

September 2015 Newsletter



Tor Hassell, working on his 1st homework assignment of the year. Six years old is a good age to start studying lifestyle medicine.

De-prescribing prescription and over-the-counter pharmaceuticals like ibuprofen may be the most important decision you and your doctor make

So we want to be healthy and feel good. We try to eat well and stay active. We watch our waistlines and our habits. This is all good, but something else that many people do every day is often overlooked and may actually be harmful – and that is the use of medications, whether over-the-counter or prescribed by a physician.

This subject was prompted by a recent bulletin from the US Food and Drug Administration (FDA) to announce the strengthening of warnings on NSAIDS such as ibuprofen (Advil and similar), naproxen (Aleve and similar), and others. These warnings include the reminder that “...heart attack and stroke risk can increase in the first weeks of NSAID use, and increase with longer use and higher doses,” whether or not the patient has a history of heart disease. Despite the fact that the American Heart Association recommends against NSAIDS for patients with heart disease, the use of NSAIDS is widespread even in those who should avoid them.¹

Should you be taking that?

People – including physicians – often seem surprised when they hear this, despite the fact that warnings about NSAIDS are common. Their risk is not limited to heart disease and stroke – they can also cause heart failure, high blood pressure, bleeding in the

brain or intestines, diarrhea, kidney and liver injury, asthma and other lung diseases, and rashes. They can even decrease fertility and wound healing. Do you *really* want to interfere with your body’s healing response? So, if you use NSAIDS, at least use them thoughtfully and talk with your doctor about alternative approaches. It should also be noted that the “anti-inflammatory” effects of these medications have not been shown to improve health.

Re-examine your medications

First, *always* read the package insert for every medication carefully. Ask yourself if the benefit of the medication is worth the potential risk. Consider what your alternatives might be. If the medication is over-the-counter, the decision is probably solely yours. In the case of prescription drugs, talk to your physician about the benefits and alternatives. *Never* assume a medication “must be safe.” Don’t forget the old adage: **All medications are poisons with potentially useful side effects.** Treat them with caution and good sense, and choose physicians who do the same.

We’re not just picking on ibuprofen

NSAIDS aren’t the only problem: every prescription and over-the-counter medication should be periodically examined to see whether there is a better alternative. An example is a lady with a long history of type 2 diabetes who decided to come in for a consultation to talk about reversing her diabetes with diet and lifestyle. After a few months of vigorously applying the prescription for a whole food Mediterranean diet and daily activity (see pages 69–92 of *Good Food, Great Medicine*, 3rd edition), her health and blood sugars have improved so much that most of her medications, including insulin, have been stopped. She feels much better – and incidentally is saving about \$1,460 *PER MONTH* on drugs. And, of course, the potential side effects of all those de-prescribed medications are gone.

Antidepressants are an interesting group of candidates for de-prescribing. In this practice we typically talk to patients during the sunny months about their antidepressants, and ask them to think about whether it is reasonable to carefully reduce their dose. In most cases it is, with excellent results.

¹ Schjerning Olsen, A. et al. JAMA 2015;313:805-14

In fact, most are able to slowly reduce and then eventually stop their antidepressants, especially if they are practicing the lifestyle choices associated with better mood. (See pages 14 and 52 of the 3rd edition of *Good Food, Great Medicine*.)

Common ulcer and heartburn drugs such as omeprazole (like Prilosec) and other proton pump inhibitors are also often used without concern for (or even awareness of) potential side effects – for example, heart disease,² pneumonia, headaches, diarrhea, and B12 deficiency. Some people need these drugs long term, but if that is not the case for you, use them for as short a time as possible. Meanwhile, simply cutting out refined carbohydrates may relieve the symptoms.

Overprescribing in the elderly

The elderly especially suffer from medication side effects, often incorrectly attributed to aging. Instead of saying, “He’s just getting old,” we should really be asking, “Is he being poisoned by too many meds?”

- Any drug with sedative potential can increase risk of lethargy, falls, and memory loss: this includes many antihistamines, most sleep aids (including most over-the-counter sleep agents), and many drugs used to treat urination problems.
- Prescription medications to lower blood sugar can contribute to dementia if hypoglycemia occurs, which happens all too often.
- Blood pressure drugs often lead to falls and other complications: tolerating a little higher blood pressure in the elderly is sometimes a safer option.

The one-year health restoration plan

For stubborn health challenges like type 2 diabetes, excess weight, and heart disease, a personalized one-year health restoration plan may be what you need. It is a patient-doctor partnership with the goal of reversing your disease and improving your long-term quality of life. We will work with you to:

- Build your cooking confidence with fun kitchen tutorials and help with your pantry makeover
- Create an action plan with aggressive risk factor management and dietary counseling
- Coordinate with other treating physicians
- Arrange for additional tests as needed
- Develop an intensive set of solutions to target specific issues like blood pressure, blood sugar, weight, cholesterol, joint pain, and sleep
- Minimize the use of medications

- Schedule regular follow-up visits, in person or by Skype or telephone, to evaluate results and make changes as necessary

Feel free to call our office for more information.

Information for life transformation: Next *Good Food, Great Medicine* classes

The 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 new 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 three” – a whole food Mediterranean diet, 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. Review progress, find solutions to challenges, and fine-tune personal action plans.

Time: 6 – 8 pm Wednesday
Dates: 10/21/15 (Part 1) and 10/28/15 (Part 2)
Location: Providence St. Vincent Medical Center
Cost: \$100 (2-class series)
Registration: Call 503.291.1777 to reserve a spot

Dr. Hassell’s speaking events

9/19/2015 – NW Advanced Practice Providers Oncology Summit: *Nutrition- Cancer Survivorship – Which Lifestyle Choices Really Matter?* apponcologysummit.com Portland, OR.

10/2/2015 – 11th Annual Pacific NW Conference: Excellence in Breast and Gynecologic Care: *Refined Carbohydrates and Insulin Resistance for the Cancer Survivor.* legacyhealth.org/conferences Portland, OR.

10/21/2015 and 10/28/2015 – 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 food and lifestyle newsletter at Goodfoodgreatmedicine.com

“Prove all things; hold fast that which is good.”
1 Thessalonians 5:21 (KJV)

² Shah, N.H. et al. PLoS One 2015;10(6):e0124653