

**What's New for 2010?** There are lots of ways to pigeonhole patients, but here's one which is being thrust upon us: either you have a "chronic disease" or you don't. This term applies to any condition which requires periodic monitoring by me or one of my consultants, and almost always includes medication. Don't take it as an insult, and don't be alarmed, if you fall into this category. As we age, almost everyone does. I have a mild cholesterol problem, so I have a *chronic disease*. As long as I pay attention, it won't be a problem. **Paying attention is the key.** Fortunately, we have a fantastic array of medications, most of them generic and dirt-cheap, to treat the three biggies: cholesterol, high blood pressure, and diabetes. That's why deaths from heart disease and stroke continue to fall in America, despite the fact that your neighbors are getting fatter every year. ***However, the sheer number of prescription medications we take multiplies the chances of mistakes.*** Sometimes we copy the wrong dose. Sometimes a consultant changes or adds a drug that we don't know about. Sometimes we ask you what you're taking, and you misremember. It's a potential minefield. So this is our point of emphasis for 2010: **everyone who is taking more than one chronic medication will be given a plastic bag to dump your pill bottles into when you come for a regular checkup.** That way there will be no confusion, because the nurse can check your bottles against the chart and make sure we're all on the same page. I'll also make a note on your bag about when I want to see you again, and whether I need labs drawn beforehand. When you get home, fold up your bag and put it on the shelf near your medications, and bring it back to every visit. Which brings us to....

**Point of Emphasis for 2009:** *Reducing the time my nurses waste on the phone.* We made progress on this front last year. To review, the problem was that some of you have established a habit of waiting until your medication runs out before you call for an appointment. ***I hope the baggies will help with this problem, too.*** Unless I make a mistake, or your insurance prescription benefit alters my instructions, I almost always prescribe a 3 month supply of chronic medications with either 1 or 3 refills, depending on whether I need to see you again in 6 or 12 months. If you call a week or two before you run out of pills, we send a requisition to Michelle in the lab if necessary, you get your blood drawn, and when I see you I have all the information I need to make decisions about your care. If you don't, the nurse has to call in a 30-day supply to tide you over; that's a waste of her time. If you don't get your labs done first, then I can't make adjustments when I see you. We have to get the labs then, or later, and call you with the results. If we have to change a dosage, you've wasted a prescription. That's bass-ackwards, and it adds confusion to what is one of the most complex jobs in medicine. **Confusion is dangerous.** The best medical care involves getting all the important information to the moment of decision, minimizing communication errors. *This is good for patients in several ways: it saves time, it saves money, it saves mistakes, and it prevents busy signals when you call the office for help.*

**Not Wasting Time, Part 2:** When you call for an appointment, give the receptionist a clear idea of what your problem is, or what your problems are. Don't just say "checkup". You're being seen for your cholesterol, and by the way, you have an ingrown toenail and a growing lump on your back. That really helps. "By the ways" are schedule-killers for family physicians. Do you ever wonder why your dentist is always on time? No surprises, and a very limited scope of services. By the time you think of your "By the way", your mouth is full of cotton or cardboard. Helping us schedule better helps you, and everybody else behind you on the appointment book!

**False Advertising:** Every year, in one way or another, I try to remind you that there are lots of scumbags out there who want to waste your money. You can safely ignore every full-page ad in the *Capital-Journal* advertising a revolutionary new product to make you more slender or beautiful. **Remember this rule: every product which claims to be "clinically proven" isn't.** "Clinically proven" is advertising shorthand for "there's a sucker born every minute." The only exceptions feature cardiovascular and resistance exercise; the supplements are bogus. I'm looking at a Cenegenics ad featuring a 54 year old neurosurgeon. The benefits of his program "may include decreased risk of age-related disease, improved muscle tone, decreased body fat, increased energy, increased sex drive, and sharper thinking". It's all true, if you do the things I tell you, for free! Then you can skip Dr. Rosenstein's fee. By the way, there is at least one benefit to being fat, assuming you're not being escorted into a concentration camp: it fills out the subcutaneous area, and smooths wrinkles. No kidding. I'm not recommending weight gain, you understand: I'm just being honest, and like Granny said, every cloud has a silver lining.

**The Fountain of Youth:** turned out not to exist, as Juan Ponce de León discovered when he discovered Florida. What Florida is full of, as it turns out, is old people who smoke and get too much sun-- ***and if anything makes the skin look like a prune, it is smoke and sun.*** (Teenagers: take note). However, and here's the good news, there really is a Fountain of Youth. It's not a place, and it's not a product you can buy. It's what you do with your mind and your body as you get older. For your mind, you need to keep learning and contributing; retirement can be a death trap for your mind if you aren't careful. For your body, you need to keep active, or become active. That may involve as little as 20 minutes of vigorous exercise 3 times a week, or 45 minutes of moderate exercise 4 times a week. The payoff comes around age 65. At that point, you may be ready to embark on two decades worth of second childhood, only better (you're done with school, work, and children); or you may be thinking about a nursing home. It's up to you. You can do it. We can help. And that brings me to...

**ED:** I don't watch much TV, and I TIVO through the ads during sports telecasts, but I still get more than my fill of erectile dysfunction promotions. Want to know the truth about ED? Here it is: it's not the organ, it's the pipes. ED is now an official risk factor for heart disease. That's right: just like with your heart, your brain, your eyes, your kidneys, and your feet, the secret to potency

is keeping your arteries clean of fat deposits. So if you want good sex, good exercise and good food is the key.

**Health Care Reform:** Lots of you ask me what I think about this, because you know I have been involved in the debate. Here's my answer, if you have internet access: <http://www.frontporchrepublic.com/?p=6249>. And for the best article I have ever read on the economics of health care: <http://www.theatlantic.com/doc/200909/health-care>. Short answer: nothing under consideration by the present Congress will control the explosion in medical costs, so we'll be revisiting this issue in a few years when our Senators and Representatives get serious. They're not, so far. However, our grandchildren will be paying for their present efforts, which will provide some kind of insurance for another 20 or 30 million people, starting in 2014. In the meantime...

**New Patients:** We run a lean and efficient practice, which enables us to give excellent care to more patients. It also means you can be seen quickly, if necessary. One of the things I have learned in 23 years of private practice is that the sooner I get a handle on the big picture, the sooner I can make your care routine. Routine is good. It keeps you out of the hospital, and it saves me time and you money. In the past, I have not required that new patients schedule a database physical, because I grew up in the Hippie generation. However, I'm getting crankier as I mature. So we're going to continue to accept new patients, but only on the condition that you let me get the goods on you from the get-go. We'll see you once, if you have an immediate need, but you'll have to schedule a thorough, two-part examination if you want us to be your medical home.

**Breakfast of Champions:** At least once a year we make all of you measure your body fat. Then we tape it to a sheet with some explanatory material, which includes what I began calling the *Breakfast of Champions* as a joke many years ago. The title is tongue-in-cheek, but I'm not kidding. Vitamins and supplements aren't as important as diet, exercise, and drugs (when indicated), but before you spend a bunch of money on the latest recommendation from *Mens Health* or *Cosmopolitan*-- or your friend, the Christian supplement saleswoman-- you'd be well advised to follow my recommendations. I'm a cheapskate. A full explanation can be found in the 2009 newsletter on the website, but for 2010 I'm making a couple of changes. First, **vitamin E is out**. The research failed to support any benefit in preventing prostate cancer. Second, a **baby aspirin** is now recommended for diabetic women, as well as all men. Third, glucosamine/chondroitin is recommended for everyone over 50. **Finally, we're in the midst of an epidemic of vitamin D deficiency**. I quit checking; everyone was deficient, and the test was expensive. What happened? It may be that we have oversold sunscreens. Remember that vitamin D is the sunshine vitamin, and it is important in the prevention of osteoporosis. And we store it, because it is fat soluble. So here's the deal: in the summer, put sunscreen on your face and shoulders, and expose the rest of your body (dependent on local laws) to Brother Sun for a couple of hours each week. How's that for good news?

**Family-Centered Maternity Care:** I don't advertise our practice in the Yellow Pages, or radio, or TV. The vast majority of our new patients come from your recommendations. I haven't asked for those, but I appreciate your trust in our service, and we couldn't exist without you. Now I'm going to ask for something specific. Many local family physicians, have given up OB. It's not that they don't enjoy delivering babies-- but with C-sections more frequent, and lots of good obstetric specialists in town, they're just not doing enough deliveries to stay good at it. I'm not there yet, but my numbers are dropping. Just because I enjoy delivering babies isn't a good reason for recommending us to friends. We have some advantages, the most important of which are convenience, cost, and continuity. We don't waste money on ultrasounds just to pad our net income. We answer questions about other family members, and take care of other problems (*don't ask your obstetrician about that rash, or your sister's arrhythmia*) during a one-stop-shopping visit. We don't schedule deliveries for "convenience"-- either yours or mine (deliveries between 35 and 39 weeks have recently proved to cause problems for baby). And I deliver about 95% of mothers I've followed during pregnancy myself (obstetricians deliver on a call rotation). I'm always on call for deliveries. So if you know any candidates, I'd be glad to talk to them.

**Exercise Research:** Regular exercise lowers the risk of stroke by 27%, diabetes by 50%, high blood pressure by 40%, breast cancer mortality by 50%, colon cancer by 60%, Alzheimers disease by 40%, and depression as well as drugs or therapy. Wait-- there's more! I know you're going to die of something, some day, and in the meantime you're busy, right? No time for exercise, right? High-fitness people have 12 fewer days of illness per year than couch potatoes, and their severity of illness is 37% less when they do get sick. I'm in the high-exercise group, I haven't missed a day of work due to illness in over a decade, and I dedicate no more than 80 hours per year in my exercise routine. What's it worth to not feel like poop for a couple of weeks a year? What's it worth to look forward to being productive for 80 years, instead of 65? What's it worth to be able to throw a football with your grandson, or chop wood when you're retired? **What's it worth to not become an old fart in the eyes of the world?** I just read an article on Jack LaLanne, the country's first fitness guru (if you're in my generation, you remember). For his 60<sup>th</sup> birthday, he towed a 1000 pound boat across San Francisco Bay, with hands and feet shackled. Ditto for his 70<sup>th</sup>, but this time it was 70 boats and 70 people across Long Beach Harbor. Now he's 95, and looks pretty darn good. My favorite quote: "Dying is easy. Living, you've got to work at."