

doctokr *Talk*

Vol. 1, Issue 3, December 2003

doctokr *talk* wishes everyone a happy Holiday Season. Part of doctokr's mission is to empower the health consumer. This health information newsletter discusses common and interesting health problems, provides updates about doctokr, and directs you to useful resources. Feel free to forward the newsletter to friends and family. If you send an isolated article, please acknowledge the source. If there are topics you want covered in this newsletter, please contact Dr. Dappen at drdappen@doctokr.com.

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doctokr News

GIFT CERTIFICATES FOR BETTER HEALTH

Most people would be hard pressed to choose a gift more important than good health. These days 15 percent of Americans have no health insurance and the group is growing as the cost of health insurance spirals out of control. The uninsured include hourly workers, college and graduate students, the unemployed, those between jobs, and immigrants. Or maybe a loved one whom you've been nagging to get help can't seem to find the time to get the medical help you think they need. Meanwhile a relative or friend with high-deductible health insurance might welcome help to cover the cost of routine care. For all of these, we have an ideal gift idea... doctokr Gift Certificates. For \$100.00 or more you can purchase medical help that could really make a difference to someone. Call or email the nurse or the doctor and we will set this up and provide a special gift certificate.

PLAN "A" SAVINGS AND POLICIES

Prepaid accounts deliver service at a reduced rate. If you have a positive balance in your account at the time of service, we will extend Plan A rates to your charges even if you do not have the full amount in the account. To remain on Plan A, add at least \$100 above the amount owed. Our goal is for all doctokr Members to be on Plan A, which benefits both members and doctors.

SMALL BUSINESS BENEFITS FROM doctokr

If you have a small business, consider how doctokr might help reduce the cost of providing health care benefits to your employees and improve their health. doctokr phone consults can reduce lost productivity due to illness, reduce time away from work due to travel and office visits, and enable everyone to get health care advice without

leaving their workplace. Office visits, if needed can be scheduled after work hours. Pre-paid business accounts, phone and e-mail services are discounted 25 percent. Ways to use **doctokr** include:

- Low-cost primary health care benefits for uninsured workers, such as pre-paid employee accounts for a set level of services or on-site flu shots or physicals;
- Low-cost services for everyday health needs, for workers with high-deductible insurance plans, flexible spending accounts or medical savings accounts;
- Added value for regular PPO plans; and
- Consulting services for your business on employee health or emergencies.

For additional information or to set up a business account, call Dr. Dappen or Gail Hale, R.N., at 703-938-4604.

doctokr HITS THE MEDICAL NEWS

doctokr once again was covered in the news. This time the practice made the front cover of the *American Medical News*. This newspaper is a weekly publication circulated to all doctors in the country. To date, there has been a very positive reception among doctors, several who have written **doctokr** inquiring about how to set up this type of medical practice. While **doctokr** is the first practice to redefine and retool the modern medical-practice model, we are confident we are on the cutting edge of a momentous change over the next decade. To read the article:

Doctor redefines visits with phone, e-mail

A Virginia family physician has established a cash-only practice model based largely on electronic patient interactions. By Mike Norbut, AMNews staff. Oct. 20, 2003.

<http://www.ama-assn.org/amednews/2003/10/20/bil21020.htm>

konundrum

HYPERTENSION: The Essentials

Over their lifetime, more than 50 percent of people will suffer from hypertension. Fifty percent of deaths are related to heart disease or stroke and hypertension is a major contributor to increasing the risk for these. Paying attention to one's blood pressure (BP) has greater health benefits than wearing a seat belt or using a helmet while bicycling.

All **doctokr** members should buy an arm BP cuff (every American home should have one) and should check their BP periodically. An elevated BP reading for an adult is ≥ 140 (systolic) / or ≥ 90 diastolic. A reading is 'high' if EITHER or BOTH numbers are high. A normal (non-elevated) reading means BOTH numbers are normal: $\leq 139/$ and ≤ 89 .

The diagnosis of hypertension is based on seeing many elevated readings over a period of time. How long and how many high readings should define hypertension is subject to debate. Generally, if 30% or more of randomly gathered BP readings are elevated for at least a month you should begin making lifestyle changes or consult your doctor. The decision to take action also depends on how high are the readings. For example, a reading of 180/110 that remains that way for more than a day is usually an urgent matter, while readings around 150/90 can be watched for a month before action is taken. It cannot be overemphasized that proper management and decision making about BP requires that you check and record your own readings periodically at home. This establishes a pattern of readings upon which informed decisions are made.

The Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure recently concluded that readings higher than 120/80 should be considered “pre-hypertension”. Anyone consistently getting these readings or higher should actively pursue lifestyle modifications to reduce blood pressure. Other new findings from this committee include:

- 1) In persons older than 50, a systolic BP above 140 mm Hg is a more important risk factor for cardiovascular disease than the diastolic BP.
- 2) Beginning with a BP of 115 mm Hg over 75 mm Hg, the risk of cardiovascular disease doubles with each incremental increase of 20/10 mm Hg.
- 3) Thiazide diuretics, either alone or in combination with other antihypertensive drugs, should be used for most patients with uncomplicated hypertension.
- 4) Most hypertensive patients will require two or more medications to control their BP. Controlling BP properly almost always requires a motivated and involved patient .

The effects of hypertension are gradual and take years to accrue so don't panic over occasional elevated readings. After all, your heart is a muscle and elevated readings on occasion and for transient periods can be thought of as a form of weight-lifting. The body is supposed to have elevated readings daily, for example, with exercise or stress. But if these readings occur above a certain frequency (30 percent of the time), cumulative deleterious effects become a concern. Most of the time, the cause of hypertension is not one specific thing. Factors like genetics, family history, chronic illness like diabetes, alcohol, medications like ibuprofen and aspirin, high salt, excessive weight, inactivity, and poor sleep can all contribute. Aging also naturally increases vulnerability to hypertension because of reduced elasticity in the arteries.

Medikal Tips

LIFESTYLE MODIFICATIONS TO REDUCE HIGH BLOOD PRESSURE

Here are some general facts about hypertension that are useful and not commonly reviewed by doctors in our rush to simplify the message:

Salt. For those who don't have hypertension, salt in the diet is of little concern. Studies have shown that low-salt diets make a substantial difference for about 15 percent of the people with hypertension. But the majority of people with hypertension gain no measurable benefit from low-salt diets. My approach is to tell everyone about low salt diets and suggest they do a month-long program of intensive diet change, to watch the home BP readings. If this makes a substantial difference to the BP, then the person knows he or she is “salt-sensitive” and can act to reduce dietary salt.

Caffeine. Contrary to popular myth, frequent coffee drinkers seem to experience no BP effects from drinking coffee. It is thought that their bodies develop a tolerance to the caffeine and therefore the BP does not change with use. This contrasts with people who rarely drink coffee; in this group caffeine raises the BP for a few hours. A few may benefit from reduced caffeine, so eliminating caffeine for a month is worth trying.

Alcohol. Because alcohol has a relaxing effect, most would guess that alcohol reduces BP. In fact, alcohol often raises BP for up to twelve hours. So here's another simple experiment you can do with a home BP cuff to see if there is an influence. In general the response varies by dose, meaning that the more you drink, the more likely alcohol is to elevate the BP. For people with normal BP and for infrequent drinkers, limited drinking (1-2 drinks at a party) is not a major concern.

Fats. The real issue is body weight rather than what you eat. Being overweight elevates BP. Weight lose (even as little as 5-10 percent) often makes a big difference to BP.

Smoking. Nicotine is a vasoactive drug that raises BP. Does anything more need to be said about this?? Quit!

Sleep. One of the most commonly overlooked and easily corrected causes of high BP is sleep. All people with elevated BP or hypertension should pay careful attention to the relationship between periods of poor sleep and their BP. Poor sleep invariably leads to high BP which is one reason why stress tends to raise BP. Many people suffer from breath-holding when asleep (sleep apnea). Everyone with elevated BP readings who snore should talk to their doctor about this. Under-diagnosis and under-treatment of sleep apnea is common.

Exercise. Reduced exercise is an independent risk for developing hypertension. Even walking for 20 continuous minutes a day can lower BP. Some exercise guidelines recommend an hour of exercise (walking, yard work, workouts at the gym, etc) six times (that's right SIX times a week.) Exercise is a requirement, not an option for the maintenance of good health. When BP is normal, aerobic exercise raises the systolic (upper number) and lowers the diastolic. Several minutes after stopping exercise, the systolic BP tends to drop and the diastolic goes up slightly. Often the BP will remain lower than the pre-exercise level for many hours. A worrisome sign of someone with hypertension is that both the systolic and diastolic readings go up while doing aerobic exercise and in the cool-down phase, remain higher than the pre-exercise level for several hours. If you find this with your home readings, talk to your doctor soon.

Medications. Commonly used medicines can elevate BP, including:

* Nonsteroidal anti-inflammatory drugs Ibuprofen (Motrin), naproxen (Naprosyn, Aleve), piroxicam (Feldene), including the newer non-steriodal anti-inflammatory drugs called COX-2 inhibitors like Celecoxib (Celebrex), rofecoxib (Vioxx), valdecoxib (Bextra).

* Oral contraceptive Estrogens 30- to 35-mcg oral contraceptives

* Weight-loss agents: Sibutramine (Meridia), phentermine (Adipex), ma huang (ephedra)

* Common cold remedies with Sympathomimetics, such as Pseudoephedrine (Novafed).

For less commonly used medications that can increase BP, see

<http://www.aafp.org/afp/20030101/67.html>

Sources:

Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (known as JNC 7), in the May 21 Journal of the American Medical Association. <http://jama.ama-assn.org/cgi/content/full/289.19.2560v1>

For an editorial discussing the new guidelines, go to:

<http://jama.ama-assn.org/cgi/content/full/289.19.2573v1>.

For: Treatment of hypertension in the elderly: Evidence based guidelines

<http://www.jr2.ox.ac.uk/bandolier/band15/b15-9.html>

www Link of the Month

“Evidence-based guidelines” is a term increasingly used in health care. It is surprising how many treatments in health care are based on theory or a hypothesis, yet have no evidence-based studies to support that they work. More perplexing is the number of times we have strong evidence *against* a treatment or recommendation yet continue to do it

anyway for lack of anything better to recommend. To help you find “state-of-the-art” evidence about your treatments, a key source is “Bandolier: Evidenced- Based Thinking about health care”. Home : <http://www.jr2.ox.ac.uk/bandolier/index.html>
Search: <http://www.jr2.ox.ac.uk/bandolier/bformHJ.html>

Have a happy and festive Holiday Season and don't forget the blood pressure cuff!
Remember- It's expected to be a bad flu season so make sure you get a flu shot. We've made house and business calls for many of our patients when an office visit is not easy.
Santa delivers presents, **doctokr** delivers flu shots.

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doctokr family medicine