

NEWSLETTER

IN THIS ISSUE

Alzheimer's Dementia - 1

Post Turkey: Nap or Walk - 3

Bakersfield Heart Hospital - 4

Centric Health - 5

Nutrition Nuggets - 6

Update on Adult Vaccination - 7



MEDICINE TODAY - Maheep Viridi M.D.

Alzheimer's Dementia

Holidays and festival season behold a good time for families as all generations strive to get together to celebrate and pray for well-being. This time of year elders often experience a feeling of contentment and fulfillment, visiting and celebrating with family. The trouble the elderly population often struggles with is memory. This ranges from forgetting minor things to becoming as severe as confusion affecting daily activities and being unable to recognize loved ones. The preset cognitive functioning plays an important role in the symptoms of dementia and disability that patients feel.

Joe (name changed) had a very high functioning cognitive level all of his life. He tackled the challenges of life in a spectacular way, successfully. In his latest days of life, he was disturbed with his inability to remember small things in day to day life, but remained fairly functional without dependence on anyone for carrying out activities of daily living. He kept himself active and continued to be an avid reader and would spend time doing puzzles to keep his brain stimulated. His cognitive impairment was fairly static and he lives his life independently until his demise many years later.

to Alzheimer's disease. There are variants such as Lewy Body dementia, frontotemporal dementia, and vascular dementia. Most patients experience a combination of the above, which is listed as mixed dementia.

The genetic basis of Alzheimer's has not been conclusively proven but research has shown that the disease is divided into early onset and late onset disease. Early onset disease sets in before the age of 65 years and then progresses fairly rapidly leading to cognitive dysfunction. Late onset Alzheimer's disease is also influenced by the environment, genetics, and lifestyle factors.

No specific gene that directly causes late-onset Alzheimer's has been discovered, however research has shown that having one form of the apolipoprotein E (APOE) gene does increase a person's risk of developing this disease. APOE – E4 increases a person's risk of developing the disease and is also associated with an earlier onset. However, carrying the APOE- E4 form of the gene does not mean that a person will develop Alzheimer's disease, and some individuals with no APOE – E4 may also develop the disease.

Dementia is a spectrum of cognitive disorders ranging from mild cognitive impairment

The brain has 100 billion nerve cells. Each nerve cell connects with other cells to form communication

networks. To conduct their work, brain cells operate like small individual compartments. They receive supplies, generate energy, produce products which are used for various processes in the brain and eliminate waste products. The waste products in most cases are proteins which need to be detoxified. There are organelles in the brain which act as scavengers and keep the house clean. Cells also process and store information and communicate with other cells. Keeping everything running requires coordination as well as large amounts of fuel and oxygen. It is believed that in Alzheimer's disease, the scavenging apparatus slows down and there is a residual accumulation of the waste products in the system. These waste products are proteins that are toxic and cause damage to the neural processes and are seen as deposits of plaques and tangles. As damage spreads, cells lose their ability to perform their jobs and eventually die, resulting in irreversible changes to the brain. The plaques and tangles are proteins which have abnormal configuration and are difficult to breakdown and remove. The presence of these proteins follows a predictable pattern of deposition in the brain leading to cell death, which is seen as atrophy of the brain on MRI imaging.

The disease starts with trouble with recent memory and gradually progresses. During this preclinical stage of Alzheimer's disease, people seem to be symptom-free, but toxic changes are taking place in the brain. Abnormal deposits of proteins form amyloid plaques and tau tangles throughout the brain. Once healthy neurons stop functioning, there is loss of connections with other neurons resulting in neuronal death. Many other complex brain changes are also thought to play a role in

Alzheimer's.

The damage initially appears to take place in the hippocampus and the entorhinal cortex, which are the parts of the brain essential in forming memories. As more neurons die, additional parts of the brain are affected and begin to shrink. By the final stage of Alzheimer's, damage is widespread and brain tissue has shrunk significantly. The remote memory remains intact for the most part. There is gradual progression with added behavioral problems such as agitation, inappropriate behavior, sleep cycle disturbances with patient's sleeping during the day and being awake at night are common symptoms. Hallucinations start to occur regularly and patients often become difficult to manage with medications and require around the clock assistance.

The disease progression has been categorized into mild, moderate, and severe disease. In mild or early Alzheimer's disease, people often experience increased memory loss and cognitive difficulties. Problems that often arise include wandering and getting lost, trouble managing money, handling finances, asking questions repetitively, taking longer to complete common daily tasks, and personality/behavioral changes. People are often diagnosed in this stage. In the moderate stage of this disease, damage occurs in areas of the brain that control language, reasoning, sensory processing, and conscious thought. Memory loss and confusion worsen and people develop difficulty recognizing family members and friends. They may be unable to learn new things, carry out multistep tasks such as getting dressed, or cope with new situations. In addition, people at this stage may have hallucinations, delusions, and paranoia, and may

behave impulsively. In the severe stage of the disease, patients are unable to communicate or take care of themselves and are often immobile and unable to perform any care for themselves.

The diagnosis of this disease is based on the constellation of symptoms noted above and the results of cognitive testing. The presence of other diseases such as depression, hypothyroidism, stroke, tumors and infective or metabolic processes in the brain must also be ruled out. Additional help can be obtained by performing MRI and PET scans. EEG also assists in ruling out underlying an seizure disorder as a contributing factor to cognitive impairment. Blood tests for vitamin deficiencies may also be helpful in diagnosing treatable causes of dementia.

Treatment involves a multi-pronged approach with attention being paid to cognitive rehabilitation and use of medications such as donepezil, memantine, rivastigmine and galantamine. These medications do not cure the disease but have been shown to help delay the progression of the disease process. It cannot be emphasized enough that the treatable diseases should be looked for and appropriate treatment instituted as first-line therapy. Meticulous planning for the anticipatory needs of the patient depending on the severity of the disease helps mitigate the suffering in both patients and caregivers. The added help from support organizations as well as home health aides and cognitive rehabilitation therapies are also helpful.

There are various trials going on for further research and treatment of this devastating disease, and there is much hope for the future.

Post Turkey: Nap or Walk? - By Kelsey Reason, CEP



We've all been there – having over-indulged and just eaten a single meal with likely more calories than we needed for the whole day. There were friends, family, fellowship and of course plenty of food! You get to the end of your “Turkey Day” meal and all you really want to do is lie down and take a nap. You blame it on the tryptophan; it's practically tradition to do so, right? While there is a small bit of truth to the “turkey = tryptophan = tired” theory, how about starting a new tradition this Thanksgiving?

Obviously, the best new tradition to start would be to avoid the over-indulgence altogether and eat less. Eating large quantities of food, especially the carbohydrate dense ones like potatoes, yams, stuffing, peas, and pies that we all love so much, can spike your blood sugar greatly. If these carbs are fiber dense (“complex”) you might be better off as the addition of fiber makes carbohydrates break down slower, resulting in a less drastic blood sugar spike. Unfortunately, I've never seen a 100% whole grain stuffing on the holiday menu; therefore the “simple” carbohydrates we typically consume on Thanksgiving

Day can cause your blood sugar to fall quite rapidly. Try these tricks to help you consume more reasonable portions: use a smaller plate, drink a large glass of water before you eat, put your fork down between every bite, and chew your food thoroughly before swallowing.

If you are anything like me though and you absolutely love all that Thanksgiving food and just want to splurge this one time a year, a good tradition to start is a post-meal walk. Studies have proven that a post-meal walk, even as short as 15 minutes, can help with digestion and reduce excessive spikes in blood sugar levels. The body requires the hormone called insulin to remove glucose from the bloodstream and sending it to either the muscles for use or to the liver for storage. According to the American Diabetes Association, muscle contraction that occurs during exercise can allow your muscles to use the glucose in your bloodstream after a meal, regardless of whether or not insulin is present.

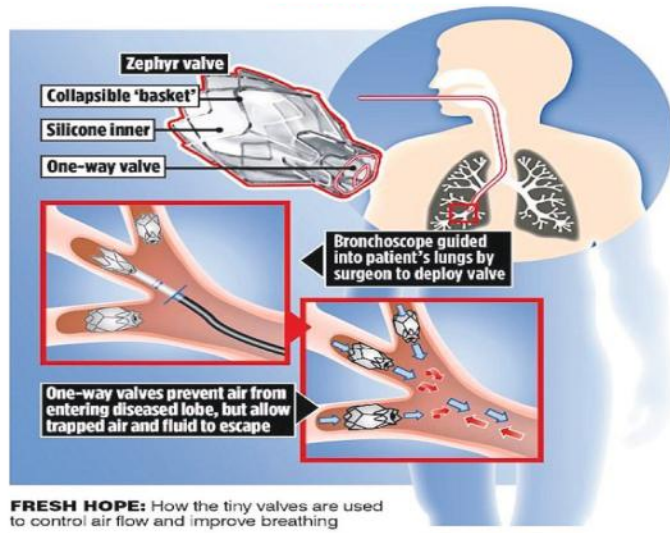
Another option for trying to stay as healthy as possible this Thanksgiving Day is to do a

“Turkey Trot” before you begin your feasting. Typically a Turkey Trot is a community event held the morning of Thanksgiving involving a walk or run of varying distances. It is estimated that individuals may consume between 3,000 and 4,500 calories on Thanksgiving Day with all of the snacks, dinner, and dessert. You would practically have to run a whole marathon to make up for all that is eaten! A Turkey Trot (or morning exercise on your own if there is not an event nearby) will help you to preemptively burn off at least some of the calories that will be consumed throughout the day.

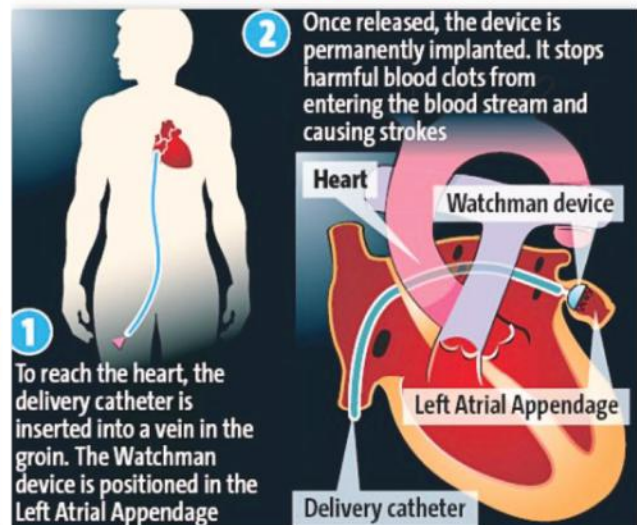
Not everyone can get up early on Thanksgiving morning to do a Turkey Trot, especially not those wonderful chefs who are busy preparing this delightful meal (we are so THANKFUL for them!) but we all can go for a walk after the leftovers are put away and the dishes are done. Make a point to do something healthy for yourself and your family during this holiday season. It's only going to get harder to keep up with your diet or healthy eating routine with Christmas right around the corner (don't get me started on those Christmas cookies! YUM!). Start the healthy tradition of a post-meal walk now, whether it's Thanksgiving Day Thursday or just any other regular Monday through Sunday. Getting into a healthy routine of maintaining a light exercise program early, especially during the holidays, will help keep that holiday weight off and will give you a jump start on your health-related New Year's resolution in 2020!

Bakersfield Heart Hospital Helping Emphysema Patients Breathe Easier and Giving A-Fib Patients an Alternative to Lifelong Use of Blood Thinners

Zephyr Valve



Watchman Device



Bakersfield Heart Hospital, with the help of Pulmonologist Rajan Goyal, MD, is helping Emphysema and severe Chronic Obstructive Pulmonary Disease patients breathe a little easier. The procedure called Endoscopic Lung Volume Reduction uses the Zephyr Endobronchial Valve® System, a minimally invasive therapy for better lung function. These tiny valves, the size of a pencil eraser, offer better breathing without the need for surgery.

With the system, doctors use a special instrument called a bronchoscope to implant small, self-expanding, one-way valves to isolate the diseased portions of the lungs. The self-expanding valves are designed to conform to the shape of the bronchial walls, creating a seal, and are one-way, meaning that inhaled air cannot enter diseased portions of the lungs, but trapped air and fluids can escape. This reduces hyperinflation, allowing the healthy lung to expand better.

“Before the procedure, I had to stop to catch my breath just walking to the kitchen,” explains Roman Weltin who had the Zephyr Valve treatment in August. “Now I can walk out my front door to the corner and back without stopping. I’m getting better and better every day!”

If you think you may be a candidate for the Zephyr Valve treatment, contact Dr. Rajan Goyal’s office at 661-324-7300.

Bakersfield Heart Hospital is now offering the Watchman™ Device for treating patients with atrial fibrillation, or A-fib. It’s the only FDA-approved device of its kind designed to help prevent blood clots that form in the left atrial area from entering the bloodstream and causing strokes. It also offers an alternative to the lifelong use of warfarin (also known as Coumadin® or other anticoagulants) for people with A-fib not caused by a heart valve disease and subsequently

eliminates the regular blood tests and food-and-drink restrictions that come with warfarin.

To implant Watchman, a trained Interventional Cardiologist makes a small incision in the upper leg and inserts a narrow tube, as done in a standard stent procedure. The Cardiologist then guides Watchman into the left atrial appendage (LAA) (small pouch) of the heart. The device is advanced through the tube. When in place, the tube is slowly pulled backwards and the Watchman Device takes shape in the opening of the appendage until it is fully expanded in place. The procedure is done under general anesthesia and takes about an hour. Patients commonly stay in the hospital overnight and leave the next day.

If you have been diagnosed with non-valvular atrial fibrillation, ask your cardiologist if you are a candidate for the Watchman procedure.

Centric Health

Centric Health is a multispecialty medical group comprised of many of the most outstanding medical professionals and medical groups in Bakersfield dedicated to providing the highest quality of medical care in a rapidly changing health care landscape. Centric Health was developed to enable physicians to do their best work and to assure access to high quality care for residents of our community. Centric Health includes a broad spectrum of medical specialties and services designed to meet the many needs of patients.

The Physicians and healthcare professionals at Centric Health Medical Offices offer an array of services ranging from Cardiology, Vascular, Primary Care, Endocrinology, Pulmonology, Infusion Services, Neurology, General Surgery, Neurosurgical Spine Surgery, Urgent Care, and Diagnostic Imaging.

- **Central Cardiology Medical Center**
- **Preferred Family Care**
- **Sillect Medical Centers**
- **Kern Endocrine Center**
- **WF Baker MD and Associates**
- **J. Foster Campbell, MD**
- **Golden Valley Medical Associates**
- **Dr. Viridi - Neurology**
- **Dr. Ian Armstrong - Spine Specialist**
- **Dr. Fontaine and Dr. Borst - Radiology**
- **Dr. Ashraf - Pulmonology**
- **Dr. Nisim - General Surgery**
- **Southwest Internal Medicine**
- **Clinica Del Valle**
- **Golden State Hospitalists**
- **Centric Health Imaging**
- **Centric Urgent Care**
- **Centric Infusion Center**
- **Centric Priority Care Clinic**

What's new at Centric?

Centric Health is pleased to welcome Golden Valley Medical Associates to its growing family. Golden Valley Medical Associates is located at 4813 Coffee Rd, Bakersfield, CA 93308 and provides comprehensive primary care services at this location. Our quality healthcare providers at this office include Dr. Calvin Kubo, Dr. Ashok Ghadia, Kristen Calciano, FNP, Deanna Salyards, FNP, Miriam Hernandez, PA-C and Vanesa Cheng, NP. Call (661) 664-0252 to make appointments.

Nutrition Nuggets - Michele Chynoweth, RD, CDE

Put the Joy in Holidays and Winter... Enjoy the special times

- Spend more time talking to family, taking a walk to the park, practicing golf or tennis swings together... and less time eating.
- When eating together, turn off the TV, internet, smartphones and I pads.
- Listen and enjoy the storytelling by grandparents
- When eating, be mindful...don't rush.
- Appreciate the colors and flavors often only available at this time of year.
- Go smaller (plates) and slower (pace meals with more chewing and fewer bites)
- Bring colorful salads and vegetable mixes to potlucks for side dishes
- Flavor water with sliced, peeled cucumber or rinsed fresh mint leaves.
- Watch alcohol use during the holidays...calories for wine and beer –120 calories per serving; Mixed drinks with sweetened sodas, juice 250 or more; liqueurs ...potent carbohydrate source & calories Check with your pharmacist and doctor regarding the safety of alcohol with your current medicines and conditions.
- Plan in advance of the holidays to include more physical activity, even if only more mall walking.
- Add another serving of vegetables mid-day to keep up your color score. (except for those on low potassium diets.)
- Special family recipes can be modified for less sodium, fat and carbohydrate.
- Check out the resources your dietitian provided at your last visit. Bring up your challenges at an upcoming appointment. Remember Medicare covers yearly dietitian visits for beneficiaries who have diabetes and/or chronic kidney disease or up to 3 years post kidney transplant. Call your Insurance 800# to ask what they cover.

Healthy Eating

Winter Powerhouse Salad with Citrus Honey Mustard Dressing

Ingredients

- 2 cups chopped kale or spinach
- 2 cups chopped romaine or butter lettuce



- 1/2 cup cooked, cooled, and cubed sweet potato
- 1/3 cup pomegranate seeds
- 1/3 cup chopped dates
- 1/4 cup slivered almonds

Dressing

- 1/4 cup fresh squeezed Clementine or mandarin orange juice
- 2 tablespoons seasoned rice vinegar
- 1 tablespoon honey mustard
- 2 teaspoons olive oil

Directions

Add all the veggies and fruits to a large bowl. In a small bowl, whisk together the Clementine juice, vinegar, honey mustard, and olive oil. Pour the dressing over the salad, sprinkle the almonds over the top, and mix well. Chill if not serving immediately. The dressing can be served on the side and stored separately for the salad to keep longer.

Source: <http://nourishyourelicious.blogspot.com/>

Nutrition Facts Serving Size: 1/5 of recipe

Servings Per Recipe: 5

Amount Per Serving:

Calories 110

Total Fat 4 g

Saturated Fat 0 g

Sodium 115 mg

Total Carbohydrate 17 g

Dietary Fiber 3 g

Sugars 10 g

Protein 3 g

From the Editor - Dr. William Baker

Update on Adult Vaccination

Recommended Adult Immunization Schedule by Age Group United States, 2019

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV) ^{or}	1 dose annually				
Influenza live attenuated (LAIV)					
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td booster every 10 yrs				
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)				
Varicella (VAR)	2 doses (if born in 1980 or later)				
Zoster recombinant (RZV) (preferred) ^{or}	2 doses				
Zoster live (ZVL)					
Human papillomavirus (HPV) Female	2 or 3 doses depending on age at initial vaccination				
Human papillomavirus (HPV) Male	2 or 3 doses depending on age at initial vaccination				
Pneumococcal conjugate (PCV13)	1 dose				
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication				
Hepatitis A (HepA)	2 or 3 doses depending on vaccine				
Hepatitis B (HepB)	2 or 3 doses depending on vaccine				
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication				
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

 Recommended vaccination for adults with an additional risk factor or another indication

 No recommendation

Every Fall we turn our attention to the illnesses of winter. These are typically the communicable diseases of influenza and pneumonia, among others. Each year we are reminded of the importance of getting our “flu shot”. This is also a great time to review our adult vaccinations. The last thing we want to do is to become infected with a serious infectious disease which could

have easily been prevented by receiving vaccinations. It seems that every year there is something new or new questions posed concerning this vital disease-preventing aspect of our health care.

First some fundamentals. Many ask what vaccinations actually do. That answer is simple. Vaccinations, just as the

first inoculation with cowpox to prevent the devastating epidemics of smallpox, stimulate our immune system to recognize a disease-causing foreign bacteria or virus. The result is that after exposure to a specific bacteria or virus, our immune system mounts a prompt and powerful response, preventing a serious medical illness. Second, why get vaccinated”? There are two

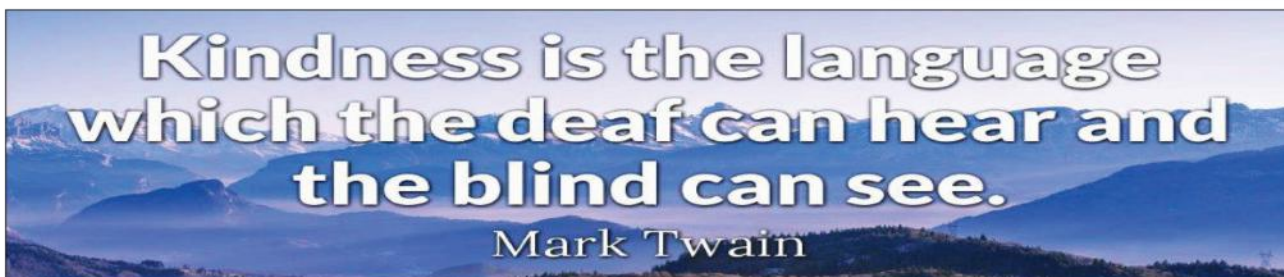
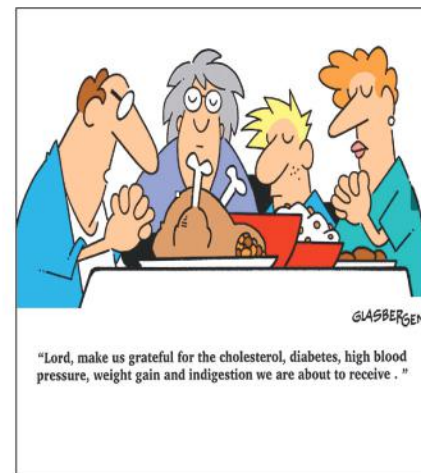
reasons. The first is obvious – so we do not get sick after we are exposed. The second is not so obvious – so we protect others from illness. In short, it is our community responsibility to get vaccinated. When we first become ill, we are highly contagious but not likely to realize that we have a serious communicable disease. We may feel that our symptoms are “just a cold”, not potentially fatal pneumonia or influenza! By the time we are really sick we may have already exposed dozens of people. If they are not vaccinated, they in turn expose dozens of others and so start an epidemic. If you don’t get vaccinated for yourself, at least do it for your children, grandchildren and others!

Here are some facts to help convince you to become vaccinated. In the 2017 to 2018 flu season 48.8 million people

were ill with influenza of which 22.7 million sought medical care. A total of 960,000 were hospitalized and there were 79,400 deaths. There were 7.3 million cases and 68,500 deaths among those over 65; 10,300 deaths among those 18 to 64 and over 600 children died. It is a similar story with streptococcal pneumoniae infection causing pneumonia, blood infection and meningitis. Over 900,000 individuals are infected per year, in 2013 resulting in 3,700 deaths. Over 95% of the deaths occur in adults and yet over 80% of at-risk adults and 40% of those over 65 remain unvaccinated. Remember, illness from these infections is preventable with vaccination.

Questions arise every year about the influenza and pneumococcal pneumonia vaccines. The influenza vaccine comes in many different forms targeting specific populations. For adults, this includes standard-dose and high dose Fluzone. The high-dose is for adults over 65 and contains 4 times the antigen (the part of the vaccine that helps our body build up protection against flu viruses) of the standard-dose inactivated influenza vaccines. The “pneumonia” vaccine is designed to prevent the most common type of community-acquired pneumonia, caused by streptococcus pneumoniae bacteria. There are at least

90 unique serotypes of the bacteria. Of these, there are 36 most likely to cause disease and these are the target of the two vaccines. The first developed was the PPSV23 (Pneumovax). This was effective for about 80-90% of disease-causing bacteria. Subsequently developed was the PCV13 (Prevnar), covering another 13 serotypes. PPSV23 is indicated once for patients age 65 or older. A select group of high-risk individuals with an absent or nonfunctioning spleen, immunocompromising diseases (HIV, lymphoma, immunosuppressive therapy, etc.), organ transplantation and chronic renal failure require PPSV23 as 2 doses 5 years apart then a third dose when they are 65 or older. PCV13 is recommended for adults 19-64 who have immunocompromising diseases, absent or nonfunctional spleen and all patients 65 and older.



You must not rely on the information in these materials as an alternative to medical advice from an appropriately qualified professional. If you have any specific questions about any medical matter you should consult an appropriately qualified professional. If you think you may be suffering from any medical condition you should seek immediate medical attention. You should never delay seeking medical advice, disregard medical advice, or discontinue medical treatment because of information in these materials.