

## January 2017 Newsletter



*Dr. Hassell is teaching Tor about the many ways wood warms us (the cutting, splitting, hauling, stacking, and then burning) as they load the remains of a neighbor's storm-felled tree. The stack of wood was a comforting sight when 6 inches of snow arrived 48 hours later!*

### Got heartburn? Let's stamp it out!

Heartburn (gastroesophageal reflux disease or GERD) is a very unpleasant sensation in the stomach, chest, neck, or throat caused in part by the upward push of acid from the stomach and duodenum into the esophagus. (Of course, it is more complex than this simple description suggests.) Not only can acid reflux be painful, it is also a known risk factor for a number of problems including esophageal cancer, chronic cough, and chronic sinus issues. Because GERD is such a common problem it leads to the habitual use of medications associated with significant toxicity – plus they sometimes don't work very well. Also, since stomach acid happens to be a key component of a healthy metabolism, it shouldn't surprise us that suppressing it long term may have side effects.

#### Are the medications for your acid reflux also increasing your risk of dementia?

Prilosec, Nexium, and other proton pump inhibitors (PPIs) work by suppressing stomach acid to reduce symptoms associated with esophageal reflux, and short term (days to weeks) use for diagnosis and treatment often makes sense. However, carefully consider the risks and benefits (as well as alternatives) of PPIs when deciding whether to take them for more than a few weeks.

Benefits of Prilosec and other PPIs	Potential risks of long-term use of PPIs
<ul style="list-style-type: none"> <li>▪ Ease the discomfort of gastroesophageal reflux (GERD)</li> <li>▪ Reduce risk of peptic ulcer disease</li> <li>▪ Assist with ulcer healing</li> <li>▪ May reduce the risk of esophageal cancer in patients with Barrett's esophagus, a serious complication of GERD.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dementia<sup>1</sup></li> <li>▪ Stroke and heart attack<sup>2</sup></li> <li>▪ Kidney disease<sup>3</sup></li> <li>▪ Infections including pneumonia and C difficile diarrhea<sup>4</sup></li> <li>▪ Low magnesium and B 12 levels<sup>5</sup></li> <li>▪ Altered gut microorganisms<sup>6</sup></li> <li>▪ Stomach cancer<sup>7</sup></li> <li>▪ Broken bones<sup>8</sup></li> </ul>

### GOAL: minimize or eliminate the need for heartburn medications with lifestyle choices

For most GERD sufferers there are some fundamental lifestyle steps that can both reduce symptoms and risks – including risk of esophageal cancer – while minimizing medications. Antacids such as Tums are reasonable to use from time to time for relief of symptoms, but if you are needing them daily other alternatives need to be considered. Here are some steps you can take:

1. **Shed excess weight:** 80-90% of overweight GERD sufferers are able to eliminate or reduce their reflux drugs just by losing 10% of their body weight.<sup>9</sup>
2. **Restrict sugars and other refined carbohydrates.**<sup>10</sup> In one study this eliminated symptoms in every patient after 10 weeks!
3. **Increase fiber,** ideally from whole food sources like vegetables and beans: this likely helps by improving gut function and acting to buffer stomach acids.
4. **Eat more probiotic-rich foods** like yogurt (see *Yogurt Panna Cotta* recipe on our [Facebook](#) page), kefir, and naturally-fermented sauerkraut: these aid digestion and provide good bacteria for gut health.

<sup>1</sup> Gomm, W. et al. JAMA Neurol 2016;73(4):410-6

<sup>2</sup> Shah, N.H. et al. PLoS One 2015 Jun 10;10(6):e0124653

<sup>3</sup> Lazarus, B. et al. JAMA Intern Med 2016 Feb;176(2):238-46

<sup>4</sup> Schoenfeld, A.J. and Grady, D. JAMA Intern Med 2016;176(2):172-4

<sup>5</sup> Laine, L. and Nagar, A. Am J Gastroenterol 2016 Jul;111(7):913-5

<sup>6</sup> Jackson, M.A. et al. Gut 2016;65:749-56

<sup>7</sup> Tran-Duy, A. et al. Clin Gastroenterol Hepatol 2016 Dec;14(12):1706-19 e5

<sup>8</sup> Schoenfeld, A.J. and Grady, D. JAMA Intern Med 2016;176(2):172-4

<sup>9</sup> De Bortoli, N. et al. Dis Esophagus 2016;29:197-204

<sup>10</sup> Pointer, S.D. et al. Aliment Pharmacol Ther 2016;44(9):976-88

5. **Get daily exercise.** I am not aware of studies on this, but patients with heartburn tell us that daily exercise reduces symptoms.
6. **Elevate head of bed** 4-6 inches or sleep on a wedge.
7. **Sip a glass of water mixed with a tablespoon of apple cider vinegar** (with a teaspoon of honey if it's too tart). This is a counter-intuitive old folk remedy that eliminates symptoms in many people, perhaps by increasing lower esophageal sphincter tone.
8. **Think twice before restricting otherwise healthy foods** such as tomatoes, onions, spicy food, coffee, tea, non-lean meat, and moderate alcohol; studies indicate that restricting these whole foods makes little or no difference for most people.<sup>11</sup>
9. **Talk with your physician** about whether any of your medications could be causing your heartburn.

### If you are taking PPIs. . .

If you are taking proton pump inhibitors (PPIs) such as omeprazole (Prilosec and others ) and want to reduce or discontinue them with the help of the lifestyle steps we listed above, **it's important to taper PPIs rather than stop them cold turkey**, coordinating with your physician as you do this. As well as enjoying your freedom from acid reflux, the accompanying benefits are significant, too, such as improved blood pressure and cholesterol and a lower risk of cancer. If you would like to discuss these lifestyle options in more detail feel free to call my office for a consultation.

### A new year; why not a new you, too?

Here are five ways to fire up your get-up-and-go – and stomp out heartburn while you're at it:

1. **Go to our website (goodfoodgreatmedicine.com) and download one of our handouts:** for example, *An Evidence-based Guide to Successful Waist Loss and Preventing or Reversing Insulin Resistance and Type 2 Diabetes*. (Click on the *resources* tab.)
2. **Read the first 126 pages of *Good Food, Great Medicine*** (3<sup>rd</sup> edition), especially the 14-step *Risk Reduction Action Plan* beginning on page 69.
3. **Register** for the February *Good Food, Great Medicine* class series. (See details following.)
4. **Schedule a consultation** with Dr. Hassell to address solutions for your particular situation.
5. **Sign up for a one-year health transformation program**, a 12-month intensive doctor-patient partnership customized to your specific situation.

**Want some *real* news? Keep up with Dr. Hassell's Real Medicine posts!** Follow us on [Facebook](#). Track us on [Twitter](#). Browse our [blog](#).

### ***Good Food, Great Medicine* classes**

Our two-part class series targets weight loss, insulin resistance, and type 2 diabetes, and details steps for preventing or reversing them. The classes are based on the 3<sup>rd</sup> edition of *Good Food, Great Medicine*, which each participant will receive at the first class.

#### **Good Food, Great Medicine class (part 1):**

- Review inter-relationship of excess waistline and weight, insulin resistance (common to most cases of type 2 diabetes), and common chronic diseases.
- Discuss the role of the “key four” – a whole food Mediterranean diet; minimal sweeteners, refined grains and starches; daily activity; and enough sleep.
- Work through the 14 simple steps that target your risk factors and produce effective, lasting change in your waistline, blood sugar, and other health risks.

#### **Good Food, Great Medicine class (part 2):**

- Explore practical application of whole food choices and menu planning. See demonstrations of a couple of foundational recipes from *Good Food, Great Medicine*. Review progress, find solutions to challenges, and fine-tune personal action plans.

*“I’ve bounced around for decades trying to find an eating style that is sustainable. I’m very susceptible to simple carbs and will spiral into heroin-strength addiction. I want to function without being hungry [and] adherence to the Mediterranean diet works best... your approach is common sense AND evidence-based! Bravo!”* Joan B, MD/MSPH

<b>Time:</b>	6 – 8 pm Wednesday
<b>Dates:</b>	2/15/2017 (Part 1) and 2/22/2017 (Part 2)
<b>Location:</b>	Providence St. Vincent Medical Center
<b>Cost:</b>	\$100 (2-class series)
<b>Registration:</b>	Call 503.291.1777 to reserve a place

### **Dr. Hassell's speaking events**

- 2/2/2017 – MOPS:** *Meal Planning for Kids and with Kids*. Lake Oswego, OR.
- 2/9/2017 – Sunset Study Group:** *Good Food is Great Medicine: Which Diet and Lifestyle Choices Really Matter?* Portland, OR.
- 2/15/2017 and 2/22/2017 – Good Food, Great Medicine 2-part Lifestyle Change Class Series:** Portland, OR. For registration information call our office at 503.291.1777.

**Sign up for this free monthly medical + lifestyle newsletter at [Goodfoodgreatmedicine.com](#)**

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

*1 Thessalonians 5:21 (KJV)*

<sup>11</sup> Altenbach, T. et al. Arch Intern Med 2006;166:965-71