

# More research needed on anesthesia, genetic tests



**The People's Pharmacy**  
Joe Graedon and Teresa Graedon

**Q:** I am super sensitive to anesthesia. I can't tolerate more than 0.25 mg of lorazepam. A colonoscopy can leave me foggy for days. After general anesthesia for sinus surgery, I needed a month to recover from the brain fog.

The last time I had a colonoscopy, I persuaded the anesthetist to use straight propofol, with good results.

I am in good health except for my thyroid. Its numerous large nodules may require surgery. I'm extremely apprehensive.

Would genetic testing help identify either drugs I should avoid or those that would be better suited?

**A:** We were fascinated by your question and quite surprised to discover so little research appears to have been

done in this regard. Two decades ago, an expert in the field of personalized medicine shared his vision that all of us would soon carry a card coded with our genetic susceptibility to drugs. It would make tailored prescribing much easier. His dream has yet to be realized.

Research has shown that certain genetic profiles are associated with delayed recovery from general anesthesia (Pharmacogenomics, Sept. 1, 2018). Before your surgery, request a consultation with the anesthesiologist. Your history, as you have outlined it, will be helpful and may inspire a pharmacogenomic test to tailor your anesthesia and recovery.

**Q:** My HDL has always been high. The latest test showed my HDL at 101, LDL of 123 and total cholesterol 229. My primary care doctor has always thought my numbers were OK.

I saw a cardiologist for palpitations. She thinks high HDL could be dangerous and wants me to take Lipitor.

The drug sheet from the pharmacy says Lipitor can raise HDL. In that case, does it make sense for me to take the

drug?

**A:** For decades, cardiologists have referred to LDL cholesterol as the "bad" cholesterol and HDL cholesterol (HDL-C) as the "good" cholesterol. That's because higher levels of HDL-C have been associated with lower risk of cardiovascular disease (Journal of Lipid Research, February 2014). HDL-C appears to have beneficial anti-inflammatory, antioxidant and vasodilating effects (Journal of Atherosclerosis and Thrombosis, Oct. 1, 2018).

Perhaps your cardiologist wants to lower your LDL-C and total cholesterol with atorvastatin (Lipitor). It might raise your HDL-C levels, but it's not clear whether that would be problematic.

To learn more about these and many other risk factors for heart disease along with nondrug approaches for optimizing cardiovascular health, you may want to consult our eGuide to Cholesterol Control & Heart Health. This online resource is available in the Health eGuides section of PeoplesPharmacy.com.

**Q:** Have you ever heard of using the heartburn medicine cimetidine for shingles? According to my European colleagues it is prescribed off-label for this purpose.

**A:** We searched high and low for research to support this unique strategy. There do not appear to have been randomized controlled trials of cimetidine (Tagamet) for this purpose. We did, however, find an interesting case series in The New England Journal of Medicine (Feb. 2, 1984) suggesting some benefit from this acid suppressor.

Supporting its antiviral action, there are studies showing that cimetidine may help eliminate warts in children. Warts are caused by the human papillomavirus.

*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."*

## Piecing together patient puzzle pleases internal doc

### From Staff Reports

Florida Today  
USA TODAY NETWORK - FLORIDA

#### **Q: Why did you go into this career?**

**A:** I grew up with a mother who was a nurse. She was so loving, caring and gentle that from a tiny tot I knew I wanted to be just like her.

Later on I realized I had a genuine desire to help people with their health concerns.

That led me to start my first career in the health field as a nurse. While working alongside physicians in that capacity for several years, I realized I wanted to learn more about my patients' conditions and contribute to their care at another level.

With the encouragement of my family, I took the big step to pursue another career path in health care to become a doctor.

#### **Q: What services do you provide?**

**A:** I practice internal medicine, caring for adult patients by providing medical treatments to address a wide range of chronic and acute illnesses, including diabetes, hypertension, asthma, obesity and respiratory infections, to name a few.

I also perform preventive medicine through well visits and routine check-ups. But my service to my patients begins with listening. I listen to their complaints, fears, worries and questions, and to their families' concerns.

A sound medical diagnosis is the first and most crucial step to a healthy and happy patient.

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

**A:** The aspects of my practice that are



**Dr. Patricia Alexander is an Internal Medicine Specialist for Steward Medical Group based in Brevard County.** STEWARD MEDICAL GROUP

most rewarding for me are, first, the close bonds I develop with my patients.

There is also an indescribable sense of joy and satisfaction when I see the quality of their lives improve through medical treatments, education about their illness and healthy lifestyle changes.

Internal medicine cases can often be like a mysterious puzzle that challenges me constantly to find solutions to a vast array of health problems.

It requires me to draw on my training and to continually educate myself on advances in current evidence-based medicine and modern technologies.

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

### Get to Know our Health Pro

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**Education:** I completed a Bachelor of Nursing from the State University of New York where I graduated summa cum laude in 1989. In 2000, I received a doctor of medicine from St. George's University School of Medicine in St. George's, Grenada. From there, I

completed my internal medicine residency program in 2003 at the University of Medicine and Dentistry of New Jersey in Newark, N.J.

The American Board of Post-Acute and Long-Term Care certified me as a medical director. I performed a fellowship with the American College of Physicians. In 2020, I became a diplomate in obesity medicine from the American Board of Obesity Medicine.

**Professional background:** I have practiced internal medicine in Titusville since 2003 in different settings: outpatient, inpatient/hospital and nursing homes. I served as a medical director for a skilled nursing and rehabilitation facility, and also for a home health company.

**you?**

**A:** From the beginning I enjoyed internal medicine. But seeing the consistent, positive outcomes for my patients that impacted their health and their lives, it convinced me I could make a valuable contribution to their overall well-being and happiness. I realized I had definitely made the right career choice.

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

**A:** Medicine is always changing, especially now with the current pace of technological innovation. For example, telemedicine has proven to be particularly useful in the context of the current

COVID-19 pandemic, especially for treating high-risk patients who cannot come into the office.

#### **Q: Best advice for current and potential patients?**

**A:** I have found that patients who are properly educated about their health conditions and who follow medical advice and care regimens are better equipped to manage their illnesses.

Be an active participant in your care and contribute to positive outcomes to the health challenges that you face.

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

## Ronsisvalle

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Challenges of our current situation would never relent and that we just wouldn't recover from the trauma of 2020.

This hopelessness inherent in my conversations must be more contagious than COVID because it is a theme that is underlying the explosion of mental health issues that we are seeing in the clinical offices at Florida Counseling Centers.

In the midst of the craziness of this moment in time, it is imperative that we all work to trust and believe that hope is real.

We have to fight the instinct to give up and shrink away from the future in fear of what it might look like.

Instead, we must believe that we will get through this together and develop a deep and abiding hope that the future will bring beauty and joy and peace.

Without hope, we sink into depression, anxiety and despair.

With hope, we see a path forward into a future that will bring good things. But how do we do this?

How do we look beyond the reality of where we are today to genuinely believe that the future is indeed bright and hopeful?

The answer to these questions is complicated, but it does start with one simple concept: Love.

We must understand that hope is driven by love.

The act of loving and being kind to another human can have a dramatic effect upon your outlook for the future.



**Children are resilient but sometimes they show us signs that they need help coping with stress.** GETTY IMAGES

The research shows that performing a loving act literally triggers the release of serotonin, the neurotransmitter that is associated with a positive hopeful mood.

Serotonin is necessary to break the patterns of negative and hopeless thoughts associated with depression and to engage a healthy outlook that looks forward with anticipation and confidence.

Even watching someone perform a loving act can have a positive effect on our mood and our outlook.

The inverse is true as well: watching someone be mean and hateful toward another creates negative emotion and anger and even normalizes the negative behavior.

I think it's fair to say that the idea of loving our fellow man has not been on the forefront of our minds as we have drawn cultural lines in the sand over the last few months.

While this might seem naïve to some, my encouragement to consider inten-

tional ways to be loving toward others — especially those you don't agree with — is a pathway to hope.

What would our world look like if we all made the decision to handle others with grace, mercy and love?

What would our world look like if we all stopped watching the pundits on CNN, FOX and MSNBC speak from a position of anger and arrogance and instead took personal responsibility to treat other people the way we wanted to be treated?

I can tell you: our world would look a lot more loving and a lot more hopeful.

I used the examples above of personal conversations I have had with people as a way to illustrate a point.

My hunch is that most readers have a strong opinion about the content of those conversations: COVID, politics and race.

I'm sure some of you even started formulating how you might respond to those individuals by articulating what side of the battleground you stand on.

Many of you would have lectured the young man I spoke with about the necessity of quarantine and protecting others.

Others would have told him how outrageous the school board is or how ridiculous quarantine is.

Some of you might have been quick to educate the middle-aged man about the merits of your political perspective, whether you are right or left of center.

I'm sure that many readers wouldn't hesitate to respond eloquently about race relations with the young mother and in the process miss the opportunity to empathize with her and listen to her fears without judgment either way.

If we want to have hope about where we are headed, if we want to be a part of the solution rather than a part of the problem, it is incumbent upon us to approach the challenges we are facing from a position of love and mercy, not anger and arrogance. And that is where the hope lies for all of us.

Many of us have heartbreaking stories about our experience the last several months, but the hope comes when we can look outside of what we are going through and look for opportunities every day to speak life into those around us.

There is power in the intentional decision to love others because it breeds a common hope about the future.

Trust me, I get it. All the challenges we are facing as a nation are real and they naturally illicit some fear and anxiety regardless of where you land ideologically.

I know that many of us have encountered unthinkable hardship as we have navigated what seems like one problem after another. But perhaps paradoxically, our ability to feel more hopeful personally is built upon our intentional decision to lead those around us in love.

So, if we choose love, we experience hope. And when we have hope together, we can all see a path forward into a bright future.

*Dr. Mike Ronsisvalle is a Licensed Psychologist and the President of Florida Counseling Centers, a psychological services agency that provides counseling to clients of all ages and addictions treatment to adolescents and adults. You can find him on the web at Florida-counselingcenters.com. Or call 321-259-1662.*