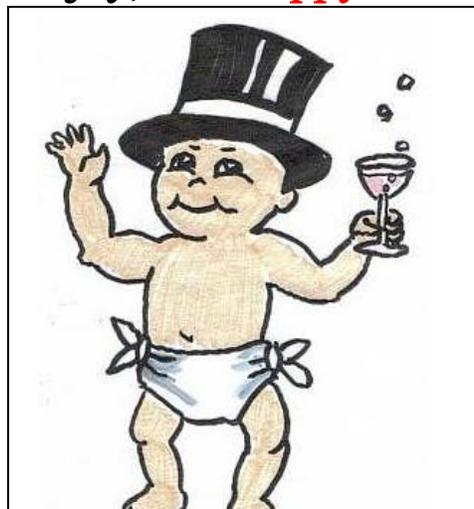


THE MEDICAL NEWS REPORT FOR JANUARY 2013

Samuel J. LaMonte, M.D., FACS

Welcome to 2013, and another year of the report. I hope this medical information has been valuable to you or to your family and friends. We are facing new challenges from our healthcare system, like it or not. The understanding of our system is so poorly known, it is ridiculous. That is why I have tried to give you information as it becomes available. 2014 will be the first year for full implementation, so you will see adjustments and posturing by our federal government.

This month, I report on the third aspect of osteoarthritis and rheumatoid arthritis--**surgery**, primarily joint replacement. Also, I have an article that is in the January edition of the Laurel Magazine, which is distributed in the tri-state area. It is on the exciting advances in cancer research, in plain language. The article appears in this report. Also, I will mention the clot Hiliary Clinton has. Enjoy, and **Happy New Year!!**

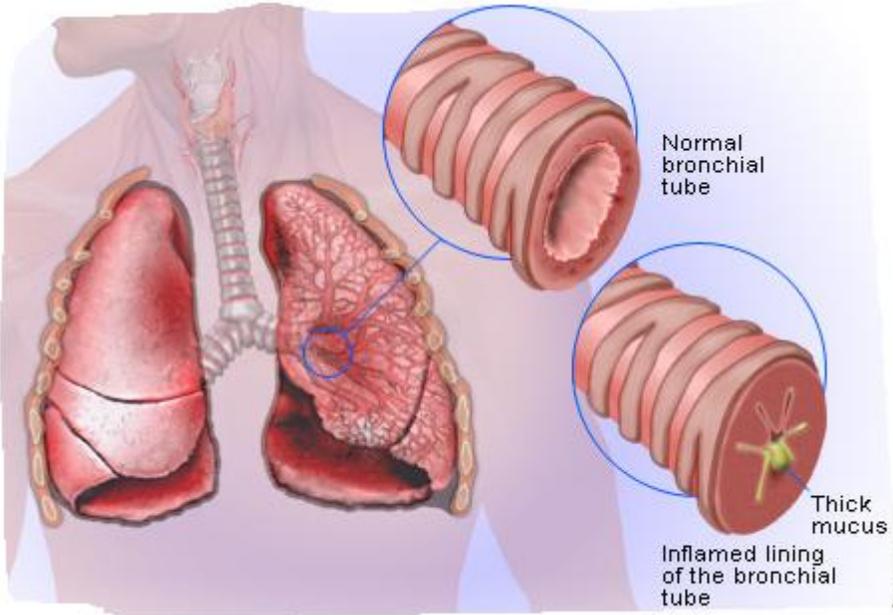


- I. Upper and Lower Respiratory Disease-part 1
- II. Fibromyalgia-is it a real Disease?
- III. Surgical Treatment of Arthritis—Joint Replacement
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- VI. Brief information on late breaking medical news

1. Medicare plans on redefining what is reasonable and necessary.
2. Fifteen signs women tend to ignore.
3. Energy drinks are killing people.
4. Constipation
5. New gene mutation discovered in Alzheimer’s disease.

I. Upper and Lower Respiratory Diseases-part 1

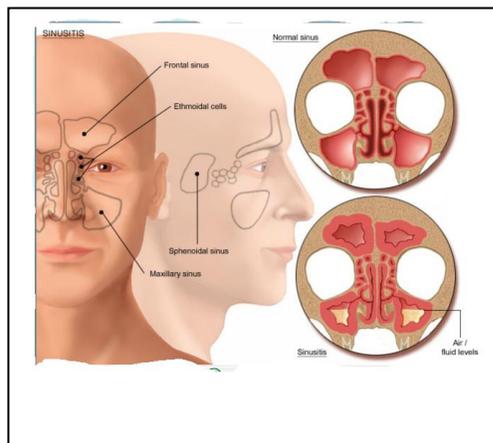
The airway is covered with a lining that produces mucous, and that mucous blanket plus waves of little hairs (cilia) protects the air passages. When any part of the airway is irritated by viruses, bacteria, allergens (mold, pollen, etc.) or environmental hazards (smoke, industrial inhalants, etc.), mucous is produced excessively. If this mucous is trapped or gets infected, there will be symptoms of drainage, feeling stopped up, congestion in the head, or chest, hoarseness of the voice, and eventually drainage down into the lungs causing irritation of the bronchial system, cough, and wheezing if there is spasm in those tubes. Looking at the photo below, there is the anatomy of the bronchi and the difference between a normal bronchus and one that is swollen with trapped mucous. The wheezing may or may not be audible to you or others, but the doctor with a stethoscope can hear the sounds. It is usually worse as you breathe out, which means that mucous is being trapped. That is the way pneumonia can occur over a few days.



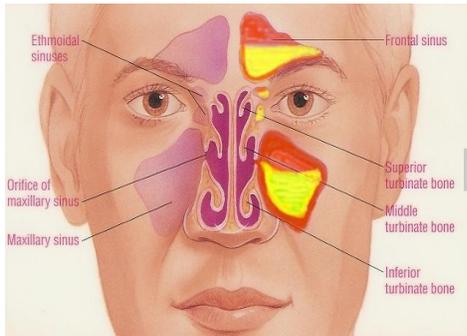
Pneumonia or bronchitis

can occur (was covered last month). There are many **viruses** that cause the common cold, and sometimes, if the congestion lingers, a secondary infection can occur. Any part of the airway can become **infected**. “Colds” or URIs (upper respiratory infections) are usually self-limited and can be easily treated with decongestants (pseudo-ephedrine, etc), mucous splitters (guaifenesin-Mucinex), salt-water sniffs, gargling salt water, and even taking zinc containing meds, **although Zicam nasal gel has been just the month been recalled because of bacterial contamination.**

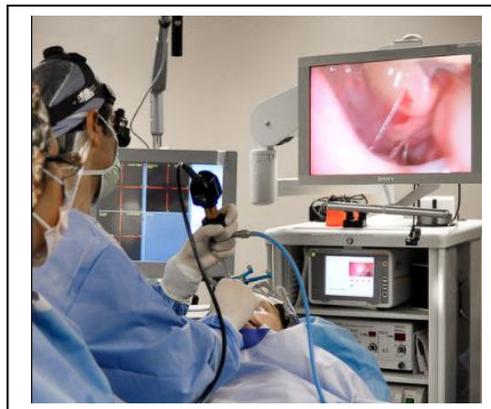
The flu can do this or a viral cold. These viruses tend to be more common when the weather changes. **Antibiotics don't help**, but if you notice yellow or green mucous increasing in amounts and get sicker, consider seeing your doctor to see if a **secondary** bacterial infection has occurred. Then antibiotics may be indicated. Be sure and buy generic guaifenesin, a mucous splitter. The brand name, Mucinex, is a dollar a pill—ridiculous, and don't buy it with dextromethophan, a cough suppressant. If you are producing mucous, you don't want to suppress your cough. Below is a photo of the normal paranasal sinuses, in your cheeks (maxillary), between the eyes (ethmoid), and those in your forehead (frontal). There is another sinus (not shown) deep in the head (sphenoid).



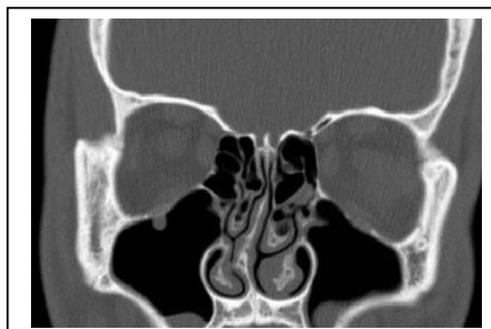
This photo shows infection in the maxillary, ethmoid, and frontal sinuses.



Sinusitis can occur after a cold starts or can start after an allergy attack, causing severe congestion in the nose. Pain in the cheeks, eyes, temple, or in the teeth might indicate sinusitis. If a prescription of antibiotics doesn't clear you up, ask your doctor to consider an **ENT** doctor consultation. **X-rays** may show the infection, and also show other abnormalities that may predispose you to infection, such as **polyps** in the nose, a **septal deviation** (crooked nose), chronic infection, etc. If necessary, **endoscopic** surgery of the sinuses may be necessary if the sinuses get infected repeatedly. This was one of my favorite procedures to perform, and the patients were so appreciative. The photo below shows



the ENT surgeon operating off a TV screen. A tiny television camera is placed on the end of the endoscope, allowing the surgeon to have the images greatly magnified. This makes the surgery much safer. Below is an X-ray showing a very deviated nasal septum. The other tissues in the nose are turbinates, which swell easily with allergy, infection, etc. They can be reduced in size with a laser. The combination of repairing a septal deviation and reducing the turbinates is very effective in improving the nasal airway, a staple of any ENT surgeon.



Sore throat is a common symptom that can have many causes, but if it is related to allergies or a cold, the reason was usually **post-nasal drip**. With a congested nose, it can cause mouth breathing at night, reflex coughing, and could be managed by snorting salt water, taking decongestants, and sleeping propped up. Cough suppressants are sometime needed, if the cough can't be controlled.

Often a cold seems to move down into the chest, usually because of **secondary bronchitis**. A **humidifier** is helpful to soothe the bronchi. Everyone tries to go about their business with these colds and is surprised they aren't getting better. Extra rest is necessary for the body to recover, so take a break.

To prevent the flu, you should get a **flu** shot each year, consider the **pneumonia** shot, and remember viruses are transmitted by touch and air. The flu will put you down for a week or two, so be smart and get vaccinated. Wash your hands often, cough into your elbow, and stay away from people that are sick (including grandkids). Staying healthy means good quality sleep, less stress, lots of vegetables and fruits, and good hygiene. **Next month**, I will report on respiratory allergies, asthma, and eczema.

II. Fibromyalgia—is it a real Disease?

It depends on who you ask! If you ask a rheumatologist, they may say it is an autoimmune disease, and yet other doctors may say it is not a disease in the real sense of the word, rather it is a **syndrome**. This means that there are certain symptoms that must be present to define fibro as a syndrome.

What are these symptoms? 1) **pain** is the most common, usually with **point tenderness** near but not on the joints. 97% present with pain to their doctor. The pain often is generalized, felt especially in the tendons, ligaments, and muscles. It can be relatively continuous or intermittent. If the doctor presses on the points of tenderness, it will cause significant pain. 2) **fatigue** is very often present as well, and the patient will report a good night's sleep still leaving them tired in the morning. Simple activity can cause severe fatigue just like chronic fatigue syndrome 3) **sleep disturbances** are also very common, usually with frequent awakenings during the night. 4) one out of four have **depression**. There is always a question whether this is a result of, the cause of, or present before the fibro. It is also true for **anxiety**. Anyone with chronic pain will eventually be depressed as the hormones in the brain are depleted. It can be a trigger for fibro symptoms to return. There are still questions about the role depression plays, but it must be managed. 5) **parasthesias**—this means numbness and tingling in the extremities. 6) **headaches** occur in 70%, either migraine or tension types. 7) **irritable bowel syndrome (IBS)**- 40-70%-I have not discussed this yet, but will do so next month when I discuss **chronic fatigue syndrome**. 8) **morning stiffness** is very common. 9) **urinary frequency and painful urination** occurs in 25%. 10) **restless leg syndrome (RLS)** occurs as part of the sleep disturbance 11) **females** are 10 times more likely to have fibro, and the usual age at onset is 25-60 years of age. 12) **gastro-esophageal reflux** is not uncommon 13) some **social isolation** can be the result of these symptoms.

As you look at the constellation of symptoms, there are so many diseases that have these symptoms, I could fill the rest of this page. **Five million Americans** suffer with this disorder. In the end, the patients NEED to know that they HAVE a disorder. **This is not just in their heads.** There are no tests that are diagnostic for this disease, which makes it hard to call this a disease. The main need of these patients is to treat their symptoms. Every one of these symptoms can be treated.

Pain can be treated with a combination of non-narcotic meds including Tylenol, Aspirin, NSAIDS-i.e. Motrin, Aleve, Voltaren, Mobic, Indocin, and non-narcotic Tramadol, etc. Even narcotic pain meds may be necessary. Many patients rely on Cymbalta, Savella, Lyrica, and other neurotransmitter and anti-depressant medications to treat depression and pain. Regular mild exercise, yoga, acupuncture, hot and cold compresses where the pain exists, tai chi, and other mind/body methods are all recommended.

Sleep disturbances, including restless leg syndrome, can be treated with relaxation methods, meditation, sleep aids, sleeping pills occasionally, massage therapy, acupuncture, acupressure, yoga, hot or cold compresses, avoidance of stimulants (ie. caffeine and ginseng), meditation, tai chi, and even exercise. The concept of preparation for sleep is real, and I will discuss this in the future when I report on sleep issues.

If **fatigue** is severe, stimulants may be necessary, even though it may interfere with sleep. You really can't separate pain, depression, and fatigue completely, so the treatments for all 3 overlap.

Headaches are treated with migraine meds, and tension headaches may require muscle relaxants, and tranquilizers.

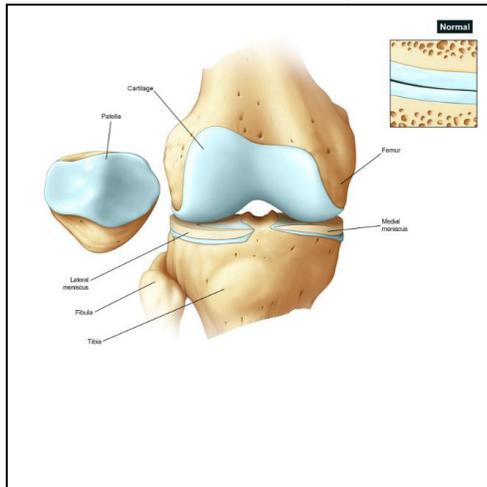
Reflux is treated by anti-acid pills i.e. Nexium, Prevacid, etc. Irritable bowel syndrome is treated with anti-diarrheals, anti-spasmodics, etc. Urinary symptoms are treated with meds that relax the bladder sphincter, and even Botox injections in the area can be used.

Restless Leg Syndrome affects 7-10% of Americans and can be a real problem for fibro patients. I will discuss this syndrome in another report, but it is thought to be caused by a hormone (dopamine) abnormality and there are many classes of meds that work, especially Neurontin, Mirapex, Requip, Tegretol, Valium, and even Methadone. Vitamin C and E supposedly help as well. The supplement SAME was mentioned, but has interactions with other meds. These are the meds you could discuss with your doctor. A sleep study at a Sleep Center (just like for sleep apnea) is really necessary to diagnose this RLS.

If the doctors can control the symptoms of this disorder or syndrome, the patient can go forward and try to live a normal life. There is nothing easy about the balancing act the doctor and the patient have to play. **The patient must find a doctor that believes in this disorder and understands** the need for extreme understanding and patience. Next month, I will report on chronic fatigue syndrome, a disorder that has obvious overlap with fibromyalgia. It will create more questions than answers, but every disorder can't always be put in a perfect box.....that is why they call it the " PRACTICE" OF MEDICINE. Ref. WebMD, Wikipedia, American Neurological Foundation, Sleep Foundation

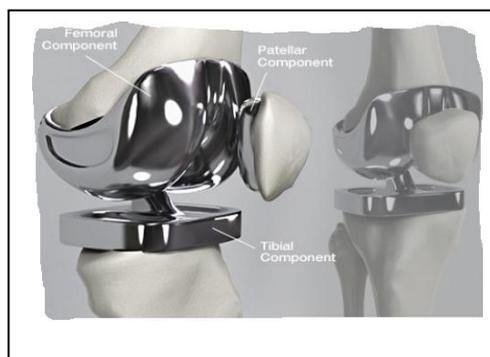
III. Surgical Treatment of Arthritis (Joint Replacement)

Normal knee



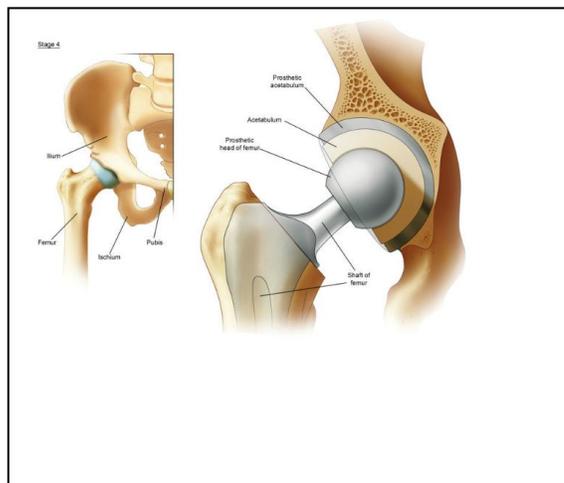
This is the third part on the diagnosis and treatment of arthritis. Over the past previous 2 months, I covered the diagnosis and the medical treatment of **osteoarthritis** and **rheumatoid arthritis**. I covered **gout** and **psoriatic arthritis** as well. There are many conservative surgical treatments for arthritis, including endoscopic cleaning and repair of torn cartilages, cartilage implants, repair of ligaments in the knee using an endoscopic approach. All of these more conservative procedures (except the shoulder) eventually wind up with the same endpoint....**joint replacement**. The two most common joints replaced are the **knee** and the **hip**, because they take the most abuse as weight bearing joints. The indications and timing of joint replacement, and the commitment of the patient are all critical to coming to the decision to proceed with a joint replacement(s). I have had both my knees replaced (at the same time), so between my personal and professional experience and my reading about the latest information, I will report to you about joint replacements. The spine will be covered in the future (I have had 3 of these).

The anatomy of the joints must be understood to grasp what is done when a joint is replaced. The better you are prepared before surgery, including your physical and mental state, the better you will do when you undergo surgery. For real success, it is said, it is 10% great surgeon, 10% physical therapist, and 80% the patient. Think about that! Below is just one type of prosthesis for the knee.

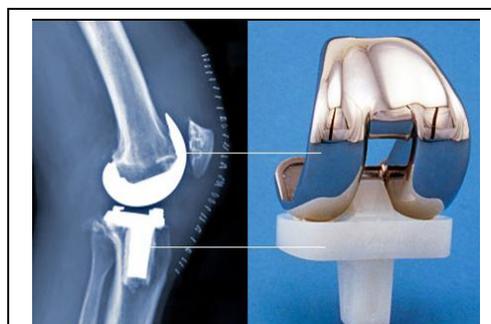


The questions you must ask yourself and surgeon about when it is time to proceed are:

- 1) Have you tried every possible **conservative** approach and treatment? Have they quit working?
- 2) Do you have significant **pain** from the joint(s) which have interfered with your life, work, and quality of life. Do you have **night** pain that wakes you?
- 3) Have you had to **retire** from work, play, and other social events in your life that has decreased your ability to cope with your disease?
- 4) Are you **healthy** enough to have surgery? Can you handle the rehab? Do you need to lose weight? Do you have osteoporosis? What does your doctor say?
- 5) Do you realize the needed **preparation** for surgery, including exercises to strengthen your muscles around the joint to be replaced? Are you able to and desire to?
- 6) Have you talked to a physical therapist before surgery about the extensive rehabilitation that is required after surgery, even in the face of significant postop pain? Has your caregiver?
- 7) Do you realize that joint replacements wear out (about 20 plus years)?
- 8) Do I have the ability to care for myself, and do I have good help at home for a few weeks?
- 9) Will you bank your own blood for the procedure, so if you need blood it will be your own?
- 10) Do you realize there are complications possible with this surgery usually in less than 5%? Infection, blood clots in legs, emboli (blood clots) to the lungs, bleeding, dislocation of the joint, fracture of the bones around the joint, respiratory complications like pneumonia, anesthesia complications, including death.
- 11) Would you consider going to a rehab facility after surgery for more intensive therapy? (I highly recommend it) Home physical therapy vs. daily return to a facility?
- 12) Do you realize it will take several weeks to recover, observe an intensive home exercise program, and at least 2- 3 months before you will be able to return to more normal activity?



In preparation for surgery, do as much exercising and aerobic activity as possible, because you will thank yourself when you recover faster because of it. Below is an X-ray showing the position of the prosthesis.



There are many prostheses available, but the metal on metal prostheses (DePuy) didn't make the cut. They have been recalled, but who is going to give their prosthesis up if you are having no trouble? The metal fragments have been found in the blood and are considered potentially toxic.

Most of the prostheses have an interface on the surfaces of the joints, just like there is with a normal joint with cartilage protecting the ends of the bones. There are ceramic, Teflon, and plastic (polyethylene) interfaces. Your surgeon should **not** have any financial incentive to use one prosthesis over another. But, most surgeons will have a **favorite** type he feels gives him or her the best results. Some last longer than others, but in the end if you are choosing an orthopedist, choose one that sub-specializes in joint replacement. There is even a new approach to the hip from the anterior position (front) because the healing and recovery is faster. Normally it is from the side or the back in some of the partial hip prostheses (Birmingham Hip)

My advice, after surgery, is to go to a rehab facility for a few days for more intensive physical therapy. Take pain meds 1 hour prior to PT, because it will hurt to do the PT. Post-op day 1, you will walk in the halls of the hospital and may be on a **CPM** (continuous passive motion), and for a few days, it may be advisable, but the studies show no difference in results by 6 weeks (working on the ultimate range of motion of the joint). Movement is key to prevent leg thrombosis (clots), and you may be put on blood thinners for several days, and wear **TEDS** (pressure stockings). Consider **probiotics**, if you are put on antibiotics to keep your bowel flora healthy. Get a potty chair for over the toilet. You can use the chair in the shower too. Talk to your doctor about constipation because the pain meds are very constipating. **DO YOUR EXERCISES RELIGIOUSLY**. Of course, always clear all of this information with your surgeon. Below is the CPM (Continuous passive motion) machine



Having just read the new recommendations from the American Academy of Orthopedic Surgeons, they do not recommend that if you have dental procedures after a joint replacement, you do not need prophylactic antibiotics. Of course, as always, all the above should be discussed with your doctors, but this is a brand new recommendation.

If you follow these guidelines, you will be very glad to have this procedure performed. One more little tip...go to a therapeutic **massage therapist** after about 3-4 weeks, and have them work on the swelling around the surgical site. It will relieve swelling and pain and enhance your healing. Make sure it is ok with your doctors.

IV. Exciting Information about Cancer Research (in common language) See attachment!! Also in the January issue of Laurel Magazine

V. Concussion and Intracranial Transverse Sinus Venous Thrombosis—Hiliary Clinton's current problem

Hiliary Clinton fainted from dehydration as a result of a stomach virus, hitting her head. Although she had a concussion, she apparently was not improving fast enough, therefore an MRI was performed, and showed a clot in the venous system of the brain as it was draining down behind the ear, between her brain and skull. This clot is very dangerous because these vein drains drain all of the blood from the brain directly into the Jugular vein that drains to the heart, and if the clot blocked off the vein in her brain, there would be increased intracranial pressure and a possible life threatening situation, including a stroke and even death. If the clot dislodged and went to the heart, that could cause serious heart problems (embolus). She was anti-coagulated probably with heparin and over a few days normally will be changed to Coumadin, hopefully to desolve the clot. If it does not, she may have to have surgery (shunt) to bypass the blockage. We will see. Next month, I will discuss brain injuries, concussion, hematomas, clots, etc.

VI. Brief information about Medical issues

1. **Medicare is in a Pickle over what is Reasonable and Necessary Medical Treatment.**

What Medicare pays for is governed by **CMS** (Center for Medicare Service). This is under the Dept. of Health and Human Services, Secy. Sebellius. The last time they looked at what Medicare should pay for services was 2008. This political football is really taking on serious dimensions because Medicare will be broke in a decade. The **USPTF** (United States Preventative Task Force) continues to report that certain preventative services are unnecessary, including screening and medications. An example is hormone replacement after menopause (not surgical menopause). There are studies out doubting the benefit of non emergent coronary artery bypass surgery, implantable defibrillators, and PET scans. **Will the CMS decide to not pay for these and other services because of these studies?**

Special interest groups have a huge influence on what gets paid for, and one of the best examples is cancer treatment for metastatic cancer. You heard about “death panels”. That is a harsh way to say what is coming and not really correct. **Age** and **cost** are now being introduced into the mix of factors that will determine what kind of payment or partial payment (higher deductible) for services in the future. In medicine, to make a medical statement that is not **evidence-based** leaves one wide open to criticism, but it isn't that easy. Evidence is not always available especially in research for new drugs that get approved by the FDA.

Consider 3900 Americans are turning 65 every day. Medicare can't keep up!! **Skilled nursing** is another hot topic, and if we are to get our country out of huge debt (\$16.7 trillion so far), the government, and the people must realize sacrifice and restraint is a must. Taxation and spending cuts are the only answer...like it or not! What clowns we have for the leaders of our country, that they play games with OUR money. Oh, by the way, at least the docs won't get a 28% cut in their pay, since “the can got kicked “ down the road to March. Then, they have to deal with the fiscal cliff and the debt.

2. **Energy Drinks are Killing People!!**

The main culprit in the news is the energy drink **5 HOUR- ENERGY**, however all of the hyped up drinks are a problem because of the jolt of **caffeine** people are getting in such small volume. There have been 13 deaths and 33 hospitalizations due to this one drink. The 212mg. of caffeine in that small bottle, but the bottle doesn't say how many milligrams it contains. This month **MONSTER** energy drink accounted for 5 more deaths reported by the FDA. While these energy drinks are not regulated well, soft drinks are required to have no more than 71.5mg of caffeine per 12 oz. Caffeine toxicity is real, and can have adverse effects on the **heart**, causing increased heart **rate**, **irregular** heartbeats, extreme **nervousness**, **seizures**, **psychotic** behavior and **withdrawal** symptoms. 8oz. of coffee contain about 100mg. by comparison. People with cardiac, psychiatric disorders, and seizures should stay away from these energy boosters. There are other chemicals, such as ginseng, that actually accentuate

caffeine's effect. Caffeine is in most drinks, headache meds, even in skin care products, and chocolate. Read the labels of all products.

1. Fifteen Symptoms Women tend to ignore regarding possible Cancer!

1. Unexplained weight loss (cancer)
2. Bloating, mild abdominal pain, pelvic pain (ovarian cancer)
3. Breast changes especially redness, and thickening of the skin, nipple discharge (breast cancer)
4. Between period spotting, or other unexplained bleeding (cervical or endometrial cancer)
5. Skin changes in moles, scaly lesions (skin cancers)
6. Difficulty swallowing (throat or esophageal cancer)
7. Blood in urine, stool, or coughing up (kidney or bladder , colo-rectal, lung cancer)
8. Gnawing abdominal pain and depression (pancreatic cancer)
9. Indigestion (esophageal or stomach cancer, reflux)
10. Mouth changes, sores and white spots (mouth cancer)
11. Vaginal pain on intercourse (genital cancer)
12. Enlargement of the lymph nodes (lymphoma, metastatic cancer)
13. Fever (lymphoma and leukemia)
14. Fatigue-cancer, immune disease, silent infection
15. Persistent hoarseness or cough (laryngeal or lung cancer) ref. WebMD

Ladies-LISTEN TO YOUR BODIES---YOU ARE A LOT BETTER ABOUT THIS THAN MEN!

2. Constipation

Next month, I will report on **IBS** (Irritable bowel syndrome, **Celiac** disease, **Gluten** sensitivity, and **lactose** intolerance, so even though diarrhea is a significant part of those disorders, constipation is as well. It is defined as less than 3 bowel movements per week (as we get older, many become very bowel conscious and think if you don't have a movement daily, you are abnormal, but it is usually because some are not active enough to stimulate the bowel . There is **NO EVIDENCE** that retention of feces causes toxins to build up in your system. Totally unproven!

Constipation in and of itself does not cause health problems. Colonics and bowel cleansing does **NOTHING** to improve health, and that is proven.

Constipation means you need more fiber in your diet—plain and simple! Constipation can be a symptom of many diseases from **bowel** diseases to low **thyroid**, **diabetes**, the results of **Parkinson's** or a **stroke**. See a doctor if it lasts more than 2-3 weeks.

Dairy, dehydration, lactose intolerance, food allergy, travelling, mood, depression, holding it in, medications (pain, Parkinson's, high blood pressure, antidepressants, iron, calcium meds and supplements) all can be factors in constipation.

Consume fiber that is not digestible like psyllium (i.e. Metamucil), whole grains, cereals, beans, green leafy vegetables, and prunes to increase your bowel movements. Straining at the stool will cause diverticuli to form in the lower colon, which can lead to diverticulosis and eventually diverticulitis (I will report on this problem in the future). It will certainly aggravate hemorrhoids, and bleeding, and can lead to fissures (rips in the anal canal) and fistulas (tracts leading to deeper perianal tissue). Stool softeners (without stimulants) can help as well, but don't get dependent on laxatives, because the motion of the bowel will start decreasing making the bowel more dependent.

3. **Alzheimer's research**

This disease is being heavily researched because of the major impact it has had on seniors. The latest is a gene that has been found, although rare, that substantially increases the risk of this debilitating disease. This discovery has once again linked another disease to the inflammatory process, as it has in cancer, heart and vascular, and autoimmune diseases. The New England Journal of Medicine published 2 papers that a mutation in the TREM2 gene increases the risk 3-4 times compared to the general population. There is another gene, APOE4, that has given researchers an opportunity to create drugs that are successful if that gene is present. All of this is experimental at this point, but it gives us all hope for the future that there will be tests to discover people's increased risk and ultimately be placed on a preventative drug to block these inflammatory processes that deposit the protein, amyloid, in the brain. In the TREM2 gene mutation, the normal process to prevent buildup of amyloid is apparently impaired and therefore the protein builds up and destroys brain function. But, it is still not clear whether amyloid is causing the problem or present because of the damage. It is hoped that a drug will be developed in the future that will prevent that inflammatory process by increasing TREM2 activity. These studies come from Iceland and the Mayo Clinic.

Happy New Year to everyone! I hope our country gets its act together as we proceed into the 21 century. With disasters such as Hurricane Sandy and the latest killings of innocent children and adults in Connecticut, we are reminded that life is precious

and we must be thankful for each day. Next month, we will continue to report on subjects of interest, including respiratory allergy, asthma and bronchitis, chronic fatigue syndrome, irritable bowel syndrome and others. There is an unending amount of health issues to cover, and if you have a particular issue you would like me to discuss, let me know. Stay healthy and well my friend, Dr. Sam

