Pulse

Fall Issue

VOLUME 34

2011

The Health Newsletter for Friends and Families of Longmont Clinic and Carbon Valley Medical Center

WHAT'S INSIDE

1-2 Q & A on Rheumatoid Arthritis – Dr. Janelle Laughlin

3 News and Notes

4-5 A Proactive Patient is a Healthy Patient – Dr. David Podlecki

5 Letter from the Administrator – Jack Campbell

6-7 Getting Good Sleep? – Dr. Rachel Bassett

7 Longmont Medical Research Network

Q & A
on Rheumatoid Arthritis

"Rheumatoid arthritis, what is that? It sounds like the "rheumatism" my grandmother had in her knee. Is it the same thing?"

"Why do I see advertisements on television for rheumatoid arthritis medications? Will that help my pain?"

"My doctor told me my joint pain is part of aging is that true?"

These are common questions about rheumatoid arthritis and arthritis in general. The problem is that there are so many confusing terms; rheumatoid vs. rheumatism, osteoarthritis (OA) vs. rheumatoid arthritis (RA)…The term arthritis alone can get people stumped. The bottom line is that for non-medical people, the business of understanding arthritis is confusing.

Let's try to demystify the terminology. First, the term "arthritis" simply refers to inflammation in and around a joint. It is a very generic way to describe what could be going on. If you tell me you have arthritis in your knee, the only thing this tells me is that you have some pain, swelling or structural changes in your knee, but how and why it got there is unknown. Now, if you tell me you have OA in your knee, this is a more specific diagnosis and it tells me you have changes that may have occurred from a previous injury, or you have lost cartilage in your knee, and may even have developed extra bone formation, a.k.a. osteophytes or bone spurs. OA is most often thought of as the "wear-and-tear" arthritis or arthritis of aging. Rheumatoid arthritis (RA) is very different from osteoarthritis. If you tell me you have RA involving your knee, then I know that

continued on page 2

Focus on Doctors

Dr. Sarah Bair is a dermatologist at Longmont Clinic where she treats patients both young and old. She enjoys everything from treating acne to performing surgical and cosmetic procedures. "I want my patients to feel valued, respected and above all listened to…after all, they're the reason we're here."

Q & A on Rheumatoid Arthritis

you have an autoimmune disorder inside your body that has attacked your knee. What is actually happening is that lining of the inside your knee is growing out of control (kind of like a weed) eroding the joint. This is coupled with a strong inflammatory reaction that results in pain, warmth, swelling, and stiffness. Of course, all of this takes time and rheumatologists would like to see you before there is evidence of joint damage.

How do you get RA, and what can I do to prevent it?

Unfortunately the answer to this question is "we don't know." What we do know is that there is a genetic predisposition to getting this disease, so if you have a parent or sibling with RA, you would be at higher risk for the disease, but it doesn't mean you will get it for sure. There are likely environmental triggers that come into play such as viruses or infections in people with a predisposition to the disease, but there is no direct link to an infectious cause. Even if no one in your family has ever had RA, you can still get it. At this point in time we don't have a way to predict who will get RA and we don't have a way to prevent it. What we do try to do is catch it early so we can shut down the inflammation as quickly as possible. RA is easier to treat and our treatments are more effective when we catch the disease early.

My Grandmother had rheumatism, does that mean I am at risk for RA?

Rheumatism is an old term for arthritis. It is not a specific diagnosis, so even though it sounds like "rheumatoid" it may not be referring to the same disease.

What do I do if I think I have RA?

Seeing a medical doctor is very important. Just because you have joint pain doesn't mean you have RA. You can see your primary care doctor for an initial assessment, and they can decide if they need to refer you on to a specialist. If you do have RA it is important to see a rheumatologist, because they specialize in treating inflammatory disorders of the joints. Recent and ongoing studies highlight the importance of early diagnosis and treatment of RA.

Now, let's get back to the question about all those advertisements from drug companies on television for treatments of arthritis. Most of the medications you see on TV are strong medications for RA and are generally only prescribed by a rheumatologist— usually along with other medications. There are some commercials for anti-inflammatories such as Aleve or Motrin, which you can buy over-the-counter. These medicines are used in RA and OA as well as other conditions. All medications, including the over-the-counter medications, have side effects and are best taken under the guidance of a physician especially when you take them for a long time.

Well, I don't want to take medications for my arthritis. What else can I do?

First, if you have RA, I highly recommend that you work closely with your rheumatologist as early control of the disease prevents damage and disability. At this point in time there is no absolute cure for RA. It is a chronic disease that can be managed, but will likely not go away without treatment. If you have OA, then you may try other means to manage your symptoms of pain and stiffness. Maintaining a normal weight is very important and can be preventative for developing arthritis. Obesity is associated with the development of OA. Physical therapy can help with symptoms and exercise, so long as it is not worsening your pain, can help improve the muscles and supportive structures around the joint and improve symptoms. Research on glucosamine and chondroitin has not shown dramatic evidence in pain improvement and patients should come up with a comprehensive plan with their physicians. In general, these supplements are safe, but can be expensive. Therefore, if they are not working, it is not worth the investment.

Where can I learn more about RA and OA?

The Arthritis Foundation is a great resource for patients suffering from arthritis. Visit their website at www.Arthritis.org. Be careful that you visit reputable websites to obtain information about arthritis and its treatment. Know that you are not alone with your symptoms, and your rheumatologist is here to support you on your path to better health.

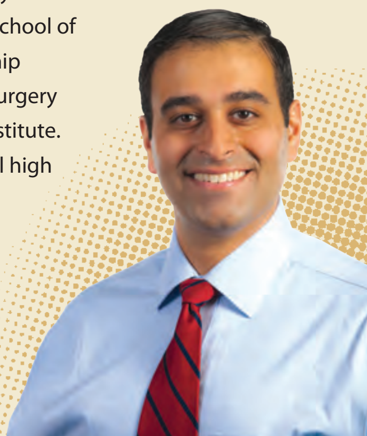
Dr. Janelle Laughlin is a board certified rheumatologist practicing at Longmont Clinic. She joined the Clinic in August 2006. She can be reached at 720.494.3158.

Longmont Clinic Welcomes

Nirav Shah, M.D.

Orthopedic Surgery

Dr. Shah attended Northwestern University in Evanston, Ill. where he received his B.A. He went to medical school at Washington University School of Medicine in St. Louis, Mo. and received his M.D. in 2005. Dr. Shah went on to complete a residency in Orthopedic Surgery at the Washington School of Medicine and then completed a fellowship in Sports Medicine and Reconstructive Surgery at the Southern California Orthopedic Institute. Dr. Shah was a team physician for several high school and college sports teams. He is a member of the American Academy of Orthopedic Surgeons and the American Orthopedic Society for Sports Medicine. He joined Longmont Clinic in August 2011.



Fall Flu Shot Clinics

Flu Clinics will be held at Longmont Clinic on:

TUESDAYS & FRIDAYS, SEPT. 27–OCT. 28
FROM 1–4:30 PM

SATURDAYS, OCTOBER 1 & 8
FROM 8 AM–12 PM

A Flu Clinic will be held at Carbon Valley Medical Center on:

SATURDAY, OCTOBER 1
FROM 8 AM–12 PM

Immunizations are available for adults ages 18 and over on a walk-in basis for a cost of $30. If you have children who are patients at either medical facility, please call ahead so that we may be ready for them.

Free Mammography Program

OCTOBER 2011–JANUARY 2012

Each fall Longmont Clinic offers free mammograms to uninsured or underinsured area residents. Mammograms are recommended for women over 40. If you are not pregnant, do not show any signs of breast cancer, do not have breast implants, and have not had a mammogram in the last 12 months, you may qualify for this program.

You do not need to be a Longmont Clinic patient. If you are interested, call your doctor to see if you qualify. Then call us directly to schedule an appointment.

Free Educational Seminars

Our physicians regularly offer free community education seminars on current health issues. These programs are open to anyone. Upcoming fall classes include:

TUESDAY, OCTOBER 18, 6-7:30PM

Living Well with Diabetes - The Top News You Can Use
David Podlecki, M.D., board certified endocrinologist and the Diabetes Care Team

WEDNESDAY, NOVEMBER 16, 6-7:30PM

Modern Techniques to Repair Common Shoulder Problems: Answers for all Ages
Nirav Shah, M.D., board certified orthopedic surgeon

Join us for a free and informal program, with a chance to talk to the doctor and get your questions answered.

A Proactive Patient is a *Healthy* Patient

The simplest way to remain healthy is to be proactive about your health care. If everyone followed these simple guidelines, health status would improve and health care expense would be reduced.

1 Get a primary care provider.

Many individuals above the age of 30 wait to experience a medical emergency before they see a physician. An annual checkup should be considered for all with subsequent exams determined by medical issues detected. For example, patients with high cholesterol, high blood pressure or thyroid issues should be seen every 6-12 months and patients with diabetes every 3-6 months, depending on their control. Individuals without a primary care physician have been found to utilize the emergency room more frequently and experience higher medical costs as a result.

2 Use it or lose it.

Reduce your medical expense, improve your life expectancy, reduce your pharmacy bill, improve your control of blood pressure, cholesterol, weight, and diabetes by developing an active lifestyle. Studies suggest that a daily routine of 30 minutes of aerobic activity such as walking, hiking, cycling, jogging, or swimming has a profound effect to reduce high blood pressure, cholesterol levels, and improve diabetes control. This effect is seen even if significant weight loss doesn't occur. Patients who are routinely active need less medication than those who are sedentary. What better way to feel better and reduce your pharmacy bills!

3 Know your medications.

Do your part to reduce medication errors and drug interactions. Every patient should carry a list of all medications, both prescribed and over-the-counter. This list should include medication name, amount, frequency of administration, prescribing doctor and when it was started. This list should be carried at all times and updated with each change.

An additional list of medications that have caused allergies or adverse effects should also be kept. This will prevent a repeat of unpleasant drug effects and potentially is lifesaving.

4 Know your numbers.

How can you improve your health without knowledge of your starting point?

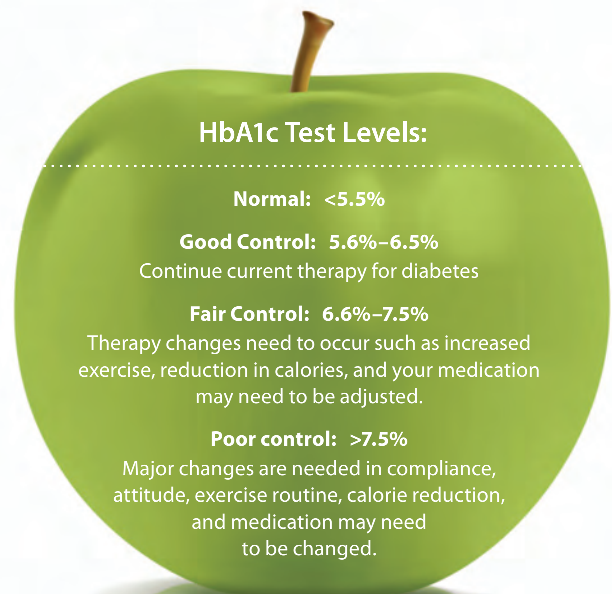
a. Blood Pressure – Ideal is less than 120/80. If yours is higher, did you know that reduction of dietary salt intake will reduce your blood pressure? Your choice of pain medication may impact your blood pressure. Over-the-counter pain/arthritis agents, such as ibuprofen, Advil, Nuprin, and Motrin, may increase blood pressure. Acetaminophen or Tylenol will not have this effect.

b. Cholesterol – The two most important constituents are the bad cholesterol (LDL) and the non-HDL cholesterol, which is equal to your total cholesterol minus your good cholesterol.

LDL – should be less than 130 for most people, less than 100 if you have high blood pressure, high cholesterol, or diabetes, and less than 70 if you have known heart disease, stroke or multiple risk factors for heart disease.

Non-HDL – should be less than 160 for most people, less than 130 if you have high blood pressure, high cholesterol, or diabetes, and less than 100 if you have known heart disease, stroke or multiple risk factors for heart disease.

c. HbA1c – This is a test that is done to monitor the blood sugar control in patients with diabetes. It measures the average blood sugar control over the preceding 12 weeks with the greatest impact from the past four weeks.



d. BMI – This is a measure of your degree of obesity based on your height and weight. BMI between 30-35 reduces life expectancy by 2-4 years and BMI > 40 reduces life expectancy by 10 years.

Category	BMI Range – kg/m²
Severely underweight	less than 16.0
Normal	from 18.5 to 25
Overweight	from 25 to 30
Obese Class I	from 30 to 35
Obese Class II	from 35 to 40
Obese Class III	over 40

❺ You are what you eat.

If you are concerned about your weight you should monitor portion sizes. Meat portion should be no bigger than the palm of your hand, portion sizes should not touch on your plate (this will reduce caloric intake), avoid second helpings, and limit snacking to healthy choices.

❻ Stop smoking.

Smoking decreases your life expectancy by at least 7 years, increases your blood pressure, and increases your risk of heart disease, emphysema, and lung carcinoma. Besides, you will miss the dinner conversation when you have to go outside to smoke when you are with your family and friends at a restaurant.

There is no better time to start these changes than today. Best wishes for a healthy future!

Dr. David Podlecki is a board certified endocrinologist and the director of the Diabetes Care Team and Osteoporosis Center at Longmont Clinic. He has been practicing medicine at Longmont Clinic since 1982. He can be reached at 720.494.3119.

From the Administrator

Letter from Jack Campbell

Dear Patients,

Once again fall is right around the corner, and the Longmont Clinic is preparing for some new, as well as, other recurring activities. We would like you to be aware that Dr. Nirav Shah joined our orthopedic department on September 1st, and Dr. Janelle Laughlin has returned to the Clinic after a year in China and is providing rheumatology services.

The Clinic has launched its annual flu shot campaign earlier this year to help immunize you against the strains of flu which are anticipated to be present this year (A/California (H1N1), A/Victoria and B/Brisbane). This year we are providing our usual Saturday clinics, as well as, selected opportunities during the week to come in and receive a flu shot in an afternoon clinic. We will also be providing free mammography to uninsured patients. Please contact your primary care physician and consult our website (www.longmontclinic.com) for information regarding this program.

We will once again be offering a variety of community education programs. These are listed in this newsletter and will be provided throughout the fall. I encourage you to take advantage of these presentations. Our physician staff is interested in providing you with more knowledge about your health care so that you can take a proactive position in helping us provide services for you.

I hope that you have a healthy fall and please feel free to provide us with feedback as you seek services from us or consult our website.

Sincerely,

Jack B. Campbell, Administrator

Getting Good Sleep?

Learn how to improve your sleep

Sleep: so beautiful, so comforting, so necessary. When it's working, we awaken from an evening's slumber feeling refreshed and ready to tackle the day. If not, we can be irritable, have trouble getting moving, and not accomplish what we want during the day.

Sleepiness can also lead to poor decision-making and accidents while driving and working. There are many reasons that a person might not be having restful sleep, and it's one of the most common complaints that patients discuss with their physicians.

Sleep Phases

Normal sleep is made up of several phases. REM (rapid eye movement) sleep is associated with dreaming, low heart rate and blood pressure. Non-REM sleep is divided into 4 increasingly deep stages. The deepest sleep tends to occur earlier in the evening, and REM episodes occur approximately every 90 minutes, increasing in duration as the night progresses and accounting for approximately 15-25% of total sleep.

As we age, our sleep patterns change. Infants spend the majority of the day in sleep, broken into segments of 1-4 hours equally divided into active (REM equivalent) and quiet sleep (non-REM) with awake periods. By 1 year of age, children generally sleep approximately 14 hours total, usually including naps. The total amount of sleep gradually decreases to approximately 11-12 hours for 3-6 year olds, and 10-11 hours for 6-12 year olds. Teens often start developing some of the bad habits that lead to difficulty obtaining the 8-9+ hours that they need. As we age, unfortunately, many people develop more problems with restless sleep, early awakenings, and sleepiness during the day. Some of these changes have a basis in sleep physiology, with the elderly having less time spent in the deepest non-REM phases (stages 3 and 4), with relatively preserved REM sleep.

Electronic Devices

It is proposed that the increasing use of electronic devices is also leading to sleep problems. Focus has been on both the effect of up close light from screens leading to decreased levels of melatonin (a neurohormone that is triggered by decreasing light levels and works to promote sleep), and on the effect of the brain stimulation from attending to multiple activities at the same time Similarly, many of us who've worked nights or a variable schedule know that can lead to a whole variety of sleep problems over one to several days or indefinitely, depending on how long we have to maintain that schedule.

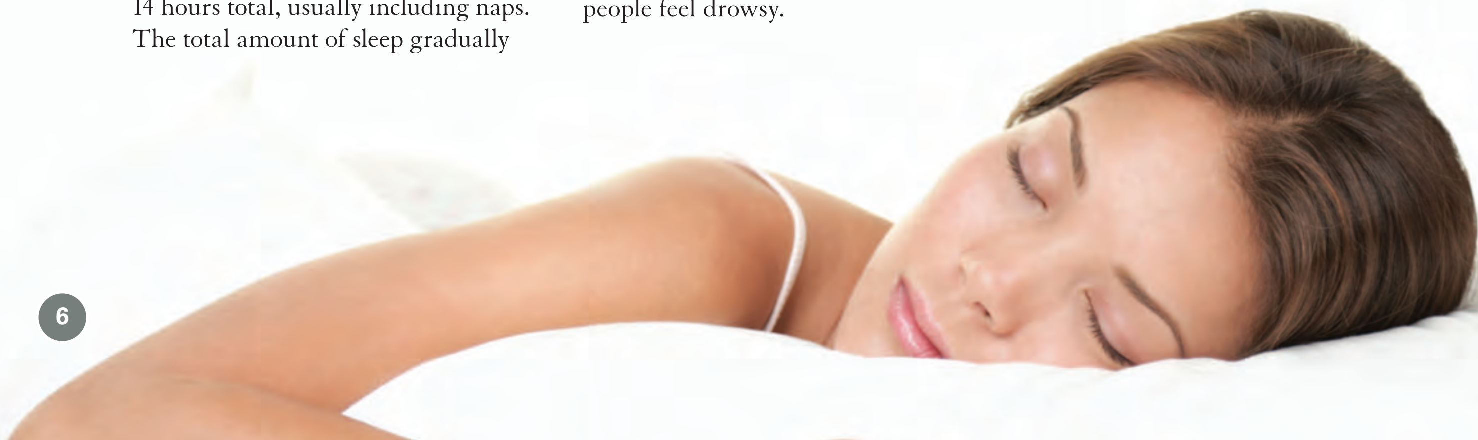
> *It is proposed that the increasing use of electronic devices is also leading to sleep problems.*

Caffeine

Aside from worry about the current state of the world, we humans do many things to fight Nature when it comes to sleep. Some children, many teens, and many more adults regularly use caffeine. Caffeine itself isn't evil, but when taken in at the wrong time or in excess, it can lead to failure to be able to fall asleep easily and shorter sleep duration. The effects of caffeine on sleep can last for hours, even after the initial "buzz" is gone. Many different prescription and over-the-counter medications can also adversely affect sleep in some individuals. Alcohol also negatively impacts the quality of sleep, despite often making people feel drowsy.

Medical Conditions

Numerous medical conditions can also lead to sleep problems. Commonly, arthritis pain and frequent urination creep up on us as we age, but more serious problems such as COPD and congestive heart failure can negatively impact sleep. Obstructive sleep apnea (OSA) is frequently thought of only as a condition of noisy grandpa snoring down the hallway, but in fact, obstructive sleep apnea can affect anyone from children, to mom and dad



and grandma, too. Snoring may not be as prominent in children; however, they will demonstrate apnea, or breathing stoppages, and sometimes gasping type respirations. Though many children are noisy breathers or mouth breathers at times or during illnesses, if it is persistent and accompanied by daytime symptoms including excessive sleepiness, irritability, poor focus, enuresis (loss of bladder control), failure to thrive, frequent nighttime arousals. OSA in children is often related to large adenoids and tonsils or other soft tissue problems in the head and neck. Obese children, like obese adults, are also more likely to suffer from OSA. Nasal allergies that cause inflammation of the nasal passages can also cause disordered sleep. Your primary care physician can help you to sort out possible causes and treatments for you or your child's sleep problems, and direct you to a specialist if needed.

Good Sleep Hygiene

So, how to catch a few winks? Start with the basics, or what doctors like to call "good sleep hygiene." This means having a quiet, dark, slightly cool, comfortable place to sleep. Go to bed when you're tired and no screen time in bed (cell phones, tablets, game consoles, etc). If you're not asleep within 20-30 minutes, get up, go somewhere quiet and dark, do something calm and relaxing, and then go back to bed when you're tired. This is to prevent your body from training itself that it is okay to be awake in bed. Moderate caffeine intake and generally have nothing after lunchtime. Keep a consistent sleep/wake schedule, have regular exercise during the day (but not too close to bedtime), get regular exposure to daylight, and have a restful calm nighttime routine. It's likely taken you a while to get into a bad pattern of sleep, so be patient and as consistent as possible. Over-the-counter medications are sometimes useful for adults, but care should be taken in the elderly and anyone on prescription medication or with underlying medical conditions. If simple changes don't help, your physician can talk to you about further testing and management. It's often helpful to bring your bed partner to the initial appointment, especially if your concern is about a particular nighttime problem that you're not aware of but has caused daytime sleepiness. There is hope. You can sleep well again. Good night.

Dr. Rachel Bassett is a board certified family medicine physician. She joined Longmont Clinic in June 2011 and can be reached at 720.494.3121.

Longmont Medical RESEARCH Network

Studies Currently Enrolling or Coming Soon

to the Longmont Clinic Research Department:

CURRENTLY ENROLLING CLINICAL TRIALS:

- Cardiovascular Events/Previous Heart Attack
- Gout with Cardiovascular Co-morbidities
- Diabetes Type 2 (insulin glargine)
- Acute Otitis Media (ear infection) w/tubes
- Routine Infant Vaccine
- Onychomycosis (toenail fungus)
- Tetanus, Diphtheria and Pertussis Vaccine for 4-6 year olds
- Acne
- Athlete's Foot

Call Research at Ext. 540 or 303.776.8718 with any referrals or questions about our enrolling studies. Email: scarlton@lmrn.com

HAVE YOU HAD A HEART ATTACK?

CONSIDER JOINING OUR RESEARCH STUDY.

If you had a heart attack at least 30 days ago you may qualify to participate in this research study of an investigational drug for prevention of recurrent cardiovascular events.

Qualified participants will receive all study-required exams and tests and compensation will be provided for time and travel.

Principal Investigator: David Podlecki, M.D.

For more information contact Marcia at:
mhibberd@lmrn.com
or at 303.776.8718

Pulse is published seasonally by Longmont Clinic to bring health news and Clinic information to residents of the greater Longmont area. Longmont Clinic maintains a staff of over 50 physicians who provide comprehensive health care through 20 medical disciplines.

1925 West Mountain View Avenue
Longmont, Colorado 80501
303.776.1234

6600 East Firestone Boulevard
Firestone, Colorado 80504
303.833.8880

BOARD OF DIRECTORS

President
John Stathis, M.D.

First Vice President
Peter Wood, M.D.

Second Vice President
Nicky Theiss, M.D.

Secretary
Sean P. Manion, M.D.

Assistant Secretary
David A. Podlecki, M.D.

Treasurer
Eric M. Benson, M.D.

Assistant Treasurer
Irina Robinson, M.D.

Administrator
Jack B. Campbell
FACHE

Editor
Michele Bergh
Director of Marketing

Copyright 2011 Longmont Clinic – Carbon Valley Medical Center

Printed in USA 9/11
Printed on recycled paper

Longmont Clinic
1925 West Mountain View Avenue
Longmont, Colorado 80501

Return service requested

Pulse

Medical Specialties

- Allergy /Asthma
- Cardiology
- Dermatology
- Endocrinology
- Family Practice
- Gastroenterology
- General Internal Medicine
- Infectious Disease
- Occupational Medicine
- Obstetrics / Gynecology
- Orthopedics
- Pediatrics
- Pediatric Endocrinology
- Physical Medicine and Rehabilitation
- Rheumatology
- General Surgery
- Head & Neck / ENT Surgery
- Plastic Surgery
- Vascular Surgery
- Urgent Care
- Urology

Health Services

- Anti-Coagulation Clinic
- Audiology
- Diabetes Care Team
- Registered Dieticians
- Good Day Pharmacy
- Laboratory
- Osteoporosis Center
- Radiology / Diagnostic Imaging
- Skin Care
- Travel Medicine

Fall Issue
VOLUME 34