Marc Spero, MD *Personalized Medical Practice*

HealthWise

News to enrich your lifestyle

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The Painful New Reality of Opioid Prescriptions

Nothing erodes the quality of life faster than pain and unfortunately more than half of American adults report they live with it on a chronic, recurring basis. That makes it easy to understand why, when seemingly safe, effective opioid drugs became widely available in the 1990s, they were quickly embraced by physicians and patients. Considered one of the most promising developments in pain management in decades, opioids such as oxycodone (OxyContin, for example), hydrocodone (Vicodin) or meperidine (Demerol) had already proved highly effective on a short-term basis to treat acute pain. The mechanisms were clear: opioid molecules travel through the bloodstream into the brain, attach to receptors on the surface of certain brain cells and trigger the release of dopamine in the brain's reward and pleasure center.

However, what was not known was how patients reacted to these medications when taken daily for weeks, months and years to treat chronic conditions ranging from headaches and stubborn lower back pain to neuropathy, fibromyalgia and severe degenerative joint disease. As use of opioids for chronic pain (defined as lasting longer than three months) became widespread, reports of unwanted side effects emerged, along with doubts about long-term efficacy and optimal outcomes. Most alarmingly, the potential for abuse and addiction materialized into a full-blown crisis, evidenced by stark statistics like these:

- Opioid prescriptions increased 7.3% from 2007-2012; by 2013, 1.9 million people were reported to be abusing or dependent on opioids. As many as 25% of people prescribed opioids on a long-term basis struggle with addiction.
- 165,000 Americans died from overdosing on prescription opioids from 1999-2014, climbing from 3 deaths per 100,000 people to 9; the highest rates were seen among 25 to 54-year-old white Americans.

Clearly, sweeping changes were needed, and in response, new recommended guidelines for safer pain management were issued by the Centers for Disease Control (CDC) last spring, and received strong endorsement from well-respected organizations including the American Academy of Pain Medicine and the American College of Physicians (ACP). According to ACP, the recommendations are "reasonable, based on the best available evidence, and find the right balance between educating about the hazards of opioids while recognizing special circumstances where such medications may be an important part of a treatment plan."

The recommendations specify best practices for dosage levels and usage, and raise awareness of the risks posed to all patients by the drugs. **Please note that these are recommendations only and may be altered at the discretion of the physician treating you to fit your unique needs.** These include:

- Non-pharmacologic and non-opioid therapy are preferred for chronic pain. Opioid therapy should be used only if expected benefits for both pain and function are anticipated to outweigh risks. If opioids are used, they should be combined with non-pharmacologic and non-opioid pharmacologic therapy, as appropriate.
- Physicians should establish treatment goals with their patients before starting opioid therapy, including realistic and clinically meaningful goals for pain and function, and an 'exit strategy' should the therapy need to be discontinued.
- Use immediate-release opioids instead of extended-release/long-acting opioids.
- Use the lowest effective dosage, and carefully reassess individual risks and benefits when increasing dosage to ≥50 morphine milligram equivalents per day.

- Prescribe immediate-release opioids for acute pain in no greater quantity than needed for the expected duration of pain - three days or less will often be sufficient, more than seven days will rarely be needed.
- A frank physician-patient discussion regarding the risks and benefits of opioids should take place before starting therapy. An evaluation of benefits and harms should be scheduled within one to four weeks of starting opioid therapy, and repeated at least every three months. If benefits do not outweigh harms of continued therapy, physicians should explore alternatives (see sidebar) with patients and work with them to gradually taper off to lower doses and ultimately discontinue use.

Haven't Got Time for the Pain

Alternatives to opioids include over-the-counter medications and more holistic care approaches which can greatly ease chronic pain. Among them are:

- Medicines like acetaminophen (Tylenol®) or ibuprofen (Advil®)
- Muscle relaxers
- Antidepressant medicines
- Pain relief creams
- Physical therapy
- Exercise
- Relaxation techniques
- Meditation
- Acupuncture
- Yoga
- Massage
- Stress management - stress can make your pain worse
- Adequate rest and plenty of sleep
- Positive thinking - focus on how you are getting better
- A hobby or pastime that you can do comfortably
- A support group, either in person or online
- Cognitive behavior therapy - a therapist can help you to learn coping skills
- Keep a pain journal - track how your pain feels after certain treatments or activities to avoid those that make it worse

If you are currently on opioid therapy, you may want to talk to your doctor and express your willingness to explore other ways to recover from and manage your pain.

Source: AFP

From the desk of Marc Spero, MD

Dear Patient:

Every day it seems as if a new medical trial or breakthrough is in the news, and it can often be a challenge for patients to determine what is accurate and meaningful. In this edition of *HealthWise*, we have focused on new guidelines for pain medication, hypertension measures and sodium consumption that may be significant for you or someone you know. While these recommendations reflect the most respected current thinking, please know that in my practice, we will always work together to ensure the best plan for your individualized care.

Wishing you good health,

Marc Spero, MD

Did you know?

- **70 million**
  People in the US with hypertension
- **20%**
  Percentage of patients with non-cancer pain symptoms who receive an opioid prescription

Marc Spero, MD
Personalized Medical Practice

110 E. 55th Street
17th Floor
New York, NY 10022

Office: (212) 355-8315
Fax: (212) 355-9741
E-mail: conciergedoc@mindspring.com
Website: www.marcsperomd.com

Bring It Down: Healthy Blood Pressure Numbers May Go Even Lower

If you've ever wondered why a blood pressure check is part of almost every visit to a doctor's office, consider what is communicated through the familiar black cuff in just a few seconds. The force of blood pushing against the walls of the arteries as the heart pumps is a critical measure of how well your heart muscle works - systolic blood pressure (SBP, or the top number of a reading) measures the pressure in the arteries when the heart beats; diastolic blood pressure (DBP, or the bottom number) refers to the pressure in the arteries when the heart muscle is resting between beats and refilling with blood.

Readings that exceed the norm, hypertension or high blood pressure, indicate an increased risk of heart attack, stroke and kidney failure. However, exactly what constitutes 'normal' blood pressure for optimal health has been debated and tested for decades, and recommendations have fluctuated over time. While the gold standard is under 120 mm Hg/80 mm Hg, the targets for treating hypertension have varied over the years - less than 140/90 in the 1990s, down to 130/80 in 2003, raised to a controversial 150 or less in 2014, and retreating to less than 140 in 2015.

At the end of 2015, a landmark study of more than 9,300 patients, the Systolic Blood Pressure Intervention Trial (SPRINT), moved the needle down even further. Those who were treated most aggressively to drive down blood pressure to 120/80 experienced a significantly lower risk of cardiovascular events, chronic kidney disease, and death. In fact, the outcomes were so convincing that the trial was actually halted after just three years, much sooner than planned, leading the American Society of Hypertension to state: "The early termination of this trial represents an exciting moment in the history of hypertension treatment." Still, notes of caution were sounded because multiple medications were required, sometimes causing adverse side effects, and experts agreed more study was needed to justify changes in clinical practice.

Blood Pressure by the Numbers

Current standards:

- **Below 120 SBP/below 80 DBP = Normal**
- **120-139 SPB/80-89 DBP = Prehypertension**
- **140-159 SBP/90-99 DBP = Stage 1 Hypertension, requiring lifestyle changes and possibly medication**
- **160 SBP or more/100 DBP or more = Stage 2 hypertension, requiring lifestyle changes and medication**

Additional evidence followed this year, with an analysis of adults aged 75 years and older who participated in the SPRINT study. The benefits of lowering blood pressure to 120 were even more pronounced, resulting in a one third reduction in risk of cardiovascular events and death, even among the frailest older patients. This finding could benefit almost six million seniors over 75 with elevated blood pressure, according to the Journal of the American College of Cardiology.

While the outcomes are promising, and point in an even more downward direction, experts have not yet reached a consensus on optimal blood pressure targets. For now, hypertension patients should consult with their doctor to determine whether this lower goal is best for their individual care.

Who's at risk? Virtually everyone

Even those who don't have high blood pressure by age 55 face a 90 percent chance of developing it during their lifetime, so learning how to identify, prevent and control hypertension can benefit us all. Consider these best practices:

Identify.

- Regular checkups are key, as people can live with high blood pressure for years without experiencing any symptoms while internal damage to other parts of the body may be silently occurring.

Prevent.

- **Keep a healthy weight:** in an overweight person, every 2 pounds of weight lost can reduce SBP by 1 mm Hg.
- **Eat well:** a diet rich in fruits, vegetables, and low-fat dairy products can reduce SBP by 8 to 14 mm Hg.
- **Limit sodium:** (see Nutrition Corner, below)
- **Keep active:** 30 minutes of aerobic activity most days of the week can reduce SBP by 4 to 9 mm Hg.
- **Moderate alcohol consumption:** for women, a single drink a day may lower SBP by 2 to 4 mm Hg.
- **Quit smoking:** not only does smoking raise your blood pressure temporarily, but the chemicals in tobacco can damage the lining of your artery walls.

Control.

- If lifestyle measures alone are insufficient, your physician will determine the appropriate medication, which may include diuretics, beta-blockers or ACE inhibitors.

Nutrition Corner

Salt Shake Down: Sodium Reduction is on the Table

Turkey sandwiches…soups…deli meats. Are these the building blocks of a healthy meal or stealthy contributors of excess sodium? Both, according to experts, but improved versions are in the works, thanks to June 2016 Food and Drug Administration (FDA) recommended guidelines and commitments from food manufacturers and restaurant operators to shake down the salt.

Implicated in a litany of ills from increased risk of heart disease and stroke to higher blood pressure, sodium is one of today's major targets for elimination in the quest for a healthy diet. According to the Institute of Medicine, reducing sodium intake to 2,300 mg daily can significantly reduce blood pressure, ultimately preventing hundreds of thousands of premature illnesses and deaths. Currently, Americans consume on average, about 3,400 mg a day (a teaspoon and a half), most of it involuntarily.

"While a majority of Americans reports watching or trying to reduce added salt in their diets, the deck has been stacked against them," the FDA stated. "The majority of sodium intake comes from processed and prepared foods, not the saltshaker."

The guidelines set targets for reducing sodium over the next decade in the majority of processed and prepared foods, including pizza, deli meats, canned soup, snacks, breads and rolls. Already Nestle has reduced the salt in its pizzas, General Mills reduced sodium in more than 350 products, and Mars Food, Unilever and PepsiCo have pledged to follow suit.

Experts at the Harvard School of Public Health and the American Heart Association urge even further downward pressure on sodium in the diet, recommending a limit of 1,500 mg per day. Dr. Frank Sacks, the Principal Investigator in the groundbreaking Dietary Approaches to Stop Hypertension (DASH) Sodium-Trial, concurs, saying the effect of sodium intake on blood pressure is strong and causal, and called the new guidelines "a tremendous step forward to lower heart attacks and strokes in the US."

Start shrinking the sodium in your diet with these simple, tasty strategies:

- Plant-based foods such as carrots, spinach, apples, and peaches, are naturally salt-free.
- Add sun-dried tomatoes, dried mushrooms, cranberries, cherries, and other dried fruits to salads and foods for bursts of flavor.
- Enhance soups with a splash of lemon and other citrus fruits, or wine; use as a marinade for chicken and other meats.
- Avoid onion or garlic salt; instead use fresh garlic and onion, or onion and garlic powder.
- Try vinegars (white and red wine, rice wine, balsamic). Maximize flavor by adding at the end of cooking time.

Did You Know?

2 ounces
Serving of turkey that can contain half of daily sodium allowance

100-940 mg
Sodium in one cup of canned soup

- For heat and spice, try dry mustard, fresh chopped hot peppers and paprika.

On vegetables:

- **Carrots** – Cinnamon, cloves, dill, ginger, marjoram, nutmeg, rosemary, sage
- **Corn** – Cumin, curry powder, paprika, parsley
- **Green beans** – Dill, lemon juice, marjoram, oregano, tarragon, thyme
- **Tomatoes** – Basil, bay leaf, dill, onion, oregano, parsley, pepper

On meats:

- **Fish** – Curry powder, dill, dry mustard, lemon juice, lemongrass, paprika, pepper, saffron
- **Chicken** – Poultry seasoning, rosemary, sage, tamarind, tarragon, thyme
- **Pork** – Cilantro, garlic, onion, sage, pepper, oregano
- **Beef** – Marjoram, nutmeg, paprika, sage, thyme

Sources: National Heart, Lung and Blood Institute, Flavor That Food, American Heart Association, Centers for Disease Control