

INFINITE WISDOM

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Special points of interest:

- Individualized health care when you need it.
- Same day or next day appointments.
- Want to talk to your own doctor? Call.
- See your doctor, not a random on call doc in the office

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SENIOR BLOOD PRESSURE

I experience bouts of dizziness every time I read articles about blood pressure. I can only image what happens when my educated patients try to decipher what a normal blood pressure should be. I mean medical opinions on BP are changing all the time. all the time.

Here is the latest recommendations by the American College of Physicians and the American Academy of Family Physicians. Individuals over age 60 should have their systolic “top number” blood pressure at or below 150. If that’s you, and your BP is less than 150, you are good. If it is higher than that, we need to start treatment to bring it below 150. Data shows that

folks older than age 60 with BPs higher than 150 have more strokes, heart attacks and premature deaths than those with BP less than 150.

If your blood pressure is 145, you might think it would make sense to get it down to let's say 130. That’s not the case. Data doesn’t show any real advantage to that aggressive approach.

Now if you have had a previous stroke or heart attack or have risk factors for the above, then more intensive therapy IS recommended. Risk factors include people with known arterial disease, people with diabetes, older people with poor kidney function and folks with increased abdominal girth (fat belly and adverse cho-

lesterol readings)..

So you now want to know exactly what should my blood pressure be. No one knows. There will never be any study that precisely answers that. There probably is not a correct answer. High blood pressure at an early age has many decades to exert its bad effect on the heart and blood vessels. That is why blood pressure targets are lower for younger individuals. Older individuals have slightly stiffer arteries so the blood pressure we get with a cuff may not be as high as the reading shows. These numbers indicate what your average pressure is doing. If you have an occasion where an acute stress causes your BP to temporarily spike up above those numbers, as long as it settles down you are OK.

BLOOD CLOTS IN THE VEINS

Your body has this constant battle going on in its bloodstream. Certain components want the blood to stay flowing and liquidly, other components want it to clot and stop any bleed. This complex mechanism almost always keeps a health balance. We have nice smooth blood flowing through our vessels but we can rapidly form a clot at the slightest wound.



The veins are the conduits for returning “used” blood back to the heart. Certain risk factors can increase the chance of a blood clot forming inside a vessel,

especially the leg veins. Clots can form if the vein valves are bad causing the venous blood to just pool in the veins. Certain types of cancer, plastic catheters in the vein, various disease of the blood and immobilization of a leg or arm can provoke the development of a clot. The are often seen after some surgeries. **(Continued on pg 2)**

LAB CORNER...C-REACTIVE PROTEIN

“CRP ... seems to be a predictor of heart disease.”

C reactive protein (CRP) is a test to look for inflammation. Various conditions like infections, rheumatoid arthritis and arteritis involve inflammation, which is a complex event where our body releases certain chemicals. Sometimes these chemicals are helpful, sometimes they are injurious to us. Measuring CRP is a way to help diagnose whether someone has these conditions. It can also be a way to monitor treatment. An elevated CRP does not by itself diagnose anything but it is used with other tests. It is



not too far off from what many of you many know as a “sedimentation rate” or “sed rate”.

One unique aspect of a CRP is that it seems to be a predictor of heart disease. If a person has no clinical inflammatory conditions that I mentioned initially but has an elevated CRP, it predicts an

increase risk. This may be because the elevated CRP may indicate inflammation in the walls of the arteries of the heart. An inflamed artery may be something that stimulates a clot to develop in the artery. When that happens, blood flow is blocked off from part of the heart and a heart attack occurs. So sometimes besides checking your blood pressure and measuring your cholesterol (other risk factors) we also check your C-reactive protein levels with a simple blood test.

ACA REPEAL & INFINITY HEALTH

Many have asked how the repeal of the Affordable Care Act: will affect Dr. Hanson and Infinity Health. It will have no effect. The main effect of the ACA is that people and companies pay much higher insurance premiums so that others may have their insurance provided by these subsidy payments. Because Infinity Health does



not interact with health insurance companies, there is no effect. Patients may be a member of Infinity Health regardless of their insurance status. Under the ACA if you don't

have at least catastrophic insurance, the government will fine you. That nonsense should go away. For those with insurance, it is too early to tell whether your insurance premiums will level off or go down. Let's hope they gut it and replace it with something affordable that also provides basic coverage for those who want it.

BLOOD CLOTS...CONTINUED FROM PAGE 1

“Our best way to tell if a swollen leg is caused by a clot is to do an ultrasound”

However plenty of times, someone develops a clot in a vein in the leg and they have no risk factors. It just happened! Typically this presents as a swollen leg which may also be tender.

Now some people have swelling (edema) in their legs, most often on both sides. With elevation the

swelling may get better as the fluid can drain. Leg edema caused by a clot blocking the vein typically does not get better with elevation.

Our best way to tell if a swollen leg is caused by a clot is to do an ultrasound. This is a sound wave picture that does a very good job of seeing the vein.

There is a blood test (D-Dimer) which does pretty well in telling us when a clot is not present, but it is not really good for diagnosing if one is in fact present.

If a clot is found, then typically we would put you on a medication that prevents the clot from getting bigger. Your body will eventually dissolve the clot on its own,

MEDICARE SPEAK

“Negative Payment Adjustment”...What’s that?
 One of the reason I disconnected from billing insurances is because I would spend more time on my computer entering visit notes, checking off boxes and looking up things so that my (our) data could then be uploaded to the Feds. I chose not to be the “data slave” for the insurances or government. I (we) are “off the grid” so to speak. By that I mean none of my patient’s data gets sent to anyone. Medicare mandates we send diagnostic and performance data to them. By



the way, Medicare does not pay us for this data gathering function. But if a physician who bills Medicare does not provide various bits of data to the Feds, the doc is penalized. When we get paid for your office visit, the amount of the check is not the agreed upon price that is suppose to be fixed for certain services. It is less! This isn’t because we did some-

thing wrong, but because the Feds didn’t get their data so they can assemble their report card on us. They want to “prove” that we have merit. (The Feds assume there is no merit in being a doc in spite of decades of education, continuing education and recertification.) If they don’t like the data, they take even more money. So...the missing part of the check, the penalty that Medicare keeps for themselves, they call it a “Negative Payment Adjustment.”

“Medicare mandates we send diagnostic and performance data to them”

MUMPS

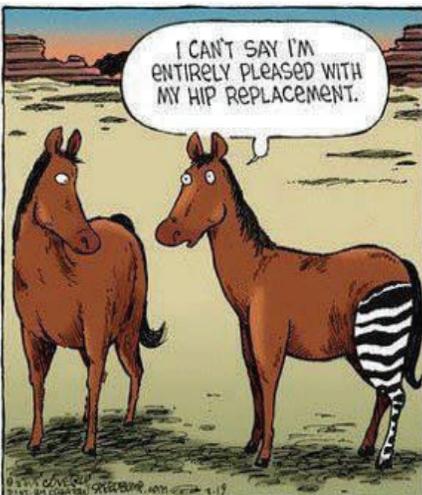
Mumps is a viral disease that causes the salivary gland in front of your ear to swell. It also makes you fell very bad and in males can cause testicular inflammation. The swelling and bad feeling makes you look sullen or sulky. The term “mumps” is derived from the Dutch word “mopen” which means sulk. (Probably the same



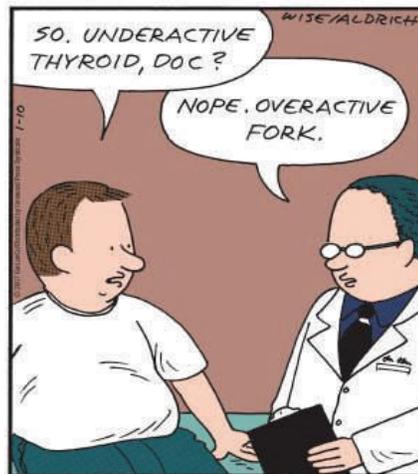
origin of our word “mope.”) The term mumps was first noted in Philosophical Society of Edinburgh entitled “An Account of a Distemper; by the

common people of England vulgarly called the Mumps” by Robert Hamilton in 1773 published in 1790. Despite early attempts to give it a more scientific name, “epidemic parotitis” mumps is the word. It is a highly contagious illness which is easily prevented by getting the Measles/Mumps/Rubella vaccine.

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We are on the web!
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*An Invitation:
If you know of a friend or family member that would be interested in becoming a member, please have them contact us for a free non-medical meet-and-greet visit.*



A

Direct Primary Care
Practice

Newsletter

written and published
by Karl N. Hanson, MD

Previous Newsletters

www.InfinityHealth.MD/documents

Infinity Health is a Direct Primary Care practice developed by Dr. Hanson. Dr. Hanson has been in medical practice since 1987 and has been a solo practitioner since 1990 in the conventional insurance-based model.

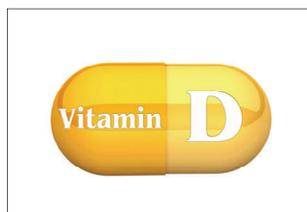
The concept of dealing or contracting directly with the patient is a bit of a throwback but it places the relationship where it should be, with the patient. There is no point in Dr. Hanson or our office wasting time interacting with insurance companies unless it directly contributes to your health. Instead we developed a medical home which has its focus on the patient's health regardless of their insurance status. Infinity Health is a product of Dr. Hanson and is not affiliated with any other organization. We are a membership-based practice. Direct Primary Care is not the same as typical "Concierge" practices which charge a fee AND bill your insurance company.

Dr. Hanson is Board Certified by the American Board of Family Medicine, a Fellow in the American Academy of Family Physicians and a member of the Alpha Omega Alpha Medical Honor Society. He completed his recertification process in April 2016.

USPSTF CORNER: FOLIC ACID

Folic acid (folate) is a B vitamin. It is typically found in green leafy vegetables ("folate" is derived from the Latin word for leaf) and in the liver. It is called a vitamin because we have to eat it, our bodies cannot make it. Folic acid (pteroylglutamate if you are into fancy names) is needed for cells to divide and reproduce.

Folic acid supplementation is very important for pregnant ladies. As the very small developing embryo in the mother's womb is forming its nervous system, it needs folic acid to complete the process. The nervous system starts out as a flat structure then rolls up on itself to create a tube. That process requires a lot of cell duplication. If a mother does not



have sufficient amounts of folic acid in her body, there is an increased chance that the nervous system tube does not completely close. An open tube is left, called a neural tube defect, which doesn't function normally. This process is often taking place before the mother even knows she is pregnant. Taking folic acid after she finds out she is pregnant is, at times, too late. Neural tube defects can be very crippling to the affected child.

Current recommendation is the following: "All

women who are planning a pregnancy or capable of pregnancy take a daily supplement of 0.4 to 0.8 milligrams of folic acid." Folic acid can be found in prenatal vitamin, multivitamins or folic acid by itself. In essence, for ladies that are fertile, you should take folic acid on a daily basis even if you feel that you eat foods which contain that vitamin.

The U. S. Preventive Services Task Force (USPSTF) is an expert panel which reviews the current evidence to help us docs recommend counseling, medical screenings and preventive medications. It is funded by the U.S. Department of Health and Human Services.