

## **The Medical News Report, January, 2014, #24**

**Welcome to 2014. I hope my reports have been helpful in understanding your health concerns, whether personal, a family member, or a friend. I have certainly learned a huge amount of updated medical information putting this report together each month. Neuropathies (diabetic) complications are covered this month. The medical information is applicable to all nerve diseases, not just diabetes. That is true for most disease processes I report on. I will continue reporting on sleep abnormalities, breast cancer, more information on sexual issues, and many other subjects including a report on obesity and how it ties into the metabolic syndrome as the leading disease in America, and how it is tied into most major diseases.**

**It is time for your New Year's resolution. After reading that 70% of the nation is either overweight or obese, I am losing 10-15 pounds. What is your resolution? Here is hoping that 2014 will be a great year for you!**

**Pensacola Beach at sunset**



**Happy Healthy New Year**



## Subjects

1. **Diabetes complications continued—Neuropathies (nerve dysfunction)**
2. **Obesity-part 1—what has happened to America?**
3. **Short medical subjects (Low T/ED treatment, statins, smoothies, welfare states, follow up on lipid management, etc.)**
4. **Breast cancer-part 3-the stages and recommendations for treatment**
5. **Sleep-insomnia and treatment options**

### Diabetic pain



### burning pain



## 1. Type 2 Diabetes—complications of the disease— Neuropathies—nerve pain, numbness, dysfunction

### A. Statistics

I need to remind everyone of the gravity of type 2 diabetes.

8.3% of the population has diabetes (25.5 million children and adults). There are 79 million Americans that have pre-diabetes (fasting blood sugar of 100-120mg/dl). 26.9% of people over 65 have diabetes. It costs the USA \$245 billion last year in healthcare dollars.

### B. Why nerves?

Although diabetes is a **micro-vascular disease**, including the blood supply to nerves. Nerve abnormalities are some of the first symptoms patients notice in diabetes. Diabetes is such a **silent disease** for so long, just like hypertension. Burning, tingling, pain, or numbness can be presenting symptoms, frequently felt in the feet. All of those symptoms are from involvement of the nerves. The small blood vessels that nourish the nerves are affected and cause damage to the nerves and thus the sensations.

**Some basic information about nerves is a must. There are 3 types of nerves 1) motor nerves to muscles 2) sensory-nerves to the skin 3) autonomic nerves to organs. The first two are pretty self-explanatory. Autonomic nerves are made up of different types of nerves (sympathetic and parasympathetic that secrete chemicals that activate organs). These nerves have effects on body organs (smooth muscle movement), the bowel and bladder function, sexual function, creating saliva, sweat, the pupils dilate and contract, etc. This information is not just for diabetes, but 60-70% diabetics will experience some type of neurological problem from one or all 3 of these categories of nerves. Diabetes has to be thought of with any malfunction of any part of the body.**

**C. The causes for nerve abnormalities**

**a) alcohol b) poisons c) medications d) chemotherapy e) infections f) Lyme disease g) vitamin deficiency such as folic acid and B-12 h) hepatitis i) shingles j) HIV-AIDS k) trauma l)inherited m)kidney n)liver o)neurological diseases p) thyroid q) Lupus to name a few. Diabetes is one of the leading causes.**

**D. Symptoms of Diabetes**

**The diabetic symptoms of muscle weakness or spasm, abnormal sensations, especially pain, numbness, “needles and pins”, etc. are common, but so are blood pressure abnormalities, bladder problems, constipation, bloating, diarrhea, sexual dysfunction, dizziness, vision problems, etc. Certainly, one could expect worsening of these symptoms if the blood sugar is not carefully managed. These abnormalities are actually caused by the blood sugar affecting the blood vessels of these nerves, so nerve abnormalities are the result, but it is the blood sugar that is driving the abnormality.**

**E. Treatment**

**It starts with diabetic management, weight loss, control of blood pressure, lipids, and dietary control and exercise. There are medications that treat nerves regardless of the cause. Gabapentin (Neurontin), Lyrica, and Cymbalta (just now generic) are some of the choices your doctor can choose from.**

**It is very important to note that once these neuropathies occur, control of the diabetes will not necessarily stop these nerve abnormalities completely. I am reporting on all these complications to remind the reader that prevention of diabetes is far more effective than having to treat it.**

**In the future, I will report on infections in diabetics.**

## **2. The Obesity Epidemic—“The Battle of the Bulge”**



**A. Statistics**

**One third of Americans are overweight or obese. 35.7% of the population with an annual cost of \$147 billion in healthcare costs. Over the past decades, Americans have gained more weight than over the past century. Recently, obesity has gained the “honor” of being named a disease, and rightly so. Louisiana (closely followed by Mississippi) has the distinction of being the fattest state in the country 34.7% (Colorado has the fewest). The Midwest edges out the South as the heaviest region (29.5% vs. 28.4%). It kills more Americans than any other disease, when you consider the effect on heart disease, stroke, diabetes, and cancer.**

**B. The food industry has marketed us into the fattest country in the world. Fast foods started it, regional family tradition, and poverty and poor choices have continued it. With heredity, psychological eating disorders, and overeating, Americans have clogged their vessels and stressed out our pancreas (diabetes) and created fatty livers. With lack of exercise, lack of eating the right foods, we are on a one street to more disease, more healthcare cost, and death more than ever before. The good news is the weight of America has plateaued, so maybe people are getting the message. The government has begun to control some of the bad fats (trans fat), schools are starting healthier lunches for children, and exercise is finding its way back into the school curriculum.**

**C. Overweight or obese children**

**It starts with our children and adolescents, since there are more overweight youngsters in America than ever before (30-40% ages 2-19 based on the BMI-height/weight- based on CDC stats). Electronic games have hypnotized them and irresponsible parents don't insist on them playing outside away from those electronic temptations and TV. The average YOUNGSTER, texts with their phone over 70 times a day. I bet that is a low figure. Why do parents pay their bills?**

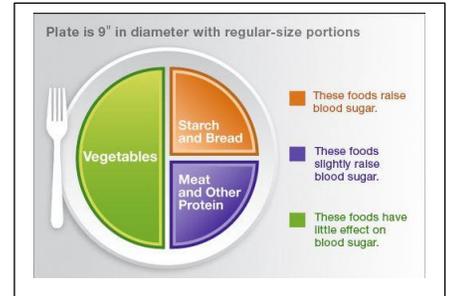
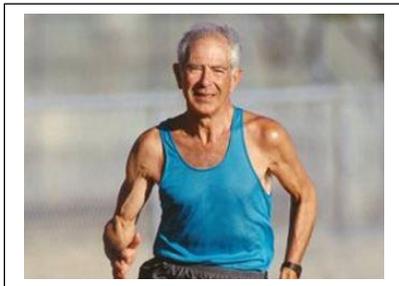
**D. Obesity has become the second most common reason for cancer (tobacco abuse is #1), and it is THE number ONE factor in the METABOLIC SYNDROME that defines what most of the major diseases have in common (hypertension, high fats in the blood, high blood sugar, and obesity). I have discussed this at length in previous reports [www.themedicalnewsreport.com](http://www.themedicalnewsreport.com) **click on archives****

**E. Many doctors have not addressed weight loss (especially if it is a modest amount) with their patients. It requires a work up to rule out an underlying disease. There is no such thing as a healthy obese person. (It is especially a problem if the doctor is overweight). Since colorectal, breast, prostate, uterine, possibly gall bladder and lung cancer are linked to being overweight, screening for these cancers should be sought. Any preventative strategy about cancer, vascular**

**disease, and diabetes has to include a proper balanced diet, exercise, and weight management as a priority.**



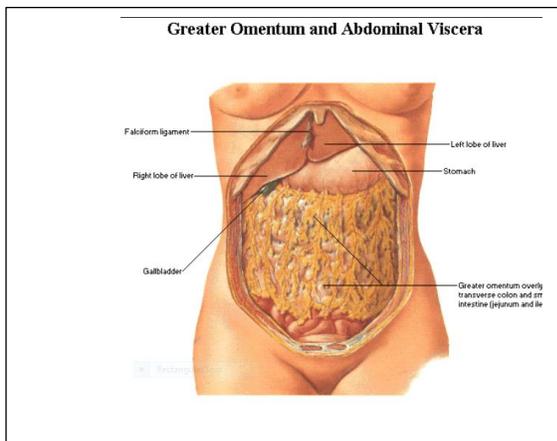
**Measure correctly for waist size!**



**F. Here is a list of diseases that occur at an increased rate in overweight people: (joint and spine disease, osteoarthritis, varicose veins, lower leg edema, stasis ulcers of the lower extremities, decreased mobility, obstructive sleep apnea, gastro-esophageal reflux, hiatal hernia, hygiene issues, chronic pain, psychological, low testosterone levels, higher anesthesia complications, higher surgical post-operative complications, skin diseases, type-2 diabetes, heart, peripheral vascular, and stroke, asthma, abdominal hernias, bladder and bowel leakage, cancer, and death). We have SUPERSIZED OUR CHANCES OF DYING! We must get to work on taking responsibility for overeating, not exercising daily, and not eating mainly vegetables and fruits.**

**G. Measuring the waist is the other recommended measurement besides BMI (body mass index). It is a good indication of the abdominal fat content, the most dangerous type of obesity.**

**The Omentum is a fatty organ in the abdomen that drapes the intestine and is rich in fat and lymphatics and causes big bellies -see below!**



**How do we define obesity? The BMI--- body mass index and waist measurement**

[Español](#)

STANDARD	METRIC
Your Height: <input type="text"/> (feet) <input type="text"/> (inches)	
Your Weight: <input type="text"/> (pounds)	
<input type="button" value="Compute BMI"/>	
Your BMI: <input type="text"/>	

**BMI Categories:**

- Underweight = <18.5
- Normal weight = 18.5-24.9
- Overweight = 25-29.9
- Obesity = BMI of 30 or greater

**The BMI Tables**

**Aim for a Healthy Weight:**

- [Limitations of the BMI](#)
- [Assessing Your Risk](#)
- [Controlling Your Weight](#)
- [Recipes](#)

- H. The BMI (height divided by weight in centimeters and kilograms and the waist circumference (measure at the belly button in inches) are 2 parameters that give us some guidelines. As always, there are many different body types that can make these calculations somewhat off such as a very muscular body. Based on the BMI, I am obese, but with waist circumference, I am just overweight. The key is to combine the 2 measurements together and consider your own risk factors to decide your course of action.**
- I. Being shaped like a pear is better than an apple. Waist to hip ratio is said to be a better test of heart attack risk. The waist indicates the amount of omental fat inside the abdomen. The omentum is the fat and apron of tissue that covers the abdominal organs (see photo above). Abdominal and trunkal obesity are considered the most dangerous type of obesity. For overall risk, the height- to-weight measurements are considered a better overall indication of trouble ahead.**
- J. You can read the parameters of underweight, normal, overweight, and obese for the BMI in the chart above. Waist circumference for women over 35 inches and 40 in men indicate obesity. If your measurements are over the limits, admit you have a weight problem and do something about it. Get professional help if necessary. I suspect these weight loss programs will be covered by insurance in the future.**
- K. These calculations do not hold for children but all you have to do is look at your kids and grandkids and admit they don't just have baby fat that they will lose with time. Overweight parents do not discipline their over- weight children, and there are studies that state that overweight parents do not see the extra weight on their children. The psychodynamics are there.**
- L. I will leave you with some facts. If you are extremely obese, you carry a 29% higher chance of early death, moderately obese-18%. Being overweight puts a 6% higher risk of early death. Optimal weight may not indicate optimal health, fitness, and wellness. 70% of American adults and 15% of children are overweight or obese. Our country has a real health problem. In 5 years, with the trends that are set, obesity**

could be the leading cause of liver failure and need for transplantation, because of fatty liver. That means it would beat out hepatitis and alcohol as causes.

**Don't obsess about it your weight. Just start cutting back portions, eat more vegetables and fruit, exercise more, get 8 hours of sleep, and work on your stress levels. If you need counseling or professional guidance...get it. You can reverse these risks if you want to. Do you want to???**

### **3. Short subjects**

#### **1. Consider a Smoothie for breakfast or lunch.**

**Most every morning, I drink an 8 ounce smoothie. I just can't get enough fruit in my diet every day, so my approach is to put this fruit in a smoothie. It is nice to have a juicer, but a good blender will do. The same goes for vegetables.**



**Here is what I put in my smoothie:**

**3 oz. skim milk**

**A small banana**

**A ring of fresh pineapple or apple half**

**A handful of strawberries**

**Half an orange**

**Fresh mint to taste**

**1 heaping tablespoon of flaxseed (lowers cholesterol)-high in Omega 3s**

**1 tbsp. of honey**

**Half a cap of vanilla**

**A small piece of cinnamon stick (many cinnamon powders are artificial and don't have the benefit of real cinnamon)**

**2 heaping tablespoons of Greek yogurt (lowfat)—probiotics**

**Handful of ice cubes**

#### **2. The Different prescription Statins**

**All statins will help lower the lipids, but some do a better job of increasing HDL cholesterol; all of them have potential complications especially at the higher doses. Muscle and liver damage are the most serious. With the new guidelines recommended by the American College of Cardiology, if doctor**

**follow through, there will be more liberal prescribing of these drugs. They are not going to get the job done without dietary and behavioral modifications, so if you are not motivated to be responsible for your share of the work, you must tell your doctor. It is mandatory that doctors become more aggressive in assisting their patients to lower vascular risks. Below are the statins and some info about them. Consult your doctor about the right choice and discuss what you can afford. Some of these are very expensive.**

**Atorvastatin (generic Lipitor)—most potent and therefore more likely to have side effects; most prescribed; it can increase blood sugar, so if you are diabetic, talk to your doctor about this. This is good as it comes and it is generic.**

**Simvastatin (generic Zocor)—it cost \$18 per month; it is the same with the blood sugar. At 80 mg, it can be more likely to cause muscle pain, which is a sign of potential muscle necrosis (death), which can lead to kidney failure.**

**Rosuvastatin (Crestor)—it cost \$218 a month, and it can raise the blood sugar. Ask your doctor about taking it every other day to avoid muscle complications.**

**Fluvastatin (Lescol)—least expensive, fewer complications especially with the extended release or low dose**

**Pravastatin (Pravachol)---this and simvastatin may prevent heart attacks more than the rest in a few studies; low risk; the most interactions with other meds**

**Lovastatin (Mevacor)**

**Pitastatin (Livalo)—more potent**

**How do statins work? They inhibit the liver enzyme HMG C-A reductase, which is necessary to convert fat to cholesterol. Some studies show some help in preventing the onset of Alzheimer's disease. It also may decrease stroke, osteoporosis, and colon cancer. The liver studies need to be followed for a year, and if normal, it is no longer recommended to keep routinely checking them unless there is concern.**

**There are multiple interactions with drugs and grapefruit juice. The juice can increase the absorption of the statins, and could cause toxicity. If new symptoms of muscle cramps, etc., immediately consult your doctor.**

**Cyclosporins (for HIV), anti-fungals, anti-yeast meds, the antibiotic erythromycin (Z-pack, E-mycin, etc.), clarithromycin (Biaxin), telithromycin (Zetek), antivirals for HIV and viral hepatitis, an anti-depressant called nefazodone (Serzone), and/or other lipid lowering drugs. Ask your doctor about cross-reactivity with the meds you take including supplements, vitamins, etc. For more information, check my website, as I have discussed this before. [www.themedicalnewsreport.com](http://www.themedicalnewsreport.com)**

[Other references- WebMD, wikipedia](#)

### 3. Low T (testosterone) and ED (erectile dysfunction)



Slightly low levels of testosterone do not necessarily need to be treated unless there are **symptoms** of Low T. Treating these levels may or may not help erectile dysfunction (it might help as a placebo). Be sure your doctor tests the PSA and does a rectal exam are performed prior to starting testosterone to rule out prostate cancer. Although injectable testosterone is inexpensive and covered by Medicare, the topical forms are not covered by Medicare. Axiron, the gel placed in the armpits, cost around \$465 a month. The best way to have constant levels of testosterone in the blood is the topical, but you will have to pay. Check if you have private insurance for coverage.

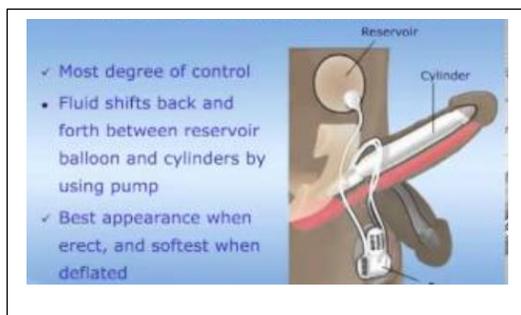
**Erectile dysfunction** has been marketed more than any disorder in history. ED is a definitive diagnosis and therefore should be worked up for a cause—diabetes, hypothyroidism, obesity, stress, fatigue, etc. (is it lack of sex drive, ED, or both?) need to be considered as causes. Some men prefer one ED drug over the other. **ED drugs do not contain male hormone**. They cause blood vessel dilation of the penis (general flushing of the skin, stuffy nose, etc.) Men need to experiment with the different brands. It also may take higher doses if it isn't working sufficiently at a lower dose. The daily Cialis gives the most consistent levels, and it is approved for BPH (enlarged prostate). The side effects are on TV every 10 minutes (Are you not just sick of those commercials?). Oral Ed meds are a multi-billion dollar business and Big Pharma has flooded the TV to remind men they need the pill the first time a man can't produce or sustain an erection. (Marketing on TV by Big Pharma should stop for all drugs—my opinion). These pills are not covered by insurance although the daily Cialis is FDA approved for BPH-enlarged prostate. Check with your pharmacist.

Levitra, Viagra, Cialis (every day, sublingual, oral).

**Blood flow issues are the most common cause of ED**, and it may not be helped enough by pills, so there are **other choices** that are very effective, but not painless or at least not convenient. Injections right into the shaft of the penis are the most commonly used. Several you-tube videos are available from reputable urologists with in-depth information. I watched some and they are for real.

**There are stiff rubbery penile implants, or inflatable implants that are attached to a bulb implanted in the scrotum and a pump in the skin above the pubic bone. These are pumped up before intercourse and released after. There is a vacuum system with a ring that is rolled down to the base of the penis to keep the engorgement that may be necessary if the injections are not completely effective. Psychological counseling may help. A tranquilizer an hour before coitus may help performance anxiety.**

**If you are interested in a discussion about this, consult a urologist. There are many books that may be valuable; one is : “The New Male Sexuality”, by Dr. Bernie Zilbergeld. **A workup for the problem is valuable and there is some correlation between ED and vascular disease.** If you are single, bringing up the issue early is a good idea. A spouse or girlfriend must be understanding about this issue and support a man with ED.**



**Finally, if you are going to take testosterone, follow up is very important to check the levels in 3 months. You want to take as little as you need to get the levels into the normal range. Getting above the normal levels will not help and they may hurt potentially. It will aggravate symptoms of an enlarged prostate (consider daily Cialis). Weight lifters abuse this drug as well as the androsteroids to gain muscle mass. It isn't worth it to cause liver damage, acne, aggressive behavior, shrinking testicles, weight gain, and hypertension. It also can cause a previously unknown prostate cancer to grow faster.**

**Adequate replacement will potentially increase mood, sex drive, improve energy levels, improve concentration, and perhaps help depression, and improve ED. Studies report only 1 in 10 men are really amazed at the results, so be patient. Also, if you take testosterone, you may decrease the effectiveness of the flu shot. The hormone decreases immune response (Stanford Medical Center).**

#### **4. Good news for pain sufferers and those with depression; FDA starting to get rid of antibiotics in animal foods**

**Cymbalta, an anti-depressive and pain reliever for chronic pain patients is now generic. Considering the expense, it is great news for these patients. The FDA just approved it, and it is available.**

**The FDA has finally begun the task of encouraging the meat industry to reduce antibiotics in animal feed. This may help the antibiotic resistance to bacteria issue.**

**Our water system has measurable amounts of antibiotics, heavy metals, illegal drugs, hormones, narcotics, and genetically modified foods. It is a shame! Pollution has become a major cause of disease and death in this country.**

## **5. Welfare states!**



These 11 States now have More People on Welfare than they do Employed! Last month, the Senate Budget Committee reports that in fiscal year 2012, between food stamps, housing support, child care, Medicaid and other benefits, the average U.S. Household below the poverty line received \$168.00 a day in government support  
What's the problem with that much support? Well, the median household income in America is just over \$50,000, which averages out to \$137.13 a day. To put it another way, being on welfare now pays the equivalent of \$30.00 an hour for a 40-hour week, while the average job pays \$20.00 an hour.

## **6. A Follow-up on the New Guidelines for Risk of Heart Disease and Stroke**

**Last month, I reported on a major change in following the risk of heart disease and stroke presented by the American College of Cardiology. The major change involved the way doctors follow lipids (LDL and HDL cholesterol) now using a calculator that includes multiple factors that measure a patient's risk of a heart attack or ischemic stroke. The authors stated that following the actual levels of cholesterol was not necessary since following a strict diet, exercise regimen, and weight loss including 6 months of professional counseling plus taking statins (moderate or high levels depending on risk). The critics have attacked the calculator measuring risks, and many top cardiologists disagree that doctors should stop tracking cholesterol levels, because it gives doctors and patients knowledge of their progress. For best results, the LDL-cholesterol should be below 100 and the HDL-cholesterol over 50. Statins can lower the risk of a heart attack by 50% even if the cholesterol is normal, by taking statins. Is this a "wonder" drug or**

wonder hype? A third of the country could potentially be prescribed these statins.

Some recommend taking **200mg of Co-enzyme Q-10/day** to restore exercise tolerance and muscle endurance, **900mg of Omega 3**, **1000 IU (international units) of vitamin D-3**, and **81 mg of aspirin** (some recommend 262 mg. daily) with a warm glass of water, before and after. These recommendations are no substitute for eating healthy, getting physical exercise, and managing stress. (Medscape)

#### 4. Breast cancer—staging the disease and options for treatment

Breast cancer is divided into **ductal, lobular, mixed, and inflammatory** (the milk ducts and lobules of breast tissue are seen in the drawing). 7 out of 10 are ductal carcinoma. The cell type is important (differentiation) as another factor.

**Lobules and milk ducts where cancer occurs and where it spreads first!**

**Statistics: 232,340 new cases of invasive cancer**

**64,640 new cases of ductal insitu (DCIS)**

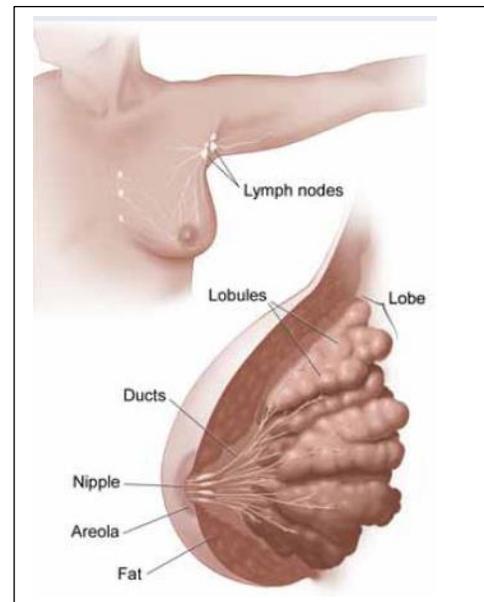
**39,620 deaths this year**

**2.8 million breast ca. survivors living**

**7.% drop in breast ca. die to fewer**

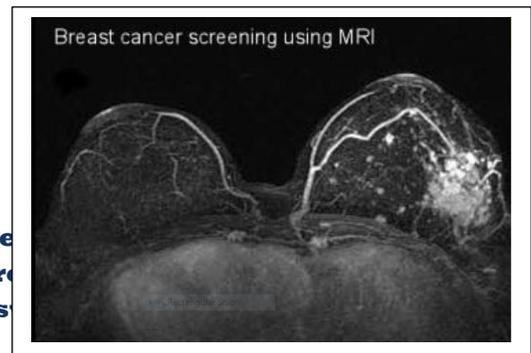
**women taking hormones after menop.**

**Amy Robach, cohost of NBC's Today Show**



**Amy had a mammogram that saved her life. She because she had a tumor, other areas of that breast and abnormal cells in the other breast on biopsies.**

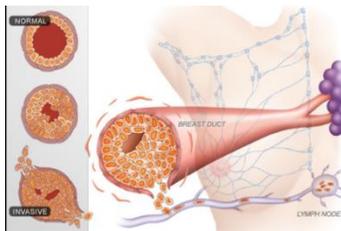
**Ask Amy!**



Each cancer is tested for **hormone receptors (ER)** both for estrogen and progesterone (about 80% of breast cancers). Also, it is tested for a protein that makes tumors grow (**HER 1 and 2**-human epidermal receptors), a very common finding. If a tumor has no hormone receptors, no HER proteins, and lacks a targeted therapy, it is called **Triple Negative (10-20%)**, an aggressive breast cancer and is difficult to treat. Although not common, **inflammatory cancer of the breast is very aggressive.**

The **size of a cancer, local, nodal, and distant spread** are carefully considered in staging any cancer. There is a common form of breast cancer that is very early and has had no time to become invasive. It is called **ductal carcinoma in-situ (DCIS)**. Other factors are **age, pre- or post-menopausal, size of the breast, previous breast cancer in other breast, etc.**

These stages are decided with the use of **imaging (CT, MRI, PET, and Bone Scans)**. **Tumor and node biopsies** (sentinel nodes or open) have to be performed.



**This demonstrates spread out of a duct to a lymph node**

**A SENTINEL NODE IS THE FIRST NODE CANCER SPREADS TO AND CAN BE DETERMINED WITH A DYE AND SCANNING TECHNIQUE.** The dye drains to the sentinel node first. This gives the surgeon the information to remove that node to detect spread. If there is no spread, the likelihood of other nodes being positive for tumor are greatly diminished. Saving most of the axillary nodes reduces the likelihood of post-op lymphedema of the arm.

## **Stages of Breast Carcinoma**

**0— Ductal Carcinoma in-situ (DCIS)—no invasion, but can occur again**

**I— 2 cm or less without spread**

### **IIA and IIB**

**IIA—less than 2 cm cancer with lymph node spread or 2-5cm without nodes in the axilla**

**IIB—greater than 5cm without lymph node spread or 2-4.9cm with lymph node spread**

### **IIIA, IIIB, IIIC**

**IIIA—locally advanced (greater than 5cm) with lymph node spread or tumor of any size with 4-9 lymph nodes involved with spread**

**IIIB—tumor of any size with skin, chest wall, or internal mammary lymph nodes (inside the ribs) or inflammatory carcinoma**

**IIIC—any tumor size with more than 10 lymph nodes involved with spread in the axilla**

**IV—any size with spread to other organs (lung, brain, bone, liver)**

**The latest information in the journals indicates that the actual type of breast cancer (HER positive, triple negative, or ER positive) may be more important than the actual staging. It was stated that in the 21<sup>st</sup> century, the staging of breast cancer may be replaced by biomarkers indicating the subtypes of cancer.**

**The NCCN (National Comprehensive Cancer Network) and the NCI (National Cancer Institute) have provided guidelines for treatment of these stages. The ultimate decision is based on many factors plus you and your doctor. Having the case presented at a Tumor Conference, where all the doctors decide on the treatment, is a very valuable tool. Ask your doctor if your case can be presented.**

**The options for treatment include surgery, radiation, chemotherapy, and other agents depending on the presence of hormonal factors, HER protein, and cell type, and aggressiveness of the tumor.**

#### **Surgical options:**

- 1. Lumpectomy (usually with radiation and or Tamoxifen)**
- 2. Partial Mastectomy (RT and or Tamoxifen)**
- 3. Total Mastectomy (early cancers may not require RT esp. in older women)**
- 4. Modified Radical or Radical Mastectomy**
- 5. Lymph node dissection of the axilla is often performed at the time of removal of all or part of the breast.**
- 6. Reconstruction at the time of surgery or delayed**

#### **Radiation options**

- 1. Type of radiation (photon or proton), technique**
- 2. During surgery (radiation to the surgical cite)**
- 3. After surgery or possible before**

#### **Chemotherapy**

- 1. Neo-adjuvant therapy- means before surgery (Herceptin)**
- 2. Adjuvant therapy- means after surgery**
- 3. For metastatic disease for control but not cure**

#### **Targeted therapy**

**1. Herceptin for HER positive tumor**

**2. Biological**

**-Herceptin for HER cancers**

**--Tamoxifen—preventative hormonal therapy for 10 years**

**--Aromatase Inhibitors—these drugs block androgen from converting into estrogen (studies have shown that for post-menopausal high risk patients, **Arimidex** halves the recurrence and second breast cancer in the other breast.**

**Note: these treatments can be and frequently are combined. It is important to talk to your doctor about the risk/benefit of adding additional treatment modalities. These treatments come with a price. Be sure you are willing to undergo side effects both early and late. How these drugs/radiation/surgery are combined, is determined by the stage of the disease, other illnesses the patient has, age, and other factors. For example, a woman with small breasts and an early cancer may have a mastectomy instead of a lumpectomy and radiation.**

**A recent study showed that there is little value in preventing recurrences of breast cancer in ER + (estrogen receptor) cancers that are low risk **if over 65 years of age**. Studies are coming out frequently, so be sure you are getting the latest information from a true expert.**

**Biphosphonates (i.e. **Boniva, Actonel, Fosamax**), which are used in treating osteoporosis, have been found to decrease breast cancer deaths by 17% when treating post-menopausal women, and help prevent bone metastases. This just came out of the 36th International Breast Cancer Symposium in San Antonio. It also prevents bone loss from using aromatase inhibitors in post-menopausal women. However, osteonecrosis of jaw must be watched for when taking bisphosphonates.**

**I know this is more than most of you need to read, but there are those that will want to at least look at the options. We will look at the results of treatment and discuss some survivorship issues.**

## **5.Sleep Disorders--Insomnia treatments, sleep hygiene, suggestions for quality sleep**



- a. Last month, I defined insomnia, and made the point that it is a diagnosis, and must be worked up by your doctor. Insomnia is a factor in many disease processes from obesity to hypothyroidism. Any airway, hormonal, anatomic, or psychologic abnormality must be dealt with including side effects of medications, foods (caffeine) and alcohol that could be interfering with sleep. Review last month's report.**
- b. There are certain foods that help sleep (cheese and yogurt, eggs, milk, nuts, seeds, banana, and honey contain tryptophan-an amino acid that is sedating), and there are some other rules for good quality sleep-- small snack before bedtime, no alcohol for a few hours before bedtime, avoid, spicy or heavy foods especially if reflux is an issue, cut fluids off by 8pm, avoid heavy proteins and high fat content foods at a later dinner, and avoid tobacco. Any medication that has stimulant in them must be taken early in the day. Decongestants, nicotine, caffeine, diet pills, pain meds, unless absolutely necessary need to be stopped 6 hours before bedtime, if possible.**
- c. Sleep hygiene issues are those things that create a positive sleep environment. The bedroom must be examined for traps that will interfere such as blue light, TV, bright lights, temperature of the room, bed clothes, animals, bright clocks,**
- d. A comfortable bed and pillow are a must. Cover your bed with an anti-allergy mattress cover to prevent mites, mold, etc. Use the bathroom before bedtime. Going to sleep and awakening at the same time each night is recommended. Using a white noise machine or fan will help. Be sure you get in good natural light for 5-30 minutes during the day and stay out of bright light 2-3 hours before bed. Daily light will stimulate melatonin production. Wear ear plugs if your partner snores (get him tested for apnea and get him some nasal strips), and wear a sleep mask if you can't have blackout shades. Read before bedtime, take a warm bath, wear comfortable bed clothes, put the thermostat on 68 degrees, and leave your computer and smart phone in the living room, No blue lights in the room. Never have a heated conversation before bedtime. Naps during the day are a no-no. It is necessary to have 6-7 complete cycles of sleep to feel really rested.**
- e. Illness and disease can play havoc on sleep. Allergy post nasal drip, asthma, chronic lung disease (COPD), obstructive sleep apnea and severe snoring, neurological diseases such as multiple sclerosis, ADHD in adults, gastric reflux, arthritis, headaches, severe fatigue, bladder and prostate trouble, and many more will distract you trying to go to sleep.**
- f. 45% of American adults snore at some time, and it interferes with a bed partner's sleep. There are many studies that correlate with not going through the normal sleep cycle, because it interferes with the airway even without apnea. To prevent separate bedrooms, lose weight, avoid alcohol (interferes with the sleep cycle too), use nasal strip after snorting some salt water through the nose. Change pillows every 6 months (mite allergies), sew a tennis ball in the back of a night shirt to**

prevent sleeping on the back (worst for snoring), and stay well hydrated (keeps secretions thinner).

- g.** Most people have one of **two types of sleep issues** most commonly. People can get to sleep but wake up one or more times a night. Others can't get to sleep, but once asleep can stay asleep. Stress is the most common reason for the former, and depression for the latter. **Restless leg syndrome** must be diagnosed with a proper sleep study and treated. **Leg cramps** can also be a serious problem. (I will discuss next time).
- h.** Women tend to need more sleep, but both sexes need 7-8 hours. Sleeping less than 5 increases health issues and more than 9 hours will make you gain weight.
- i.** If a person can't get to sleep in 30 minutes, it is recommended to get out of bed and go elsewhere and read.
- j.** **44% of older people have insomnia** (American Sleep Foundation). 1 in 10 people have insomnia from time to time. It causes all kinds of daytime issues from sleepiness, fatigue, mood dysfunction, lack of concentration, aggravates depression, and creates a vicious cycle.
- k.** The over-the-counter sleep meds are almost all some type of antihistamine and have lasting effects (drowsy in the morning). They cause confusion in the elderly. **Melatonin** works to get a person to sleep but not keep asleep. **Valerian root, St. John's Wort, and chamomile are herbs** that may have some benefit. **Meditation** is extremely helpful. Learning the breathing techniques from yoga can help a person to relax.
- l.** **Pharmacotherapy**—sleeping pills--**The most common prescription meds include Lunesta, zolpidem (Ambien, and Ambien CR).** The XR has two types of meds in the pill...one for getting to sleep and another for staying asleep. **Rozerem, Sonata, some antidepressants, Restoril, Seconal, and Placidyl.** The last two are habit forming. None of these should be used for long periods of time. **Benzodiazapines (Valium, Librium)** can help as well. They take time to work, so take these 1-2 hours before bedtime. Lunesta and Ambien should be taken at bedtime. Regular Ambien is generic and Lunesta is about to go generic. **Gabapentin (Neurontin) and Lyrica** may help especially if a person is fighting pain. These assist melatonin to get into sleep (melatonin agonists). There is a new circadian rhythm disorder (jet lag) medication (Tasimelteon), which is a melatonin agonist.
- m.** **Behavioral counseling** may be very important if a person can't get the stress under control.
- n.** One interesting study reported that those patients taking sleeping pills often have a 48% chance of dying younger, but it is because of the lack of quality sleep.

**ONE LAST MESSAGE.... I HAVE REPORTED TO YOU THE FREE CURE MAGAZINE FOR CANCER SURVIVORS AND THEIR FAMILIES. IT IS AN AWESOME RESOURCE. THEY STARTED A SUPPLEMENT ON "FINANCING CANCER". THE FIRST IS ON THE ADVANTAGES OF OBAMACARE FOR**

**CANCER PATIENTS. YOU CAN TRUST THEIR INFORMATION. Log on to [www.curemagazine.com](http://www.curemagazine.com)**



**Next time, I will report on restless leg syndrome, leg cramps, and narcolepsy**

**So Long 2013!**



**These 2 photos contrast where we live different parts of the year. I hope you will follow your rainbow!**

**This completes the first 2014 Medical News Report. Get to work on your diet and exercise program. You can do it. I hope you had a great holiday season, and may all your wishes come true. Stay healthy and well, my friends. Dr. Sam**





