



# SCCG News



## SENIOR CARE CONSULTANT GROUP

*Consultant Pharmacists . . . Dispensing Knowledge*

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**S**odas — even diet ones — may be linked with increased risk factors for heart disease and diabetes. Researchers have found adults who drink one or more sodas a day had about a 50 percent higher risk of metabolic syndrome — a cluster of risk factors such as excessive fat around the waist, low levels of "good" cholesterol, high blood pressure and other symptoms.

"When you have metabolic syndrome, your risk of developing heart disease or stroke doubles. You also have a risk of developing diabetes," said Dr. Ramachandran Vasan of Boston University School of Medicine, whose work appears in the journal Circulation.

Prior studies have linked consumption of sugar-laden sodas with multiple risk factors for heart disease, but Vasan and colleagues also found the link extends to diet sodas. The study included about 6,000 middle-aged men and women who were observed over four years. Those who drank one or more soft drinks a day had a 31 percent greater risk of becoming obese. They had a 30 percent increased risk of developing increased waist circumference — which has been shown to predict heart disease risk better than weight alone. They also had a 25 percent increased risk of developing high blood triglycerides as well as high blood sugar,

and a 32 percent higher risk of having low high-density lipoprotein or "good" cholesterol levels. The researchers then analyzed a smaller sample of participants on whom data on regular and diet soft drink consumption was available. Those who drank one or more diet or regular sodas per day had a 50 to 60 percent increased risk for developing metabolic syndrome. "The part about diet soda is more intriguing," Vasan said. He said people who drink soda, whether diet or sugar-sweetened, tend to have similar dietary patterns. "On average, soda drinkers tend to eat more calories, consume more saturated fat and trans fat, eat less fiber, exercise less and be more sedentary," Vasan said in a telephone interview. The researchers adjusted for those factors and still observed a significant link between soft drink consumption and the risk of developing metabolic syndrome. Vasan said there are several theories about how diet sodas could increase a person's metabolic risk. "One possibility is that diet soda is sweet. Maybe drinking something sweet conditions you in such a way that you develop a preference for sweet things," he said. "Also, diet soda is a liquid. When you take liquids at a meal, they don't satiate you as much (as solids)," he said. The caramel coloring of some

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### Moving to SNF May Quicken Alzheimer's Decline

**S**hifting from a community setting to a nursing home may be too difficult a transition for some Alzheimer's patients, a new study finds. Use of adult day care prior to nursing home placement could be a key intermediate step, according to researchers at Rush Alzheimer's Disease Center, Chicago. A four-year study tracked more than 400 elderly people with Alzheimer's disease. Those who had a higher level of day care use prior to nursing home admission had a lower rate of mental decline after they were placed in a long-term care facility, researchers found. At the beginning of the study, all participants lived

in the community; about half were using day care services. People were using day care at least three to four days a week at the beginning of the study showed no initial increase in cognitive decline upon nursing home placement, though all study participants eventually displayed some loss of cognitive ability.

An increased cognitive decline upon nursing home admission might reflect patients' trouble adapting to an

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## Can You Pass the Stomach Acid Test?

We already know that a diet full of too much sugary stuff -- particularly the refined sugars found in candy and soda and refined grains like white rice and white flour -- may lead to serious health problems such as obesity and diabetes. But many people are unaware that too much sugar in their diet can also cause another less talked-about condition -- low stomach acid. This is because the byproducts of fermentation can impair proper levels of acid production in the stomach.

Relying on these foods for fuel is like putting low-grade gasoline in a car that requires mid-grade or premium, Daily Health News consulting medical editor Andrew L. Rubman, ND, told me. "Excess sugar may ferment, thereby feeding the growth of yeasts and bacteria. The result is poor digestion, which can lead to fatigue, mood imbalances, nausea and system-wide disease states consistent with malnutrition," he said. Ultimately everything in the body -- muscle, bone, central nervous system and cardiovascular function -- is affected.

Stomach acid, or hydrochloric acid, activates digestive pepsinogen that helps your body break down food. Dr. Rubman explained that the stomach needs to maintain a very acidic mid-meal environment, with an average basal pH of 2.16 in men and 2.79 in women. "That's acidic enough to dissolve a pea-sized meatball in 20 seconds," he says. Food doesn't digest properly if your stomach has insufficient acidity, or a pH that is too high. The results -- gas, bloating, belching, diarrhea or constipation -- are not pleasant.

According to Dr. Rubman, approximately one-third of American adults over age 40 have less than optimal amounts of stomach acid, which many experts blame on poor diet, based on too many refined carbohydrates.

These foods promote the unchecked growth of microorganisms in the gastrointestinal tract, triggering inflammation and excessive mucus secretion, and preventing the cells in the gut from producing acid in quantities adequate for digestion. Regular use of the many acid-suppressing medications or taking too many other medications (prescription and OTC) can also hinder your stomach's ability to produce enough acid -- as can aging. The result is an inability to absorb needed nutrients, and as explained above, a digestive system that can't control the growth of harmful bacteria and yeast.

If you experience gassiness and bloating, discomfort after eating, or notice that you have brittle nails, the root cause may be low stomach acid. While a conventional doctor would likely address each symptom separately, a naturopathic doctor, or ND, is more apt to recognize and successfully treat the condition of low stomach acid itself, says Dr. Rubman.

Barring a medical condition such as stomach ulcer, he and others with his training and outlook will generally recommend a plant-based digestive enzyme to help restore the stomach's ability to produce acid. Limit refined sugars and include more moderate and low-glycemic index carbohydrates, such as most fruits and vegetables, and legumes, seeds, nuts and beans. Prescribing a pro-biotic to encourage the growth of healthy bacteria, if indicated from testing, may also be helpful. (This may involve taking a series of different beneficial bacteria supplements, but your physician will provide details.) And finally, try to eat three times a day, without snacking, and incorporate reasonable amounts of healthy fats and fiber into your diet, which will promote appropriately timed and more complete digestion.

*Source: Andrew L. Rubman, ND, director, Southbury Clinic for Traditional Medicines, Southbury, Connecticut.*

## Infectious Disease

The news has many patients asking about drug-resistant tuberculosis. MULTI drug-resistant TB used to be the big concern. These strains are resistant to our best drugs, isoniazid and rifampin. This occurs in about 1.2% of U.S. Cases but is more common overseas. EXTENSIVELY drug-resistant TB is the new worry. These strains are resistant to isoniazid, rifampin, and quinolones, plus amikacin, kanamycin, or capreomycin. This type of TB is much harder to treat and is more lethal. Some patients require lung surgery to remove the infection. Extensively drug-resistant TB is very rare so far in the U.S. But it could spread, especially among immuno-compromised patients.

Drug-resistant TB is more likely to occur when patients don't take their meds correctly. Refill reminders and adherence is recommended. We recommend "directly observed therapy" if the patient might not take the drugs unless somebody is watching.

People need to be reassured they are NOT likely to get TB from brief exposures, such as sitting in a waiting room or on a domestic flight. It usually takes close AND prolonged exposure to transmit TB.

# Medication Update

**M**ucinex and Humibid will soon be the only long-acting guaifenesin products left standing. The FDA already ordered all other SINGLE-ingredient long-acting guaifenesin products off the market in 2003 when Mucinex came out. Now they are also targeting unapproved COMBO products that contain long-acting guaifenesin (*Guaifenex*, *Crantex*, etc.). The only approved long-acting combo products are *Mucinex* with dextromethorphan (*Mucinex DM*) and pseudoephedrine (*Mucinex D*). Mucinex or Humibid are recommended if patients need long-acting guaifenesin. However patients should be alerted that their insurance company might not cover these products since they are OTC, and generic versions won't be allowed until 2012. Also, guaifenesin is only mildly effective. FDA's action does not affect products that contain immediate-release guaifenesin (*Robitussin*, etc.)



**J**anumet™ is a new combination tablet for the treatment of type 2 diabetes. It contains sitagliptin (*Januvia™*), the new DPP-4 (dipeptidyl peptidase-4) inhibitor, and metformin. The FDA approved *Janumet™* for adults who are not adequately controlled on either drug alone, or are currently taking both drugs. About one third of diabetes prescriptions are for metformin, the recommended initial medication. Sulfonylureas and glitazones are frequently added to metformin. Sitagliptin is a new add-on option. *Janumet™* will likely be marketed as an effective combination that avoids the potential problems of sulfonylureas and glitazones. Sitagliptin does not cause weight gain or edema and has a low risk of hypoglycemia. Merck also points out that *Janumet™* targets the 3 key defects in type 2 diabetes: decreased insulin release, excessive hepatic glucose production, and insulin resistance. It is taken twice daily with meals and comes in 2 strengths (50 mg sitagliptin plus 500 or 1000 mg metformin.) Patients who take both drugs should know that there is no therapeutic benefit with switching to *Janumet™*, and to finish their current supplies before considering a switch. The main advantages of *Janumet™* are the convenience of taking a single pill, and possibly, a lower co-pay with 1 rather than 2 prescriptions.

**A**ll medications approved for the management of attention-deficit/hyperactivity disorder (ADHD) now will carry a black-box warning to alert patients and health professional of possible cardiovascular risks and risks of adverse psychiatric symptoms. Reports revealed cases of sudden death in patients with underlying heart disease or serious heart defects and cases of stroke and myocardial infarction. Patients with a history of heart disease, depression, or psychosis should not receive these medications. FDA also required that all manufacturers of medications for ADHD develop Patient Medication Guides to alert patients of these warnings.



## Rumor vs. Truth

**R**umor: H2-blockers (cimetidine, famotidine, etc) can be used to treat skin allergies.

**T**ruth: Urticaria or "hives" is primarily caused by the release of histamine in response to an allergen, and most of this histamine activity is mediated by H1 receptors in the skin's blood vessels. Hence the mainstay of therapy for acute urticaria is an H1-receptor antagonist, *Zyrtec*, *Claritin*, chlorpheniramine, etc. But

there's some evidence that adding an H2 receptor antagonist is sometimes more effective than an H1 blocker alone. This may seem counterintuitive since H2-blockers are mainly for the prevention and treatment of GI ulcers and bleeding. But there are a small number of H2 receptors in the skin. The idea is that H2-blockers offer a more complete blockade of histamine receptors once H1 receptor blockage is maximal. Low doses of tricyclics such as doxepin are also sometimes used because of dual inhibition of both H1 and H2 receptors. But before going with this add-on approach, consider increasing the dose of the H1 blocker first if tolerable. Patients should avoid known triggers and NSAIDs or aspirin as these release histamine and may aggravate the condition. Patients should report any facial or tongue swelling, or don't respond to antihistamines. These patients may require a course of oral steroids or other treatments.

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sodas also may play a role. He said caramel coloring in animal experiments was associated with tissue inflammation. "These are all theories which we have not studied," Vasan said. He said while the study showed an association between soda consumption and having a higher risk of metabolic syndrome, it does not prove soda was the cause. "Before people change their habits, we would like to see these data replicated in other studies, he said. "We'd also like nutrition scientists to conduct additional research to help us understand why diet soda is associated with metabolic risk." The American Heart Association, which publishes Circulation, said people should understand that the study did not demonstrate that diet sodas cause heart disease and said it can be better to have a diet drink than a full-calorie soda. "The American Heart Association supports dietary patterns that include low-calorie beverages like water, diet soft drinks, and fat-free or low-fat milk as better choices than full calorie soft drinks," the group said. The American Beverage Association said in a statement e-mailed to Reuters it appreciated the heart group made clear "the report ... does not show that soft drinks cause an increased risk of heart disease and it recognizes that diet soft drinks are a good option for those looking to cut calories in their beverages."

Article from NewsMax.com

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unfamiliar environment, researchers note in their report which was published in the *American Journal of Psychiatry*.

In addition patients with prior adult day care experiences simply may be better able to adjust to the unfamiliar environment of a nursing home, researchers suggest. Long-term care provider groups acknowledge the growing need for transitional levels of care for people with Alzheimer's and dementia.

"Adult day care is a fast-growing part of the aging services continuum, because it allows many people to remain in their own homes and also provides respite for family members," said Lauren Shaham, spokeswoman for the American Association of Homes and Services for the Aging, a group for nonprofit providers.

Article from MLTCN

## NutritionUpdate

### H eart Benefits of Fish Oil?

The serum arachidonic acid:eicosapentaenoic acid (AA:EPA) ratio is a biochemical marker of coronary artery disease (CAD) risk, as well as a tool to measure omega-3 fatty acid supplementation response. This prospective study measured how supplemental fish oil capsules (containing omega-3 fatty acids) affected the baseline AA:EPA ratio in CAD patients and healthy patients. Thirty CAD patients and 30 healthy patients received the 1.5-g capsules daily for 4 weeks, followed by 3 g per day for another 4 weeks. In addition to measuring the AA:EPA ratios, the authors documented patients' lipid profiles, high-sensitivity C-reactive protein (hs-CRP), and blood glucose levels as secondary outcomes.



The authors concluded that omega-3 fatty acids reduced AA:EPA ratios in both healthy and CAD patients. Triglyceride levels in healthy subjects decreased 20% with 1.5 g/day of omega-3 fatty acids, and decreased 32% with 3 g/day; however, triglyceride levels did not improve among CAD patients. In addition, omega-3 fatty acids did not affect hs-CRP or blood glucose levels in either group.

In this study, fish oil capsules containing omega-3 fatty acids effectively lowered the AA:EPA ratio in both healthy and CAD patients. Several studies have found that lowering the AA:EPA ratio improved CAD outcomes, including the Study on Prevention of Coronary Atherosclerosis by Intervention with Marine Omega-3 Fatty Acids (SCIMO), the Lyon Diet Heart and the Physician's Health Study. Specifically, the Lyon Diet Heart Study that a 30% reduction in the AA:EPA ratio was associated with a 70% reduction in the risk for myocardial infarction. The US Food and Drug Administration recently approved a prescription form of omega-3 fatty acids as an adjunct to treatment of very high (> 500 mg/dL) triglyceride levels. In this study, triglyceride levels in the CAD patients did not decrease after receiving omega-3 fatty acids. However, the study did not reveal whether any of the CAD participants had "very" high triglyceride levels. A larger and longer prospective study including CAD patients with documented "high" triglyceride levels may demonstrate lipid profile effects from omega-3 fatty acids.

Article from Medscape