

## Beyond vaccines: Buff your immunity!

January – March 2021



*Winter doesn't always deliver enough snow to build a snowman here in Portland, but last month it did, and Dr. Hassell's son Tor and dog Trixie were delighted. (Trixie doesn't see the point of snowmen but she enjoyed the snowball fight that followed construction.)*

### Preventing serious COVID disease beyond vaccines: Buff your immunity!

It's always encouraging to see positive information that can help people understand how to better improve their resistance to the COVID-19 virus. A recent analysis published in *Medscape Medical News* reminds us again that the majority of serious cases are associated with obesity-related disease. Out of 906,849 COVID-19 hospitalizations in adults here in the U.S., 30% were attributable to obesity, 26% to hypertension, 21% to diabetes, and 12% to heart failure: together these accounted for 63.5% of hospitalizations.

Senior author Dariush Mozaffarian MD said: "It is a sad fact that this disease has been around for a whole year with millions dead and tens of millions hospitalized worldwide, and we haven't addressed one of the major ways of preventing such severe outcomes.<sup>1</sup> We are closing businesses and stopping people from seeing their loved ones, but we are not telling them to lose weight and do some exercise. We should be focusing public health messages on reducing diabetes and obesity as a means to reducing severe COVID disease."<sup>2</sup>

Are you at high risk due to excess weight, diabetes, or high blood pressure? Here are 2 ways to get started with lifestyle change: [schedule a consultation visit](#) and [read Good Food Great Medicine](#) or one of the free handouts on the [resources](#) tab at [goodfoodgreatmedicine.com](http://goodfoodgreatmedicine.com).

<sup>1</sup> Medscape Medical News 2/25/2021

<sup>2</sup> O'Hearn, M. et al. J Am Heart Assoc 2021 Feb 25;e019259. doi: 10.1161/JAHA.120.019259

### Did Jan have too many falls because of too many pills?

Jan, an 80-year-old who lives alone, was brought to our office by her daughter, who was concerned about her increasing sedation and weakness. After three serious falls in one month – some causing head and face injuries – she was no longer safe to drive, and was feeling increasingly frail and fearful. She was having regular follow up with her doctor (and the emergency room!) but no cause for her falls was found, and she was advised to use a walker.

While reviewing her health history we found she was on 11 prescription drugs, most of which have significant side effects. Five of her medications are associated with falls, several cause weakness, a few had duplicate effects (and side effects), and about half of them were on the list of medications identified as “potentially inappropriate” for the elderly (the Beers List; see next page for more details). Her diabetes medications were also causing dangerously low blood sugars, another cause of falls. When asked about the sheer quantity of meds she was taking, she said, “Well, they keep adding them but never seem to stop any of them.”

After a careful physical and neurologic exam, Jan's blood work-up revealed a number of abnormalities that can be associated with her medications, including mild kidney failure. We suspected that her symptoms were related to her medications, so we made a plan to “deprescribe” medications one at a time every few days.

Within two weeks, four medications had been stopped. Jan's mood brightened and she became more physically active and alert, felt stronger, and had no falls! Her kidney function and blood pressures improved markedly, despite the reduced medications. (Jan also improved her diet, in particular increasing her vegetable intake.) Over time, we expect she will be able to reduce even more medications; she is on her way to achieving “ex-diabetic” status and normal blood pressure without drugs. Achieving these goals means dramatically reduced risk of stroke and other complications (including COVID) to a far greater degree than could be achieved with medications, and with far less potential harm and cost!

### Polypharmacy: what it is and how to avoid it

Over-prescribing, or polypharmacy, is a common problem as we age, as illustrated by Jan's case, and can frequently have devastating consequences. Fortunately for Jan, none of her falls caused serious injury, but multiple

studies over recent decades show significantly higher death rates and hospitalizations for serious illness when more medications are prescribed, even after allowing for underlying conditions.<sup>3</sup> Avoiding the hazards of polypharmacy requires that each patient, as well as their physicians and advocates, look at **every** medicine they are taking and ask these four questions:

1. What exactly is the expected benefit for this patient?
2. Does the patient really need to take this?
3. If it is necessary, is a smaller dose possible?
4. Is there a safer alternative?

An alert primary care physician or consultant can work through these questions with you. A handy reference is the Beers Criteria<sup>4</sup> list from the American Geriatric Society, which is easily accessible and highlights medications that may be particularly harmful if taken by older adults. In Jan's case, her medications were being added by many well-intentioned physicians, but the consequences were not being monitored carefully enough. Don't let that happen to you!<sup>5</sup>

## Creamy Celery Soup

The Campbell's Soup Company has apparently enjoyed a boost in sales this past year since Americans have been turning more to Campbell's condensed soups as shortcuts to quick and easy casseroles. We are reminded that, although we've shared recipes for other cream soups like tomato and mushroom (see [September 2020](#) newsletter), a celebration of celery is long overdue. Celery is one of the best friends we have (see page 123 of *Good Food, Great Medicine*, 4<sup>th</sup> edition), with a subtle green flavor that plays so well with others that we don't feature it enough. Here the focus is on its gentle celery-ness, and the creaminess provided by a potato makes the addition of cream unnecessary. We feel there's no emergency grim enough to justify opening a can of Cream of Celery Soup when we can make this homemade version instead.

*(Makes about 8 cups)*

- 4 tablespoons (½ stick) butter
- or- ¼ cup extra-virgin olive oil
- 1 medium-large onion, chopped (3–4 cups)
- 2 teaspoons freshly crushed garlic
- 3 cups water
- 6-ish cups celery in ¼-inch slices (about 1 bunch)
- 1 small–medium potato, peeled, in ¼-inch slices
- 2 teaspoons salt
- ½ teaspoon freshly ground pepper

*Optional:* ½ cup whole milk or half-and-half

1. Melt butter (or place oil) in a 5-quart soup pot over medium high heat. Add onion and sauté briskly about 10 minutes or until onions just begin to color.
2. Add garlic and sauté 30 seconds, then add water, celery, potato, salt, and pepper. (The celery may be above the water level at first.) Bring to a boil, and then reduce heat to medium low and simmer uncovered 45–60 minutes or until celery is very soft.
3. If using an immersion blender, purée directly in pot until smooth. Add optional milk/half-and-half; purée for another 15 seconds or so. (If using a blender or food processor, cool slightly and blend in 2 batches.) It will keep in the refrigerator for up to a week.

### Note:

- Use all the celery; outer stalks, inner stalks, and leaves.

## COVID-19 Vaccine for 2021

The COVID vaccines have not been released to primary care offices, so we can't offer it yet. When we can get the vaccine, we'll alert everyone on our email list.

## Subscribe to our YouTube channel!

[youtube.com/c/GoodFoodGreatMedicine](https://youtube.com/c/GoodFoodGreatMedicine)

Our range of topics include immunity, inflammation, insulin resistance, red meat, salad making – and there's even Dr. Hassell's video on chopping wood with wedges!

## Speaking events and classes

**2/17/2021 – Alpha Omega Study Club:** Miles Hassell MD: *In a world of contradictory experts, which diet and lifestyle choices matter?* (via Zoom Conferencing).

**3/11/2021 – Sunset Study Group:** Miles Hassell MD and David Ellis MD: *Good Food is Great Medicine. In a world of contradictory experts, which choices really matter?* (via Microsoft Teams)

**4/14/2021 – Providence Milwaukie Hospital Resident Lecture:** Miles Hassell MD: *In a world of contradictory experts, which diet and lifestyle choices matter?* (via Microsoft Teams)

**4/23/2021 – Spring Training for Primary Care:** Miles Hassell MD: *Good Food + Activity = Great Medicine* (Medical professionals register for this virtual event at [bit.ly/3I2OV00](https://bit.ly/3I2OV00))

**5/19/2021 – Providence Cancer Institute Creating Hope: Stories of Good Virtual Fundraising Dinner:** Register by April 30<sup>th</sup>: [ppmflo.ejoinme.org/creatinghope](https://ppmflo.ejoinme.org/creatinghope)

Sign up for this free monthly medical + lifestyle newsletter at [GoodFoodGreatMedicine.com](https://GoodFoodGreatMedicine.com)

*“Prove all things; hold fast that which is good.”*

*1 Thessalonians 5:21 (KJV)*

<sup>3</sup> Chang, T. et al. Scientific Reports 2020;10:18964

<sup>4</sup> J Am Geriatr Soc 2019 Apr;67(4):674-94 doi: 10.1111/jgs.15767

<sup>5</sup> O'Mahony et al. Deprescribing in older people. Br. J Hosp Med 2020;81:1-9