Dear Members:

We bring you this second edition of our newsletter with much enthusiasm. We opened for business in Venetian Plaza on January 11, 2007. It has been an exciting time.

Although many of you have already met her, we would like to take the time to formally welcome Victoria Arick as our office manager. She comes to us from the Human Resource department at Physicians Regional Medical Center. She had worked for Cleveland Clinic Florida - both in Naples and Fort Lauderdale - for over 15 years and has excellent organizational skills. You will find her to be very personable and willing to assist with your questions and concerns.

In this issue of the newsletter we present two articles about the side effects of medications. As physicians we welcome new additions to the pharmaceutical armamentarium. Novel drugs which treat previously untreatable diseases provide hope for better health. When medicines are introduced, they must be monitored closely to be sure no problems develop when they are in general use.

This newsletter was created to respond to your needs and interests. With that in mind, if you have a medical or health concern that you would like for us to address and would be useful to others, please drop us a note or e-mail so we can include it in an upcoming newsletter.

In order to provide you with the best service possible, we will take a survey each year to obtain your opinions about our practice. We want to know what is working as well as any suggestions you have for improvement. We will mail the survey over the summer. We would appreciate your candid responses.

Many of you have already visited our new office. If you have not been in yet, please set up an appointment so that we can review your health status. Remember, we are here to promote your health and wellness.

Regards,

Laura S. Lenholt M.D. Leonard A. Schlossberg M.D.
With this newsletter, we introduce an ongoing series focusing on health, wellness and preventive medicine in our daily life. As physicians, we know that modern medicine has provided many tools that can delay or even prevent disease. Medications and other treatments have made major developments on the toll of infections, heart disease, and even cancer. However, many of the most effective and safest measures are available to us in our daily lives, without a prescription. We all can enhance our health, in a variety of ways. This is about seeking the perfect combination of diet, exercise, and stress-free living, but about learning and trying out the different ways we can promote our own wellness.

We will begin with a series on nutrition. Despite the controversies surrounding the best ways to lose weight, there has emerged a remarkable consensus about the essence of a healthy nutritious diet. We will review and explore the facts, as well as the remaining uncertainties, about healthy eating.

In order to understand what we are eating we need to look no further than the food labels on the containers we buy. Food labels are informative and knowing how to read them is an illuminating and essential step to understanding a healthy diet. This is an abbreviated label from an actual canned food.

The label tells us exactly how much of the various nutrients are present per serving in the food. For instance, the label reveals how much fat, carbohydrate, protein and sodium (salt) is contained in one serving. Noting the serving size is important because many of us consume more than one serving at a time. In future issues, we will discuss the importance and the distinctions within each food group. The food industry is now required to report the presence of trans fat, a particularly unhealthy fat. The “percent” column reports the “percent” of that nutrient according to the standard daily requirement (based on a 2,000 calorie diet) in one serving. If your diet were greater than or less than 2,000 calories daily, the percent figure would have to be adjusted somewhat. Other information on the label (not depicted) includes the vitamin and mineral content, and the ingredients.

Let’s consider if this food is healthy or not? Like much of what we eat, the verdict is mixed. The food has no saturated or trans fat, but lots of fiber. These are generally good qualities. There is also a reasonable amount of protein. However, the main drawback is the salt content; about 25% of the recommended amount for the day. Patients with elevated blood pressure or congestive heart failure should note this and determine whether eating this food would fit into the context of the day’s diet.

While in future issues we plan to give you the chance to identify “mystery” food labels, we will tell you that this label is that of “Vegetarian Baked Beans.” Beans are part of the legume family of vegetables along with peas, alfalfa sprouts and soybeans. Legumes are high in fiber and folate, an important vitamin, and are quite nutritious, especially when not too much salt is added.

- Leonard A. Schlossberg M.D.
Pills for Pain Relief – No Longer a Simple Choice

Getting pain relief from the moderate discomforts of arthritis of the knees, hips and hands, or the occasional bothersome headache, used to be a fairly simple matter of choosing from a variety of prescription and over-the-counter medications. It seems that those days are no more. Media coverage on the possible dangers of common medications such as Advil, Tylenol and Aleve are frequent. Newer anti-inflammatories such as Vioxx and Bextra, were abruptly pulled from the market after several years of being heavily promoted and prescribed. What happened and what does it mean to you?

The need for and the popularity of “safe” pain relievers has always generated the research and development of new medications. The “Cox-2” inhibitors, such as Vioxx, Bextra, and Celebrex were products of such research and seemed to be superior to older treatments because of their ability to reduce the risk of ulcers and stomach bleeding compared with medications such as Motrin and Aleve. Unfortunately, further review of early research including findings in subsequent studies demonstrated that the “Cox-2” inhibitors increase cardiovascular risk. The story was a cautionary tale about recognizing the multiple effects of medications, and underscored the necessity of careful post-marketing research by pharmaceutical companies and the Food and Drug Administration. Subsequently, older non-steroidal anti-inflammatories (NSAIDS) have also been found to possibly increase cardiovascular risk.

Evaluating the risk of individual pain-relievers, especially the older medications, is difficult because definitive studies have not yet been done. Celebrex, at doses of 400 mg daily or more, at least doubles cardiovascular risk. Lower doses are safer, but may increase risk somewhat. Daily use of older NSAIDS such as Diclofenac, Ibuprofen and Indocin at prescription strength slightly increases the risk of heart attack and stroke even though they are safer than Vioxx. These medicines also raise the risk of ulcers and bleeding, especially in elderly persons. People with prior history of heart disease or stroke are at higher risk of cardiovascular complications.

Where does that leave us when trying to relieve ongoing pain such as what typically occurs with chronic arthritis? There may be ways to reduce some of these risks. Most cautious physicians are reducing their prescriptions for these anti-inflammatory medicines. Tylenol (Acetaminophen) works by a different mechanism and is generally safer. Intermittent and low-dose use of anti-inflammatories is probably safer than daily use. Current information suggests that Naproxen (Aleve) is safer than the others from a cardiovascular standpoint. These meds can raise blood pressure and monitoring this is important. It is unclear whether the use of aspirin reduces cardiovascular risk when added to these drugs. Regular use of meds such as Prilosec reduces the risk of ulcers.

In the end, each patient’s situation is unique. Please talk to us about your needs for pain relief as we keep abreast of the latest research in this important area.

- Leonard A. Schlossberg M.D.
In the last year, there have been many reports in the press about Fosamax and the dangers of osteonecrosis of the jaw. These media reports can be sensationalized and patients can become fearful about whether continuing on the medication is safe for them. In this situation it is important to analyze the risks and benefits of continuing treatment.

Fosamax, Actonel and Boniva belong to a class of drugs called bisphosphonates. These drugs are commonly used in treating patients with osteoporosis to prevent spine and hip fractures. Their most common side effect is esophageal irritation. To prevent this side effect, drugs are taken with a large glass of water in order to thoroughly wash the pill through the esophagus and into the stomach. Furthermore, users are asked to remain upright for between 30 to 60 minutes so that gravity assists in maintaining the drug within the stomach.

Bisphosphonates are also useful in treating other diseases. They are used to treat multiple myeloma and bone disease from metastatic bone cancers. Typically, these conditions are treated with Zoledronic acid or Pamidronate, two other bisphosphonates that are used in doses 4 to 10 times higher than the doses of medication for osteoporosis treatment. It is in this setting that reports of osteonecrosis of the jaw first surfaced.

Osteonecrosis is a disease in which bone is degraded leaving a weakened underlying structure. It is painful in about 2/3 of patients and the other time painless. The lower jaw is affected about 60% of the time with other cases occurring in the upper jaw. When it occurs it is often after dental extraction, dental surgery or dental infection.

A study in May 2006 reviewed 368 reported cases. Ninety four percent of these cases occurred in patients receiving Zoledronic acid or Pamidronate. Eighty five percent of the cases had an underlying diagnosis of multiple myeloma or metastatic breast cancer. Only 4% of the cases were found in patients taking bisphosphonates for osteoporosis.

All new drugs that come to market have been tested for safety and usefulness. These initial studies are conducted with limited numbers of patients so new risks often become apparent only after the drug is in wider use. This has been the case with bisphosphonates and osteonecrosis of the jaw. Presently the risk seems to be quite small in patients taking these medications for osteoporosis. As with all newly described risks, it bears monitoring by the medical and pharmaceutical communities to determine the precise level of risk over time.

For a patient taking a bisphosphonate for treatment of osteoporosis it is not yet clear the best procedure to follow in the event that dental extraction or surgery becomes necessary. These medications have long half lives, meaning they stay in the body for a long time, in this case for years. Therefore, discontinuing them for a week or so around the time of a procedure may not have much effect on the level of drug in your system. However, stopping the medicine for several weeks should not have an adverse effect on your bone density. In this situation, discuss your best course of action with your doctor. Should you be the rare person who develops osteonecrosis of the jaw, discontinuing the medicine is recommended.


- Laura S. Lenholt M.D.