

Mom spaced out while on 18 different drugs



The People's Pharmacy
Joe Graedon and Teresa Graedon

Q: Years ago, my mom came to visit -- with 18 bottles of pills. During the visit, her health deteriorated, and I persuaded her to give me a list of her pills.

I plugged them into a program on the AARP website and found there were some dangerous interactions between several of her pills. Once we started checking what each one was for, she consulted her doctor and weaned herself off the ones they agreed she didn't need. Within a month she went from not being able to function or speak normally to acting like a young woman!

A: Thank you for sharing your mother's story. The more medicine people take, the greater the risk of serious drug interactions. Your mother was in a high-risk situation with 18 different meds on board.

Drug safety experts are encouraging doctors to deprescribe medications that are no longer essential. You can learn more about avoiding interactions and complications from prescription drugs in our book "Top Screwups." You can find it at your local library or in our online store at PeoplesPharmacy.com.

Q: My daughter, who has been seriously depressed and suffers terrible pain, is doing ketamine therapy. This has worked wonders. She needs 75% fewer pain medicines (which means she no longer needs opioids) and feels so much less depressed. This drug has been a life saver.

A: Ketamine (Ketalar) was approved as an injectable anesthetic in 1970. It is especially helpful for burn or accident patients who are in great pain. That's because this drug has excellent pain-relieving properties.

A recent review of ketamine research describes its use in treating pain as well as depression and suicidal ideation (Anesthesiology Research and Practice, April 1, 2020). We are delighted to hear how well it is working for your daughter.

Others should note the potential drawbacks of this medicine. Injections for treatment-resistant depression work well, but only for a week or two. Some people have abused this drug, and it can cause cognitive impairment, rapid heart rate and high blood pressure as well as dissociation, anxiety and increased depression. Doctors can now prescribe a variant of ketamine, esketamine (Spravato), as a nasal spray for treatment-resistant depression or suicidal ideation. It is not clear that this form is effective in easing chronic pain, however, and it is expensive if insurance doesn't kick in.

Q: When I had bad reflux, I went on Nexium. After a year or so, I started noticing my memory decreasing. No way did I connect my memory problem with Nexium.

Then I was diagnosed with diabetes and realized I had to lose weight. After I lost 20 pounds, my reflux went away!

As a result, I slowly and cautiously began decreasing my Nexium. I finally stopped it about a year ago. I've recently noticed an improvement in my memory.

I still can't remember people's names well, but I easily remember recent events.

A: People don't always realize that weight loss can reduce symptoms of acid reflux (Annals of the New York Academy of Sciences, Sept. 17, 2020). Congratulations on your success in dropping the weight and discontinuing the medication, since neither is easy to do.

Scientists have recently discovered that long-term use of proton pump inhibitors such as esomeprazole (Nexium) or lansoprazole (Prevacid) can increase the risk of developing type 2 diabetes (Gut, online, Sept. 2, 2020). The investigators recommend that doctors exercise caution when prescribing such drugs for extended periods.

In their column, Joe and Teresa Graedon answer letters from readers. Write to them in care of King Features, 628 Virginia Drive, Orlando, FL 32803, or email them via their website: PeoplesPharmacy.com. Their newest book is "Top Screwups Doctors Make and How to Avoid Them."

Internist advises 'prevention is better than cure'

From Staff Reports

Florida Today
USA TODAY NETWORK - FLORIDA

Q: Why did you go into this career?

A: Growing up, I excelled in the science subjects and really loved helping people. Medicine has allowed me to pursue both of my passions.

Q: What services do you provide?

A: I am a primary care internist, so I manage both acute and chronic adult diseases, such as diabetes, obesity, hypertension, HIV and heart disease. I strive to treat the entire patient and help to coordinate care with specialist providers when appropriate.

Q: What makes this area of medicine fulfilling for you?

A: I just get immense satisfaction from improving quality of life and enabling patients to become healthier and happier versions of themselves. I advocate for my patients and their health, building long-term relationships — sometimes with entire families for many years.

Q: When did you realize this was the right medical career path for you?

A: As soon as I had my first clinical encounter in medical school, there was no going back.

Q: What's the latest advancement in your field that will benefit patients?

A: In recent years, the recognition of obesity as a disease has been a game-changer for many patients.

It has opened the door to more research and more effective treatments for weight loss.

The treatment of obesity doesn't just address nutrition and physical activity anymore, but also the multifactorial nature of the disease.

This is a disease that affects up to 40 percent of adults in the United States alone and is intimately related to many of the diseases we manage in primary care.

For example, treating hypertension and diabetes without addressing the patient's obesity is a disservice to the patient.

I also appreciate the ever-advancing world of therapeutics that has made complex conditions like HIV and diabetes easier to treat in a primary care setting, with fewer side effects.

Q: Best advice for current and potential patients?

A: I encourage my patients to intentionally invest in their own health and strive to be the healthiest versions of



Dr. Monisola Oni is an Internal Medicine Specialist based at Steward Medical Group's Cocoa and Rockledge Regional Medical Center.
STEWART MEDICAL GROUP

themselves they can be. I encourage them to visit their primary care physicians regularly, not only when something goes wrong. As the saying goes, "Prevention is still better than cure."

Have a suggestion for FLORIDA TODAY's Know Your Health Pro feature? Contact Tim Walters at twalters@floridatoday.com

Get to Know Your Health Pro

Name: Monisola Oni, MBBS, FACP, AAHIVS, Dipl. of ABOM

Where you're based: Steward Medical Group, Cocoa and Rockledge Regional Medical Center

Address: 1317 West Point Drive, Cocoa, FL 32922

Contact: Cathy Pague, Marketing Manager, 321-636-2621

On the Web: rockledgeregional.org

Education: I obtained my medical training at the College of Medicine, University of Ibadan, Nigeria. Then I completed a general practice residency in the UK and an internal medicine residency at Bronx Lebanon Hospital, New York. I am board certified in internal medicine and obesity medicine.

Professional background: I have practiced as an internist in Florida since 2008 in both primary care and hospital inpatient settings and worked as a general practitioner in the UK for several years. I am a fellow of the American College of Physicians and a member of the American Academy of HIV Medicine.

Woodling

Continued from Page 1C

You should also be very careful not to put yourself in harm's way as the abuser could be aggressive toward you as well.

What you can do is continue to build up your friend's self-worth and be a safe and non-judgmental space for her to talk.

As frustrating as her decisions are for you as an outsider, avoid making her feel stupid, embarrassed or ashamed. She loves her partner.

If you put him down she will likely become defensive.

Try to take the focus off of him and focus on her. Focus on what she is capable of, how she deserves to be treated and the strengths within her.

Remind her regularly that she has people who love and care for her and are always going to be there for her.

Let her know that if and when she is ready you will help her find the support and resources she needs to leave safely.

Your friend can find support for domestic violence 24/7 at thehotline.org or calling 1-800-799-7233.

She can also seek local support through Women's Center of Brevard and/or Serene Harbor, Inc..

If you ever have concern for your friend's immediate safety and well-being you should contact your local police department.

If you have a question related to emotional well-being that you would like to submit for consideration to be posted and answered in this column, you may email your inquiries to kristin@pamperyourmind.com

Kristin Woodling is a Licensed Mental Health Counselor and Chief Executive Officer of Pamper Your Mind LLC in Satellite Beach. Details about the practice and services provided can be found at pamperyourmind.com

Got sciatica? Start early on therapy

Amy Norton
HEALTHDAY NEWS

For people with back pain caused by sciatica, it might be a good idea to start physical therapy sooner rather than later, a new clinical trial suggests.

Sciatica refers to pain that radiates along the sciatic nerve, which runs from the lower back, through the hip and down the back of the leg. It's often the result of a bulging spinal disc that compresses the nerve.

In general, people with sciatica should try to remain active and not take to bed, said study author Julie Fritz, a physical therapist and associate dean for research at the University of Utah's College of Health, in Salt Lake City.

But it's one thing to tell patients to stay active, and another to give them targeted exercises to deal with the condition, Fritz said.

So her team looked at whether starting physical therapy fairly soon after a sciatica diagnosis could speed people's recovery.

On average, the 220 study patients had suffered sciatica pain for about a month. Half were randomly assigned to four weeks of physical therapy (PT), while the rest took a wait-and-see approach.

Six months later, patients who'd received early PT were reporting less disability in their daily activities, compared to the comparison group, the researchers report in the Oct. 6 issue of the Annals of Internal Medicine.

That does not mean everyone with sciatica should start PT right off the bat, according to Fritz.

"There really is no magic-bullet, slam-dunk therapy for everyone," she said.

Some people with sciatica feel better within weeks, without any special intervention, while others have lingering pain. Even in this trial, 45% of patients

in early PT said they were feeling "a great deal better" one year later. That was better than the comparison group, at just under 28% — but it also meant a majority did not feel that degree of improvement.

Unfortunately, Fritz said, there's no way to predict which sciatica patients stand to benefit from early PT.

Low back pain is complicated, said Dr. Salvador Portugal, a physical medicine and rehabilitation specialist at NYU Langone Orthopedic Center in New York City.

Even when the source can be pegged to sciatica, there can be different "pain generators" for different people, said Portugal, who was not involved in the study.

And pain is not only physical, he pointed out, but involves psychological factors. People who become depressed or anxious, or tend to "catastrophize" pain, or become fearful of physical activity can be at risk of lasting pain.

"Some patients are afraid that physical activity will worsen the pain," Portugal said. "But the opposite is true. You want to remain active."

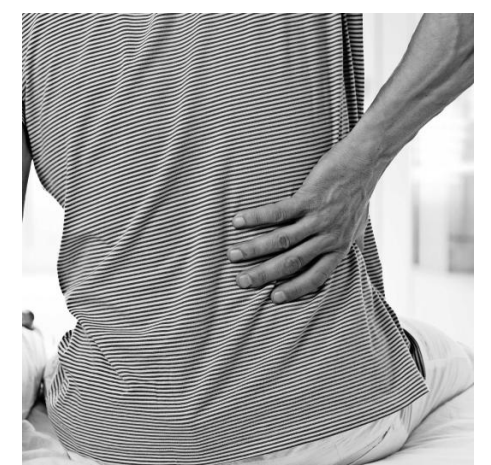
There are cases, he noted, where patients are in such severe pain that it makes sense to hold off on PT and use pain medication until exercise becomes more doable.

And while Portugal agreed there is no one-size-fits-all therapy for sciatica, he said the new findings do show the value of remaining physically active — in "a controlled way."

While some sciatica patients fear activity, he noted, others adopt a "no pain, no gain" attitude. "That's not what we want, either," Portugal said.

For the trial, Fritz's team recruited 220 patients ages 18 to 60 who had sciatica pain for less than three months.

Half were randomly assigned to four weeks of PT, which included exercise, manual therapy and individualized



People with sciatica, pain that radiates along the sciatic nerve, should try to remain active and not take to bed, new study says. GETTY IMAGES

home exercises. The other half stuck with "usual care," which included an education pamphlet on staying active.

Six months later, both groups were showing an improvement on a standard questionnaire that asked about difficulties with daily activities such as walking, sitting and lifting objects. But the improvement was greater in the PT group.

In the real world, even if people want PT, there can be obstacles, Fritz said. Not everyone has time to fit the sessions in, and insurance coverage varies.

Knowing when to start PT is tricky, too. "A fair number of patients will get better on their own pretty quickly," Fritz said. "So we're trying to balance. We don't want to over-treat, and we don't want to miss this window of opportunity where intervening can help recovery."

On average, Fritz noted, patients in the PT group had only about five sessions. "That suggests a potential benefit of early PT is that it requires less effort to gain a benefit," she said.