

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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FIXING HEALTH PAYMENTS

Here are my two cents. The folks in Washington DC never have had a clue as to what to do. There are a few folks up there who get it but not enough to matter. One group adamantly wants high deductible policies for catastrophic purposes and another wants everything covered, including routine stuff. Those two schools cannot compromise as they are the antithesis to each other. I would propose the following:

Establish Health Savings Accounts (HSA) of \$5000 for everyone. Those can be funded by you (pre-tax!), your employer, a collective and in certain instances Medicare or Medicaid and the VA could create those for their populations (poor,

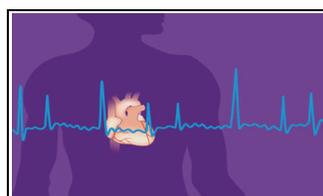


elderly, and veterans respectively). That HSA could be added to every year up to \$15,000 total and could ONLY be used for health care spending, DPC fees, medications, body monitors etc. Then you could buy a major medical policy that covers between \$5000 and \$500,000 through a typical commercial insurer. The insurers would have to be transparent (another sore subject for another day) in the payment rates they come up with. Note that the insurer would not be involved AT ALL in the

first \$5000 you spend. No claims, no filing for primary care stuff, etc. That type of policy would be much cheaper as it only covers to \$500K and has no administrative costs for the low ticket (<\$5000) items. You could not use that second policy without first spending from your HSA. Very few people need coverage greater than \$500,000 so that would take care of 95% of people. If there were medical costs greater than that the government could sell or provide the catastrophic coverage greater than \$500,000. In this case the government would simply be the catastrophic insurer and not have their hands in the day-to-day manipulation of health. The HSA-for-everybody concept lets us shop around.

ATRIAL FIBRILLATION

Do you see all the “blood thinner” ads on TV? They say they are for “non-valvular atrial fibrillation.” What’s that? Atrial fibrillation (or A-fib) is where the heart beats out of rhythm. Normally the top part of the heart (the atria) has a pacemaker that fires every second or quicker which paces our heartbeat in a regular fashion. The heart operates better when it



beats in an orderly fashion at 60 to 80 times a minute. Sometimes this pacemaker quits working correctly and the atria gets a mind of its own and triggers random heart beats. Usually that

creates a much faster heart beat and an irregular beat. This is an inefficient way for the heart to work. It may cause chest symptoms or shortness of breath. More importantly, if the atria continue to beat irregularly there is an increased chance that a clot can develop in that part of the heart because the
(Continued on pg 2)

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“High Dose vaccine is what is preferred for people over 65.”

“Blood that simply pools around tends to form a clot. ”

HANDWASHING

We hear a lot about infections spreading to people in the hospital, on cruise ships and in the food service industry. The best way to be able to prevent this is by hand washing. This applies to doctors too. Dr. Hanson washes his hands between each patient contact. The preferred method for hand washing is soap and clean running water. The alcohol-based sanitizers are helpful too but they do not wash away debris and bacteria.

From the Centers for Dis-



ease Control and Prevention you should wash your hands before, during and after preparing food, before eating, before and after caring for someone ill, before and after treating a cut or wound, after using the toilet, or handling diapers, blowing your nose, coughing, and sneezing. You should also do this after handling garbage

or animals. Many dangerous bacteria that affect a person can be contained if the infection is not spread elsewhere by using hand washing. When a resistant bacteria spreads to other people it can make other bacteria develop the ability to resist our treatments. If a food service employee shows up to work with a virus and does not repeatedly wash, then every one who is served is at risk from the viral spread. Hand washing is a simple thirty second step. We just need to make a habit of it.

INFLUENZA

Get vaccinated in October. Vaccines are available now and it is OK to get them in September. Since influenza season is in December, January and sometimes February, you don't want to get the vaccine too early. Some folks got vaccinated in August. That is jumping the gun in that there may be a risk of the immunity waning by the



time influenza season actually hits. High Dose vaccine is what is preferred for people over 65. If you go to a pharmacy, ask for the High Dose. If they don't have it tell them

“never mind” and contact Dr. Hanson. Don't let them stick you with anything just to get you in their drugstore.

You should get the vaccine as it has clearly been shown to reduce serious illness and it saves lives. Let's hope the manufactures have come up with the right mix for this upcoming season.

ATRIAL FIBRILLATION

blood is a bit more stagnant. Blood that simply pools tends to form a clot. The clot can break a piece off and that piece can travel out of the heart up into one of the blood vessels going to the head and brain. If a brain blood vessel gets clogged with this piece a stroke can result! Most folks with A-fib should be on some form of anti-

clotting medication. They really don't “thin” the blood, they just inhibit clots from spontaneously developing.

When A-fib causes a very rapid heart rate it can make a person short of breath because the heart is not as good of a pump when it goes too fast. In that instance we use a few

different types of medications to slow it down to a normal pace. Cardiologists can actually deliver a low energy “shock” to the heart to resets the pacemaker and pops the heart back into a regular, or sinus, rhythm. The main focus though is to get the rate controlled and prevent clots from causing a stroke.

DOES SALT MATTER?

We often hear that too much salt causes high blood pressure. I typically tell people to avoid large amount so sodium intake as it may contribute to swelling but I have rarely found that sodium has that much to do with blood pressure. It may be that only a very small percentage of patients can help blood pressure with sodium restriction. There are certain people with specific conditions that should maintain a low intake. The fact is there is really no scientific evidence that sodium intake is related to



blood pressures being high. Here is the twist...what WAS found was that sugar intake is correlated with blood pressure elevation. The connection may be that people who watch their sodium intake closely probably alter other aspects of their diet too which may have beneficial effects.

James DiNicolantonio (PharmD out of the University of Missouri) and others published a study in *The American Journal of Medicine* this

month, they failed to find a salt-blood pressure connection. Our bodies may actually have a better hormone response when we intake sufficient amounts of sodium. Restricting sodium may cause some negative changes. We have evolved the ability to closely regulate our fluids and salts. If the body deems we have too much sodium, we get rid of it. Excess glucose and sugar intake however seems to be something that many of us do not handle well. We put on abdominal fat and get diabetes.

“Restricting sodium may cause some negative changes.”

ANOTHER DIET STORY

Mediterranean keeps winning. Researches compared the effects of a low carbohydrate diet, a Mediterranean style diet (MED/LC) with that of a low fat (LF) diet. They found that the MED/LC diet shrunk the fat pad that lies next to the heart, caused a great waist circumference reduction, and resulted in better lipid profile improvement. All subjects started at about the same weight.



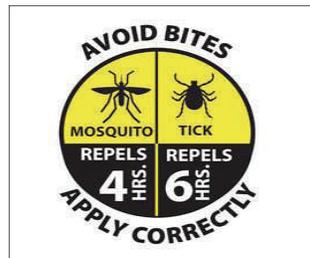
This research was done at the University of the Negev and Soroka University Medical Center. The fat pad that accumulates adjacent to the heart has been correlated with an increased risk of

cardiac events. A key point here is that the MED/LC diet does have fats but they are the “heart healthy” type of fats, unsaturated. Fruits, grains, vegetables, fish, poultry and vegetable oils are main components of the diet. It seems to be borne out in all studies that this diet reduces fat, heart disease and diabetes. Shrinking the fat pad around the heart another benefit.

MOSQUITOES

Seems like they always come up. Well we have had a wet August. No doubt there are some items in your back yard that are filled with stagnant water and therefore mosquito larvae. Dump those.

If you are to use mosquito repellents, use anything with DEET (15% - 30%), picaridin, IR3535 or oil of lemon eucalyptus. Skip all



the plant oils like citronella and lemongrass. The Center for Disease Control recommends using EPA-registered insect repellents. Look for

the “EPA Reg” number on the label (see picture to left) That will indicate which pest this is good for and for how many hours. There is no evidence that any of these products cause maternal or fetal harm when used during pregnancy. We DO know that the mosquito-spread infection known as Zika and West Nile can cause severe harm. Stay protected my friends!

“The Center for Disease Control recommends using EPA-registered insect repellents.”

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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: HIV SCREEN

Human Immunodeficiency Virus is curable. It is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). When HIV was untreatable one could claim there was no reason to check for it because there is nothing that can be done. Well that has changed dramatically. The syndrome was first noted in the early 1980's and has claimed many lives. However today there are fantastic treatments especially if found early. The lab tests now are very reliable and accurate. So the question is should we just check everyone for it? When we check your cholesterol level should we also get an HIV? According to the analysis by the USPSTF the answer is YES! They recommend



that we routinely check anyone between the ages of 15 to 65 for HIV. If it is positive then they should be counseled and started on medications.

The recommendation also applies to all pregnant females.

If you donate blood (which I always encourage) then testing will be done with that.

A lot of people do not want to be checked for HIV and rarely does anyone request it. A positive test can be life saving as we have great treatment options. HIV testing is not manda-

tory but requires some form of consent in that if you are having a sugar level drawn we just can't throw in an HIV test without you knowing and consenting.

It is a simple blood test that goes through a rigid confirmatory process. The story of HIV infection going from a death sentence to being a very controllable disease has been a great medical step.

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.