



MONTHLY NEWSLETTER

FITNESS FOCUS

Tips to Reduce Alcohol Consumption

During the nine years between 2003-2012, 506 people died in Wyoming vehicle crashes involving a drunk driver -

[Drunk Driving in Wyoming.](#)

Social pressure to drink while out with friends can lead to drunk driving. The following “recognize-avoid-cope” cognitive behavior strategies are designed to help you resist social pressure to drink -

- recognize there can be both direct and indirect pressures to drink;
- avoid pressure to drink when possible;
- learn coping mechanisms for times you are in unavoidable situations where alcohol is available;
- remember it is your choice to not drink;
- plan ways to resist pressure to drink;
- keep a buddy with you who has agreed to help you hold firm;
- Script and practice your “no”.

These ideas come from the online ReThinking Drinking article [Building Your Drink Refusal Skills](#)

For more ideas or resources on reducing alcohol use, talk with your doctor.

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HEALTH TIP

April is Alcohol Awareness Month

Drinking alcohol can increase people’s risk of injuries, violence, drowning, liver disease, and some types of cancer. This April - during Alcohol Awareness Month - 307Health encourages you to educate yourself and your loved ones about the dangers of excessive alcohol consumption.

If you drink alcoholic beverages, you can improve your health by reducing alcohol consumption. Here are some strategies to help you cut back or stop drinking:

- Limit your alcohol intake to no more than one drink a day for women or two drinks a day for men.
- Keep track of how much you drink.
- Choose a day each week when you will not drink.
- Don’t drink when you are upset.
- Don’t drink alone.
- Limit the amount of alcohol you keep at home.
- Avoid places where people drink a lot.
- Make a list of reasons not to drink.
- Substitute alcoholic beverages with non-alcoholic beverages.

If you are concerned about someone else’s alcohol drinking, offer to help.



DOCTOR’S NOTE

ENDING MEDICAL REVERSAL – Beyond the Discussion

What is medical reversal? It is what occurs when doctors use medical practices, sometimes for decades, that are later shown to be of no benefit or even harmful to patients which may result in a “reversal” of treatment or therapy recommendations by industry leaders. This unfortunate situation occurs when a practice is recommended for widespread adoption after inadequate study. The reversal of a recommendation usually occurs when adequate study shows no benefit or, sadly, even harm to the patient. Medical reversal has affected recent recommendations on the use of the following -

- mammography screening for breast cancer in average-risk women in their 40s;
- PSA testing to screen for prostate cancer in men;
- vertebroplasty for spinal compression fractures; and,
- coronary stents for chronic stable angina.

There is a significant amount of money at stake. Often the inadequate data upon which treatment and/or therapy recommendations are based is supplied by pharmaceutical and medical device companies who benefit from their adoption. For example, the benefits of Tamiflu are being proven to be significantly overestimated by the research provided by the manufacturer while billions of dollars have been spent just on this one drug. If this topic is of interest to you, the book *Ending Medical Reversal* by Drs. Prasad and Cifu is a must-read.

BETTER ACCESS = BETTER CARE.

PRACTICE NEWS



High Blood Pressure Definition Changes to 130/80

One of our jobs as your medical providers is to sift through the mounds and mounds of medical “evidence” in an effort to provide you, the patient, with timely medical advice. As referenced in the Doctor’s Note on page 1, Medical Reversal is a tricky aspect of medicine for doctors to navigate. I will give you an example as below. We look forward to talking with you further about these changes.

The guidelines for the definition and treatment of high blood pressure have fluctuated significantly in the last 15 years. In 2003, the accepted governing body “JNC” define hypertension as a blood pressure > 140/90. Around 2013 though, there was a groundswell of support to loosen the reigns in patients older than age 60 such that hypertension would be defined as a blood pressure >150/90. National guidelines did not change but we did see a softening on the aggressiveness of treatment whereas blood pressures in the 140-150 range were “acceptable.”

Fast forward to the fall of 2017 and - eureka! - the new holder of the national guidelines, the ACA/AHA, came out with an official revision of the national guidelines. Their definition of hypertension is now a blood pressure >130/80! With this change, now 46% of Americans will be defined as having hypertension instead of 32% under the previous definition.

Why the change? We call hypertension the “Silent Killer” because most patients will not “feel” their high blood pressure until it causes an event like a stroke or a heart attack. Increasing evidence (hopefully not to be reversed soon!) shows the risk for heart attacks and strokes starts to climb for systolic blood pressure above 125...hence the changes.



MEMBER SERVICES FOCUS

New Shingles Vaccine Available

We have received several calls about the new shingles vaccine called “Shingrix”. For the last 12 years we have only had the choice of Zostavax as a vaccination to help decrease the occurrence and severity of herpes zoster, otherwise known as shingles.

Shingles is caused by the varicella zoster virus which caused chickenpox in 99% of Americans who are now over the age of 40. After a chickenpox infection, the virus lays dormant in the nerves of the back for decades before sprouting back out as a shingles infection. The concern with shingles is not only the acute infection and rash but also the long-term issue of nerve pain called “post-herpetic neuropathy” (PHN) which can be fairly disabling in the elderly.

Zostavax is 67% effective in decreasing shingles and PHN initially, but the efficacy drops quickly after five years to a miserable 18% after 20-30 years. Shingrix, though, has a 97% effective rate in the first 20 years which then drops to 91% at thirty years.

What does this really mean though? Without the vaccine, 28 out of 1,000 people will get shingles. With the vaccine, about one person out of 1,000 vaccinated would get shingles. At \$280 per patient, \$9,520 would need to be spent to prevent one case of shingles which – amazingly - is considered a great result for a vaccine.

Shingrix is indicated for patients 50 years and older. Patients who have had Shingles - and even those who have had the Zostavax vaccine - can receive the new Shingrix immunization. Please contact your 307Health physician if you would like more information or would like to receive the Shingrix vaccination.

IN OTHER MEMBER NEWS

FIRST BANK ACCOUNTS

Members using automatic transfer to pay their monthly 307Health account may be wondering if the April 1 merger between First Bank of Wyoming and 1st Bank will affect their account. According to First Bank’s announcement materials, account numbers will remain the same while the bank “routing number” will change.

We will attempt to update our members’ existing First Bank account information in-house over the first week of April. We will reach out to each account holder individually as needed. If this affects you, please be patient with us as we transition your account information.

BOOK CLUB – NEW TITLE

Our first book club meeting this winter included a discussion of *Ending Medical Reversal*. The next book to be discussed will be *Less Medicine, More Health: 7 Assumptions That Drive Too Much Medical Care* by Dr. Gilbert Welch. The discussion date is still to-be-determined.

This book is available on Amazon.com for \$10.87.

MAY NEWS PREVIEW

Next month we will talk about the recently proposed guideline changes for diabetes management. Until then, we will try to live by the following quote:

“Which side should you look first before crossing the street – left? or right? As far as I am concerned, unless level IA ‘evidence’ is provided to the contrary, I will look on both sides before crossing, lest I be run over by a fast-moving guideline.”

–C. Venkata S. Ram, MD.