is challenging to the treating psychiatrist. These patients are poor about staying on their meds. Antidepressants or tranquilizers may make these patients worse. After speaking to my psychiatrist friend, he says that the combination of Lithium and Seroquel has helped his patients the most.

Katherine Zeta-Jones, the actress, recently was admitted to the hospital for this diagnosis.

**IV. Pneumonia-Diagnosis, Treatment, and Prevention**

A. Pneumonia is more common than you think.

Winter is pneumonia time. 450 million people around the world contract this infection per year, and 7% die each year. It is called the old ma’s friend! Not in my books. Worldwide there are groups that are more susceptible than others. 1) patients with COPD-chronic lung disease
2) those with chronic bronchitis (mostly smokers) 3) those with asthma or other lung diseases like cystic fibrosis 4) those that are immune-suppressed—this would include all cancer patients, those on drugs to prevent rejection of a transplanted organ, HIV-AIDS, those with autoimmune diseases i.e. rheumatoid arthritis patients taking biologic drugs such as Enbrel 5) the elderly that are chronically ill and any person suffering a chronic illness including heart, liver, diabetes, or severe allergy patients.

The X-ray above is normal and shows clear lungs and the one below shows right upper lobe pneumonia.

Right upper lobe pneumonia

Signs and symptoms

Patients present with a cough that is productive but may be more innocent to begin with. Production of yellow mucous is eventually common, but that happens with bronchitis too. The mucous also could be pink or streaked with blood. Fever may or may not be present early, but will show up as the process continues. Chills, shortness of breath, chest pain, increased heart rate, and weakness are common. Pneumonia may be associated with gastrointestinal symptoms even in children. When you are “sick” dehydration is common which makes the mucous in the chest harder to cough up. Mucinex (guafenesin) is a good mucous splitter that will help bring up the congestion. It is absolutely necessary to mobilize this mucus out of the chest. If wheezing is a component of bronchitis, bronchodilators may be necessary.

B. “Walking” pneumonia
“Walking” pneumonia just means you may have a milder form and are functional. With older people, confusion and even delirium may occur, and these folks wind up in the hospital, so don’t assume you can go about your business. Extra fluids, more rest, and other common-sense moves are necessary.

C. Physical Exam

The doctor can usually hear some rattling (rales) in the chest with a stethoscope. Bronchitis sounds better to the doctor’s stethoscope. Chest X-rays occasionally don’t show the pneumonia early, so if you have chest congestion with a normal X-ray and are not getting better, talk to your doctor about considering another X-ray. Also, the pneumonia will still be apparent on the X-rays for a few weeks even after treatment response. Other lung diseases need to be considered depending on the results of the X-rays.

D. The most common bacteria in pneumonia

The most common bacteria are Strept. pneumonia, H. influenza, Mycoplasma sp., and less common Staph and Klebsiella, Chlamydia, and Legionella (Legionnaire’s disease). If a patient has pre-existing lung trouble more serious bacteria are common. Most of these bacteria respond to Amoxicillin, Clindamycin, Clarithromycin as the first line of treatment usually as an outpatient. As many as a third may have to be admitted to the hospitals for rehydration, IV antibiotics, etc. especially if elderly, immunosuppressed, or have an underlying chronic illness like diabetes, heart disease, etc. Stronger antibiotics can be used but should be reserved for someone not clinically improving. Resistance to antibiotics is always a concern, but with cultures and sensitivities, the right antibiotic can be selected.

E. Complications

Complications will occur if the pneumonia does not respond. Pleural effusion (fluid in the chest), respiratory and heart failure, or even an abscess (empyema) in the chest can occur. Septicemia (bugs in the blood) can result in death or other organ damage.

F. Response to treatment

Usually, a patient should respond in a week or so, but in older or compromised patients will take longer. Taking probiotics, as I mentioned in previous medical news reports, may prevent GI or vaginal fungal complications such as a yeast infection.

G. Prevention

The pneumonia vaccine (Pneumovax) reduces the chance of pneumonia and meninigitis from the Strept. pneumoniae bacteria which is the pathogen in 50% of the cases and by far the
most common. Get that shot at the doctor’s office, pharmacy when you get your flu shot. If you get a shingles shot, you must wait 28 days before you can get the pneumonia shot. It is well worth it to get this vaccine if you are in any risk group previously outlined, or are prone to lung infections or over 65.

H. Viral pneumonia

Viral pneumonia is caused by the viruses that cause upper respiratory infections. In fact, pneumonia may start with a “cold”, “allergy”, or exposure to children, who are sick or carriers of these viruses (Mycoplasma, Echo, Coxackie, Influenza, etc.) X-rays may be of some help but not always. These patches in the lungs are more likely to be both sides (bilateral), with other evidence of enlarged vessels and lymph nodes in the chest. Influenzal can end up in pneumonia (especially in the aged and disabled, and is another reason to get the flu shot). The anti-viral medications, such as Tamiflu, Symadine, Relenza, all anti-viral agents. Antibiotics don't help. Without rest, this pneumonia will not resolve.

Influenza pneumonia shows patchy infiltrates

In both lower lungs.

Other meds for any chest congestion, bronchitis, or pneumonia to consider with your doctor are expectorants (mucus splitters like Mucinex), hydration, humifiers, rest, salt water sniffs, breathing steam in the shower to loosen the mucus up. Be careful about taking cough suppressants as that may prevent you from coughing up the mucus from your lungs, but can be helpful in bronchitis. Fungi and parasites can also cause pneumonia in rare circumstances.

I. Recovery

A. 90% recover from pneumonia if they are healthy and contracted a community-acquired pneumonia. If a hospital-acquired infection is the cause, the bacteria may be resistant to the usual antibiotics and will require more serious drugs that have more side effects (Vancomycin). MRSA (Methicillin resistant Staph. Aureus) is a Staph infection that is well-known. Hand hygiene and coughing into your elbow is important in any respiratory infection. If you are sick, stay home!
V. Recent Medical Advances

A. guidelines Screening for breast cancer-THE NEWEST

I keep reading more controversial information about the value of breast screening at age 40 and 50. Having just read a 3 year study from the New England Journal of Medicine, these authors were not convinced that breast screening at age 40 is worth it because it caused a lot of unnecessary procedures since mammograms can have false positive, requiring further investigation. Yet, balance that with the fact one out six women diagnosed with breast cancer that die were diagnosed in their 40s. We know that the younger the age of diagnosis the more aggressive the cancer, and this study showed doubling of early breast cancers diagnosed from 112 to 234 per 100,000 mammograms in women in their 40s. The study states that it is the advanced treatments that are saving more lives rather than screening. 85% of women diagnosed with node positive disease live 5 years or more because of better treatment, but if that cancer could have been diagnosed and treated without spread, the treatment may be less aggressive.

There are many patients with advanced disease that can live for several years, another reason for calling cancer a chronic disease. The controversy continues, and the American Cancer Society still recommends screening start at 40-the ACS website (www.cancer.org). If there is a strong history in the family, it might be wise to start even earlier, but that is a decision between you and your doctor. Doctors are bombarded with information from many sources, and if you are concerned and can’t decide about screening, consider making an appointment with a specialist. Quality of life is hard to define for a group. Make your own informed decisions with your doctors.

B. New Cardiac Defibrillator

The first cardiac defibrillator has been FDA approved that does not require actual wires be inserted into the heart. This defibrillator will shock your heart if you go into ventricular fibrillation, a cardiac arrhythmia that will not support life. The defibrillator will bring your heart back into a regular rhythm and save your life. Of course, other irregular heartbeats can be treated this way as well. The implant is inserted under the skin along the rib cage, thus the procedure is more minor. I recently reported on atrial fibrillation, and its treatments. Ablation was usually reserved as the last approach, but new studies are starting to go this more aggressive approach earlier. The photo shows the standard type with wires into the heart.
C. Another result of the Affordable Care Act!

Medicare will fine hospitals that have a high 30 day readmission rate for heart attacks, heart failure, and pneumonia. The fine starts at 1% of payments for the entire first year, and goes up to 3% by year three. This puts all the responsibility on the doctor and hospital to treat the patient, and leaves out patient responsibility. Keeping the patient in the hospital longer to get them well will result in a quality of care fine (Reference—AP News Release and JAMA October, 2011). There are weekly releases from the Department of Human and Health Services about Obamacare, and I am keeping up with them. After the first of the year, we will know if our Congress avoids the “fiscal cliff”, which will have a major influence on healthcare.

D. Salt—How much is needed?

The body needs salt (sodium chloride) to function, perform necessary cellular metabolism. We are basically salt and water to keep us from being a prune. The body needs only 180-500mg per day (less than ¼ tsp.), and it is recommended to take no more than 1 tsp per day (2300 mg) according to the American Academy of Science. The average American’s intake is 3400 mg/day, and men take in more than women. If you have heart disease, hypertension, or any disease that needs limitation of fluids, the amount recommended is 1500mg/day. We take in more salt from processed meats (deli0, restaurant foods, and pre-prepared meals than anywhere else. Not salting your food is not enough. So much salt is used for increasing the taste of foods, and it continues to addict us. It takes weeks to get used to a low sodium diet.

E. Suicides are now more common than traffic deaths.

Since 2000, there has been a 15% increase in suicides, while unintentional traffic deaths have decreased 2.5% over the past decade. Falls and accidental poisoning causing death has increased in the past 10 years (American Public Health Department). For a complete list, see their website. In the future, I will report on attempted suicide and suicide.

F. Fast Foods

The average sandwich at McDonald’s is 600-900 calories, Burger King’s single fried chicken sandwich is 800 calories and with fries and sugar soda, over 1400 calories. Subway meatball and cheese marinara 6 inch sandwich is 860 calories. 5-Guys has the most calories-bacon cheese burger meal=2380 calories. That is equal to 2 quarter pounders at McD. We really don’t need more than 2500-3000 calories a day, but it depends on if you burn calories with proper exercise. If you want to eat more, burn more!

G. Medicare reimbursement on my recent back surgery
So you think doctors are making bunches of money on back surgery….These are charges based on codes, and what Medicare allows. Remember, by law, unless your plan has a deductible or you don’t have a supplement, your doctors and hospitals can’t ask you to pay anymore than what Medicare or Medicaid pays.

Surgical fee for my laminectomy and removal of herniated disc with microsurgery techniques, 3 hours of surgery $9,606, Medicare paid---$1248, Anesthesiology---$4,803 Medicare paid--$169; Total charged for drugs, anesthesia, OR was $20,263 and $3,470 paid. This is Medicare Part B—doctor’s bills. So, my doctors were paid 17% of their bill. Medicare Part A---the hospital bill I have not seen. Medicaid is about half of Medicare. And Medicare wants to decrease doctor’s pay by another 27%. I don’t think it will happen, as the fee for service payment is on the way out, and this will push more doctors to refuse Medicaid and Medicare patients. The new payment method will be based on quality of treatment yet to be actually defined. There is a federal committee that has been totally ineffective on determining fees (SGR-Sustainable Growth Rate) for doctors, and needs to be eliminated.

THIS COMPLETES THE FIRST YEAR OF THE MEDICAL NEWS REPORT. I HOPE YOU CAN APPRECIATE HOW MUCH INFORMATION I HAVE REPORTED TO YOU. THIS IS A FREE SERVICE BECAUSE, AS A RETIRED SURGEON, I WANT YOU TO KNOW TIMES ARE GOING TO GET TOUGHER, AND YOU BETTER KNOW AND UNDERSTAND THE ROLE YOU PLAY IN YOUR HEALTHCARE. ALL OF THIS HEALTHCARE REFORM THAT IS HAPPENING IS NECESSARY, BUT WHERE IS THE LEGAL REFORM, THE GOVERNMENTAL REFORM SO WE CAN AFFORD HEALTHCARE FOR EVERYONE WHO COMES TO THIS COUNTRY. IT IS A SIGNIFICANT ETHICAL QUESTION. WE NEED TO STAND ON OUR TWO FEET, AND GET HEALTHIER. I AM HERE TO ASSIST YOU.

I WISH YOU A BLESSED CHRISTMAS HOLIDAY, HANNAKAH, OR HOWEVER YOU CELEBRATE. ALSO HAPPY 2013. Can you believe it?

STAY HEALTHY AND WELL MY FRIENDS! Dr. SAM