



The Liker Health Report

Keeping People Focused on Staying Fit & Healthy

Fall 2008

The Liker Health Report is a quarterly publication intended to raise awareness of health-related issues and to encourage readers to take charge of their health and live healthier, more fulfilling lives.

The Heart of the Matter: ACID-LOWERING DRUGS & FOOD POISONING

Is the stomach acid-lowering medication you're taking for GERD making you more susceptible to food poisoning? Very likely. People who take proton pump inhibitors (PPIs) such as Prilosec®, Prevacid®, or Nexium® may be putting themselves at risk of food-borne illnesses such as salmonella, E. coli, and listeria; these medications interfere with the normal function of stomach acid.

People are understandably concerned with the recent outbreaks of Salmonella from contaminated fresh produce, yet the reality is that food growing, harvesting and processing is safer than ever. Instead of salmonella on the rise, it may be a case of increased susceptibility on the rise. More people than ever are taking acid suppression medications. Additionally, as people age, stomach acid production declines, and statistics show that the elderly accounts for the majority of those affected by food-borne illnesses.

Bacteria are commonly present in food and beverages, and the stomach acid reduces the number of bacteria in the intestinal tract. So, by decreasing stomach acid, it's like giving the bacteria free reign to make you sick. Additionally, suppressing the production of stomach acid allows the bacteria to multiply more abundantly in both the stomach and small intestine. This can lead to symptoms of heartburn, bloating, and belching.

Salmonella: In Perspective

Every year in the United States, 40,000 cases of salmonella are reported, and 400 people die annually. Death is more likely in the elderly or very young. Milder cases of salmonella are usually not reported and the Centers for Disease Control estimates that the actual number of cases is likely to be 30 times higher than the number of reported cases.

A word of caution to the millions of people taking acid-lowering drugs: Do not stop cold turkey. Check with your physician first. If you've been taking a PPI for an

extended period of time, your body will have adjusted to the medication by making more acid-producing cells. If you suddenly stop taking a PPI, the acid-producing cells will go into overdrive and produce such an abundance of acid that you'll have intense stomach pain. Therefore, gradually weaning yourself from PPIs, with the help of your physician, is recommended.

Alternative Treatments for GERD

- ▶ eat smaller meals.
- ▶ chew food thoroughly.
- ▶ eat your last meal 3 hours before bedtime.
- ▶ sleep with the head of your bed elevated 6 inches.
- ▶ open and mix a calcium citrate capsule into a glass of water and drink immediately after every meal; reports suggest that calcium might help strengthen the valve between the esophagus and the stomach.

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Your Lifestyle: SURVIVING THE HOLIDAYS

Holiday Stress

Many people begin the holiday season with too much to do and too few resources. There are time pressures, financial responsibilities, unfulfilled expectations, and unhappy memories of holidays gone by. People have a tendency to rush too much, worry too much, eat and drink too much, and sleep too little. Instead of enjoying the holidays, they experience headaches, fatigue, anxiety, depression, and sleeplessness.

So how can you survive the holidays without becoming a grinch? First, you must realize that you're entering a period where there just won't be enough hours in the day to accomplish everything you need to do. If you can identify your stressors, you can handle them more effectively.

Second, realize that everyone around you is in the same situation. Remember that tempers are likely to be shorter and everyone is in a hurry. A long aggravating line at the department store may just be the place where you find out who has learned to deal with stress. Hopefully, it's you!

Third, realize that you cannot do everything yourself, so delegate and share the responsibilities with family and colleagues. Be realistic with your goals and maintain the lines of communication. This is the time for everyone to pull together and work as a team.

Fourth, know thyself. If you are prone to irritability, depression, or a touch of the holiday blues, prepare yourself. Minimize the caffeine and alcohol you consume. Avoid overeating and get some recreational activity. Stay away from the family arguments and squabbles. If you take medication, discuss with your doctor or therapist whether any dosage changes are recommended.

Lastly, the holidays often bring back memories of family arguments or fights during the previous year. Don't let these memories haunt you. Call to wish the person a happy holiday. He or she probably feels as bad as you, and would welcome your call. Make an early New Year's resolution -- to end 2008 on a high note.

Holiday Entertaining & Alcohol

Whether you're hosting a party for family and friends or you'll be the guest, there's a good chance that you'll serve or be served alcohol. Most people don't realize how quickly alcohol affects them -- even small amounts of beer or wine. Alcoholic beverages have different effects based on a person's body weight; the food eaten or not eaten with it; existing fatigue or tiredness; and the strength of the drink. Examine your beliefs about drinking and learn how to handle drinking situations. Don't let alcohol cause tragedy for you and your loved ones this holiday season.

- ▶ *Know your limit.*
- ▶ *Eat while drinking.*
- ▶ *Drink plenty of water before and after drinking to help compensate for the dehydrating effect of alcohol.*
- ▶ *Avoid drinking too fast. Sip instead.*
- ▶ *Be aware of unfamiliar drinks.*
- ▶ *Don't rely on alcohol to relax.*
- ▶ *Don't drink to solve your problems.*
- ▶ *Be a positive role model for your children by making wise decisions about drinking.*
- ▶ *Choose a designated driver if you plan to drink.*
- ▶ *Do not allow a friend to drive if he/she is drunk.*



Tips for Entertaining with Alcohol

- ▶ *Provide a relaxed atmosphere for guests.*
- ▶ *Always offer non-alcoholic beverages.*
- ▶ *Clearly identify all beverages as alcoholic or non-alcoholic*
- ▶ *Provide snacks for your guests. Avoid too many salty snacks which increase thirst and may cause guests to drink more alcohol than desired.*
- ▶ *Allow your guests to accept or decline alcoholic beverages; never force an alcoholic drink on someone.*
- ▶ *Create an atmosphere that discourages overindulgence.*
- ▶ *Take responsibility for guests who have had too much to drink. Call a taxi or arrange a safe ride home; or let the drunken guest spend the night at your home. Never allow a drunken guest to drive a car or ride a motorcycle or bicycle.*

Playing It Safe: EYE INFECTIONS

Conjunctivitis (“pink eye”) is a common eye infection in children although anyone can contract it due to its highly contagious nature. It can be the result of either bacteria, a virus, or allergies, and may affect one or both eyes. The conjunctiva is a thin membrane on the inner surface of the eyelid that contains tiny blood vessels and produces mucus for lubricating the outer surface of the eye. When the conjunctiva become infected with the virus, bacteria, or allergens, they become inflamed; the blood vessels get larger, making the eye appear red. Pink eye also irritates the clear layer which covers the eyeball. Symptoms may include the following:

- ▶ redness in the eye(s)
- ▶ watering eye(s)
- ▶ swollen, red eyelid(s)
- ▶ itchy or sore eye(s)
- ▶ excess eye mucus and crusty eyelashes after sleep
- ▶ hazy vision
- ▶ a feeling that something is stuck in your eye(s)



Because bacterial and viral conjunctivitis are so contagious, it is important to see your doctor immediately. Allergic conjunctivitis is not contagious, however, only a doctor can determine what is causing the infection and what is the best course of treatment. Antibiotic eye drops or ointment will clear bacterial conjunctivitis within a few days. Viral conjunctivitis will go away on its own within a week to ten days. Allergic conjunctivitis usually responds to treatment of the underlying allergies. A cool compress placed on the eyes and an artificial tears product may relieve some of the discomfort of viral and allergic conjunctivitis. The best defense against conjunctivitis is good hygiene to prevent its spread.

- ▶ Wash you hands frequently with soap and warm water.
- ▶ Avoid touching your eyes.
- ▶ Avoid re-using handkerchiefs to wipe your eyes or face.
- ▶ Clean contact lenses regularly and properly.
- ▶ After an eye infection, replace disposable contact lenses and eye makeup products.
- ▶ Stay at home until the infection is gone.

A sty (hordeolum) is a red, painful, pus-filled lump located on the edge or inside of the eyelid. As the sty swells and enlarges, it can not only become increasingly painful, but can impair vision because the eye can't fully open. Sties are caused by a bacterial infection that typically develops near the root of an eyelash. The infection can develop because of poor hygiene, including not disinfecting contact lenses properly or washing hands before putting contacts in; using expired cosmetics; and wearing eye makeup overnight.

Most sties disappear on their own after it ruptures and the pus drains. They are not contagious, but multiple sties or successive infections can develop if good hygiene is not maintained. You should seek medical advice if you experience any of the following:

- ▶ sty interferes with your vision
- ▶ you experience frequent infections
- ▶ sty does not go away on its own
- ▶ the redness and swelling extends beyond your eyelid into the face or cheek

There are a few other conditions that are similar to a sty, so after your physician confirms that it is indeed a sty, he/she may prescribe a topical antibiotic cream. If the sty won't rupture on its own, your doctor may lance and drain it. ***It is never a good idea to try this yourself.*** The best defense against sties is good hygiene.

- ▶ Wash you hands frequently with soap and warm water.
- ▶ Avoid touching your eyes.
- ▶ Do not used expired cosmetics.
- ▶ Do not share cosmetics with anyone.
- ▶ Clean contact lenses regularly and properly.
- ▶ Use only clean hands when inserting contact lenses.

To speed the rupture of a sty, as well as soothe the pain, prepare a warm, wet compress using a clean cloth and apply it to the eyelid for ten minutes, at least 4 times a day. After the sty ruptures and drains, be sure to keep it clean.

The Inside Story: CARPAL TUNNEL SYNDROME

What is carpal tunnel syndrome?

Carpal tunnel syndrome (CTS) is a progressive condition which results from chronic compression on the median nerve in the wrist. The compression is caused by the inflamed tendons which swell inside the carpal tunnel. CTS is classified as a cumulative trauma disorder, that is to say that it is the result of repetitive hand or finger motions or keeping the hand in the same position for extended periods of time. CTS is very common in people whose job requires the extensive use of a few muscles, such as computers or assembly line work. CTS is a growing health concern since so many of today's jobs require employees to use computer keyboards.

There may be a congenital predisposition component to CTS; having a smaller carpal tunnel may simply trigger CTS when a person performs repetitive motions. Other conditions which cause compression of the median nerve include:

- ▶ arthritis
- ▶ gout
- ▶ diabetes
- ▶ fluid retention (i.e., during pregnancy)
- ▶ obesity
- ▶ metabolic imbalance (i.e., thyroid)
- ▶ emotional stress
- ▶ hormonal changes in women (i.e., during pregnancy or menopause)

What are the symptoms?

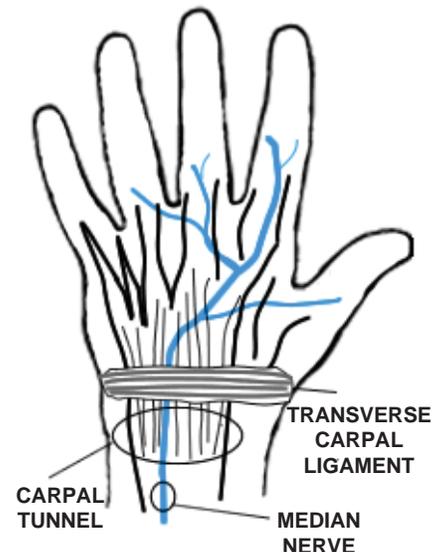
The symptoms typically begin gradually and become progressively worse over time. It usually begins with pain, weakness or numbness in the hand and wrist which radiates up the arm. This can be accompanied by tingling or burning sensations in the hands and fingers. As symptoms get worse, making a fist and grasping small objects may become more difficult, as may tasks that require manual dexterity.

How is Carpal Tunnel Syndrome diagnosed?

The two most common tests used to diagnose CTS are electromyography (EMG) and nerve conduction studies (NCS). A neurologist or a physiatrist, a rehabilitative medicine specialist, will administer these tests which measure the speed and degree

ANATOMY of the WRIST

Ligament and bone form a narrow tunnel in the wrist (the carpal tunnel). The median nerve carries signals from the brain to the hand, telling it to open and close. The median nerve and tendons pass through the carpal tunnel. The transverse carpal ligament covers the carpal tunnel.



of electrical signals coming from the brain to the muscles and nerves. EMG and NCS are often used in combination to confirm a diagnosis and to evaluate whether therapy is having a positive impact.

During an electromyography test, thin needles placed in the muscles of the arm record the electrical activity when you tense and relax the muscles. The doctor administering the test views a monitor that projects the electrical signals; both the doctor and patient can hear the sounds from the electrical signals as the muscles contract.

Nerve conduction studies involve placing electrodes on the skin of the arm, wrist and hand and stimulating the nerve with an electrical current. The electrodes capture the signal and the speed of the current as it travels down the nerve pathway. When the nerves are healthy, the current can travel as fast as 120 miles per hour. Damaged nerves have slower and weaker signals. NCS help doctors pinpoint the specific site of the nerve compression or damage.

What are the treatment options for CTS?

If you have been diagnosed with carpal tunnel syndrome, there are several treatment options available. The goal of all treatment modalities is to relieve the pressure on the median nerve, and they fall into one of three categories -- non-surgical, surgical, and alternative therapies. You and your doctor should make a decision about which treatment is best for you depending upon the severity of symptoms; the cause of the symptoms; the duration of symptoms; and the impact of symptoms on work and home life.

NON-SURGICAL TREATMENT OPTIONS

Ideally, doctors and patients would like to avoid surgery if possible or postpone it until it is absolutely necessary. Non-surgical treatments are most effective in people who are younger than fifty and symptoms are mild to moderate, intermittent, and have been present for less than a year. Most people will experience short-term relief from their symptoms by utilizing one or more non-surgical treatments. Many people will even have long-term relief; however, if no relief is achieved, surgery should be considered.

Activity Modification: Because wrist positioning is vital to controlling carpal tunnel symptoms, take care to keep the wrist straight, and there will be less pressure on the median nerve. Evaluate your daily activities and incorporate these ergonomic techniques.

- ▶ Maintain a relaxed wrist in the neutral position.
- ▶ Avoid bending the wrist maximally up or down.
- ▶ Avoid using tools that vibrate.
- ▶ Keep hands warm or at a comfortable temperature.
- ▶ Maintain proper sitting and standing posture.
- ▶ Take regular breaks to gently stretch your hands and fingers.



Did You Know?

The carpal tunnel is at its maximum width when the wrist is straight; it is most narrow when the wrist is either bent downwards or cocked backwards.

Wrist Splinting: Because an unbent wrist will maximize the size of the carpal tunnel and reduce pressure on the median nerve, a brace that immobilizes the wrist will help relieve symptoms. Splinting is typically done at night, although some people find it helpful during the day, if it does not interfere with normal hand and wrist movements. Improvement is not immediate, and it may take several weeks before symptoms diminish.

Physical Therapy: Hand exercises performed by the patient or with the assistance of a therapist can ease CTS symptoms. These techniques are even more effective when combined with splinting. Gliding exercises involve finger movement patterns that allow the nerves and tendons to glide smoothly through the carpal tunnel. Deep, pulsating ultrasound directed at the carpal tunnel reduces pain and numbness and can restore hand strength. Alternate soaking between cold and warm water provides relief in some people.

Corticosteroid Therapy: If activity modification, splinting, and physical therapy do not offer sufficient relief, corticosteroid injections often provide immediate relief. The drug of choice, cortisone, is injected directly into the carpal tunnel. Most patients receive maximum symptom relief one month after the injection which can last anywhere from several weeks to a year. Because corticosteroids have side effects, no more than three injections annually are recommended. Oral corticosteroids, such as prednisone, are not as effective but can relieve some symptoms.

ALTERNATIVE TREATMENT OPTIONS

Acupuncture, chiropractic and yoga are three modalities that are increasing in popularity despite any overwhelming scientific evidence to support their effectiveness. However, the National Center for Complementary and Alternative Medicine is funding more research to substantiate health claims. What is true is that non-surgical and alternative treatments work best for patients with mild to moderate symptoms. When these modalities no longer bring relief, surgery is necessary. The next issue of *The Liker Health Report* will focus on surgical treatments for CTS.

Personal Health: MENORRHAGIA

Menorrhagia is the medical term for heavy or prolonged menstrual bleeding. Normal menstrual flow produces an average blood loss of 30 to 40 milliliters, equivalent to about 2 to 3 tablespoons. Menorrhagia is defined as a loss of 80 milliliters or more. Despite the tendency to think that one's period is long and heavy, few women actually experience blood loss severe enough to be diagnosed as menorrhagia.

At any time during a woman's reproductive years, she may experience menorrhagia, although it is common in young women who have just begun menstruating; this is due to irregular ovulation caused by the hormone imbalance at the onset of puberty. A young woman's periods normalize about a year after menarche (first period). Women approaching menopause may experience menorrhagia caused by the hormone imbalance at the end of her reproductive life.

Estrogen and progesterone regulate the buildup of the lining of the uterus in preparation for embryo implantation. If a woman's egg is not fertilized, the uterus will shed this lining, which is called menstruation. A hormonal imbalance will cause an excessive buildup, thereby causing menorrhagia. Other conditions can cause menorrhagia, including uterine fibroids, uterine polyps, a lack of ovulation, using an intrauterine device (IUD), miscarriage, ectopic pregnancy, pelvic inflammatory disease, endometriosis, thyroid problems, liver or kidney disease, as well as anti-inflammatory medications and anticoagulants. Because the potential causes are numerous, it is important to seek medical care, particularly if you experience heavy bleeding (soaking of at least one sanitary pad or tampon an hour for more than a few hours). Severe pain which doesn't subside with at-home remedies or over-the-counter pain relievers should also be reported. A pregnant woman should notify her doctor

immediately if she has any abnormal bleeding, discharge, or pain.

Diagnosing Menorrhagia

To accurately diagnose menorrhagia, all other menstrual disorders and medical conditions must be ruled out. A gynecologist will take a thorough medical and menstrual history, perform a physical exam, and ask the patient to keep a menstrual diary. Additional tests may be performed, such as: (1) **blood tests** to check for anemia, thyroid disorders, or blood-clotting problems; (2) **pap test** to check for cervical infection or inflammation; (3) **endometrial biopsy** to check for microscopic changes in the uterine tissue; (4) **ultrasound** to view images of the uterus, ovaries, and pelvis; and (5) **dilation and curettage (D & C)** to collect tissue samples from the uterine lining.

Symptoms of Menorrhagia

- ▶ menstrual bleeding that completely soaks through one or more sanitary pad or tampon every hour for 2-3 consecutive hours
- ▶ double sanitary protection is necessary to control menstrual flow
- ▶ menstrual period lasting more than seven days
- ▶ menstrual bleeding that includes large blood clots
- ▶ menstrual flow significantly interferes with a woman's day-to-day activities
- ▶ constant lower abdominal pain during menstrual period
- ▶ anemia symptoms - tiredness, fatigue, shortness of breath

Treating Menorrhagia

If menorrhagia does not go away on its own, medications are the first treatment option. Nonsteroidal anti-inflammatory drugs, such as ibuprofen (Motrin®, Advil®), help decrease the amount of blood loss. Oral contraceptives help regulate ovulation, thereby decreasing both prolonged and excessive menstrual periods. Progesterone is prescribed to regulate hormone levels. Additionally, iron supplements can be used to treat as well as prevent iron deficiency anemia.

Several surgical options are available if medications do not work. These include endometrial ablation to permanently destroy the uterus lining, and endometrial resection to remove the uterus lining. These procedures can restore normal menstrual flow or halt it completely; however, the downside is that it also reduces a woman's ability to become pregnant.

Continued on page 7.

MENORRHAGIA *continued from page 6*

An iron-rich diet along with iron supplements can benefit women with iron deficiency anemia. The actual amount of iron absorbed by the body depends on whether it comes from an animal or plant-based food. Animal food sources such as liver, clams, mussels, sardines, shrimp, beef and turkey contain highly absorbable iron (heme iron). Iron from vegetable sources less absorbable (non-heme iron); however, lentils (*see recipe below*), cooked beans, pumpkin seeds, and backstrap molasses are excellent sources. Other foods which enhance iron absorption include oranges, grapefruit, cantaloupe, strawberries, broccoli, brussel sprouts, tomatoes, potatoes, green and red peppers, and iron-fortified cereals.

Brown Lentils and Rice with Carmelized Onions*

5 tablespoons extra-virgin olive oil
 2 large Spanish onions, halved and thinly sliced
 1½ cups large brown or green lentils, rinsed
 5 cups water
 1¼ cups long-grain rice
 Salt and freshly ground pepper
 1 cup plain yogurt
 1 small garlic clove, finely chopped
 1 teaspoon fresh lemon juice
 ¼ teaspoon ground cumin

Heat 3 tablespoons of the olive oil in a large skillet. Add the onions, cover and cook over low heat, stirring occasionally, until softened, about 10 minutes. Uncover and cook, stirring from time to time, until the onions are golden brown, about 10 minutes longer. In a medium saucepan, combine the lentils and water. Bring to a boil, then simmer over low heat until the lentils are partially cooked, about 15 minutes. Stir in half the onions, the rice and 1 tablespoon of olive oil and season with salt and pepper. Cover and cook over low heat until the rice and lentils are tender, about 20 minutes. Add more water if needed to prevent sticking. Meanwhile, cook the remaining onions over high heat until dark brown and caramelized, about 5 minutes. Stir the onions frequently so they don't stick to the bottom of the skillet and burn. In a small bowl, combine the yogurt with the garlic, lemon juice and cumin. Transfer the lentils and rice to a shallow bowl and drizzle the remaining 1 tablespoon of olive oil over them. Sprinkle with the caramelized onions and serve. Pass the yogurt separately.

*www.foodandwine.com



The Medicine Cabinet

Restasis® Treatment of Dry Eye

Trade Name: Cyclosporine (sy'e' kloe spor een) ophthalmic

Drug Classification: immunomodulator

Purpose: used to increase tear production in people with dry eye disease.

Action: decreases inflammation in the eye to allow for normal tear production.

Dispensing Method: liquid drops placed in each eye, twice daily, 12 hours apart.

Major Precautions: people who are allergic to cyclosporine should consult with their physician before using cyclosporine ophthalmic. People with an active eye infection should not use this product. If using an artificial tears product, wait 15 minutes before or after inserting cyclosporine ophthalmic. Contact lenses must be removed first before inserting drops; wait 15 minutes before putting contacts back into eyes.

Side Effects: burning, itching, stinging, redness, or pain in the eyes; over-production of tears, eye discharge; blurry vision; sensation that something is in the eye. Notify your doctor if symptoms do not go away or worsen.

As with any medication, always follow your doctor's instructions, and if you have any problems, side effects, or questions, follow up with your doctor or pharmacist.



Did You Know?

The Liker Health Report is available online at www.likerhealthreport.com. Past issues are available in the archives.

What's the Message?

FOR YOUR INTESTINAL HEALTH:

Stomach acid protects humans from disease by destroying harmful bacteria.

Take care when using acid lowering medications and understand the potential long-term consequences.

FOR YOUR HOLIDAY STRESS AWARENESS:

Maintaining healthy habits during the holidays will help you enjoy the season more.

Understand how alcohol affects you and make wise decisions about drinking; avoid alcohol as a way of dealing with holiday stress.

FOR YOUR EYE HEALTH:

Many eye infections are contracted through poor hygiene and inadequate hand washing.

Don't take chances with an eye infection. See your doctor right away.

FOR YOUR CARPAL TUNNEL SYNDROME AWARENESS:

The many non-surgical treatments for CTS should be utilized for symptom management for as long as they provide effective relief.

Maintaining an ergonomically sound workstation can help minimize carpal tunnel symptoms.

FOR YOUR MENORRHAGIA AWARENESS:

Before a diagnosis of menorrhagia can be made, all other menstrual disorders must be ruled out.

Iron deficiency anemia is a serious but correctable side effect of menorrhagia.

Keeping Stress in Check

Let go. Some things are not worth complaining about because there isn't anything you or anyone else can do to change it.

Dear Dr. Liker... My Achilles tendon ruptured while I was taking antibiotics for an upper respiratory infection. Is there any link between the two?

Yes, there appears to be a link and the FDA is taking it so seriously that they have issued their "most urgent" safety warning for Cipro and Levaquin. Cipro is commonly used to treat urinary tract infections, and Levaquin is used to treat respiratory infections. Although the most common tendon rupture involves the Achilles tendon, the FDA has had reports of tendon ruptures in the rotator cuff (shoulder), biceps (arm), and hands.

Doctors and researchers aren't sure why these two antibiotics cause tendons to rupture, but warn that patients should stop taking the antibiotics if they experience pain or swelling in the tendon. Patients should also call their doctors immediately so that they can be switched to a different antibiotic. Unfortunately, some people do not have any symptoms, but simply feel a snap or pop shortly after starting antibiotic therapy.

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