

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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PHARMACY BENEFIT MANAGERS

How much a drug costs to you is a complex thing. Of course many companies out there want to keep that confusing. The less you know, the better. One aspect of cost is what the obscene “sticker price” set by the manufacturer is. The other aspect are charges inflated by “middle men”, the pharmacy benefit managers (PBMs). There are companies such as Express Scripts, OptumRx, CVS Caremark and others. Those companies serve absolutely no purpose in society. They are simply middle men between the manufacturer and you. In no way do they go to bat for the consumer. If your carrier uses a PBM, that PBM charges a fee per

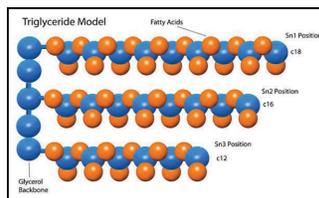


prescription that you get on top of the markup that a pharmacy charges. The PBMs also get kickbacks (they like to call them rebates) from the drug companies if the PBM “allows” that drug to be added to the formulary, the list of drugs that will be covered for you. Those kickbacks are not passed on to you, most is kept by the PBM. The PBMs also can collect more from the payer (insurances and Medicaid) than it pays the dispensing pharmacy! More for the PBM to keep.

The PBMs also have an ownership interest in many pharmacies. They make more money if they drive your business there so you buy other stuff from that corporate pharmacy. Now with CVS-Aetna merger and the Cigna-Express Scripts mergers in the works there becomes even less competition and less transparency (if that is possible). The act of getting a medication is a really simple process. There are those who have purposely complicated it and are making out handsomely. Neither Aetna, nor Cigna, nor CVS Caremark nor Express Scripts do anything to improve health care. For a bit more info check out my YouTube video at https://youtu.be/_EaF1WHpRc

TRIGLYCERIDES

We order lipid profiles on patients to find out what your cholesterol level is. That is done because it has been found that a high cholesterol level, especially the “bad” LDL kind, is associated with an increased risk of heart disease and stroke. A lipid profile measures total cholesterol, HDL (good) cholesterol, and typically gives a calculated value of the LDL



(bad) cholesterol. The lipid profile also checks on your triglyceride level which is a type of blood fat not specifically related to cholesterol. Normal triglycerides levels are less than 150. They do

tend to go higher after a meal more so than cholesterol will. Folks that have diabetes will also have a higher triglyceride level. From a heart risk standpoint, triglycerides don't seem to play an important role. A person with a very high triglyceride level may have milky or cloudy looking fluid in the blood. (Continued on pg 2)

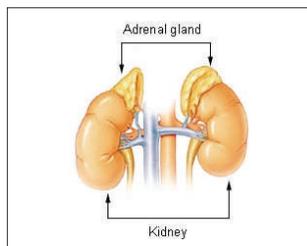
ORGAN CORNER...ADRENAL GLAND

“Most notably it creates cortisol, our own steroid hormone.”

Last month we covered the kidney. This month we cover a gland that sits atop each kidney, the adrenal gland. They appear to be little obscure hunks of flesh but carry out vital roles. The gland doesn't interact with the kidney directly.

The adrenal gland produces many hormones. Most notably it creates cortisol, our own steroid hormone. Cortisol is a factor in our body's metabolism.

Adrenaline, or epinephrine, is created here. This



chemical (and its related, noradrenaline) are involved in blood pressure, heart rate and the “flight or fight” response.

Chemicals that become androgens or male hormones are mostly created here. In a female some the chemicals get con-

verted in the female's ovaries to a female hormone, Aldosterone which is involved in blood pressure control and fluid and electrolyte handling is create in the adrenal.

Adrenal cancer is unusual. Rarely the part of the gland that produces the adrenaline can have a tumor that produces excess adrenaline-like substances. It is too much to discuss here but disorders affecting either overproduction or underproduction of any of the hormones listed can lead to significant illness.

DPC MEETING

To Be Announced

I plan to conduct a “What you really you really need to know about health care costs” meeting in the near future.

My conversion to a direct primary care model was accompanied by a lot of research into health care financing. It was eye-opening as to how the insurance industry works and how much they take advantages not only of individuals, but of businesses. I am a member of a local business association but I have come to

find out that those businesses do not have a clue as to what is going on and how they can save money. This is strange as for some businesses providing health insurance to employees is sometimes the second or third most costly item of running their business. You think they would know a lot about health benefits. Many of us in the

DPC community have taken it upon ourselves to start educating the community and revealing the abuses.

If you know any groups or businesses who wish to learn more please let me know as I plan to conduct a “What you really you really need to know about health care costs” meeting in the near future.

TRIGLYCERIDES...CONTINUED

Triglycerides are actually a glycerol molecule with three (that's why the “tri”) fatty acid molecules attached to it. Our body fat is made principally of stored triglycerides. They are broken down in the intestines but then get rapidly reassembled and put in the bloodstream.

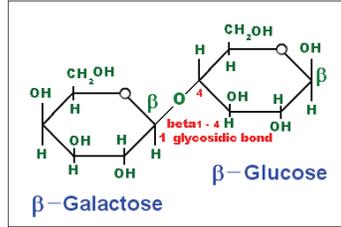
Because they have not

been found to be related to heart attacks we don't medically treat triglycerides unless they are over 600. Diet is the key component of treatment, reducing calorie and fatty intake. If that does not work we then use medications called fibrates to lower triglycerides. The typical cholesterol-lowering medications, statins, also

have some effect at lowering triglycerides. Omega-3 fatty acids which can be a prescription or over the counter have some effect. Niacin is rarely used. Severely high triglycerides can cause inflammation of the pancreas, pancreatitis. This can be a severe condition so it is important not to ignore triglyceride elevation.

LACTOSE

Milk contains a certain sugar, lactose. Humans have a way to digest, or break down, lactose (into glucose and galactose if you are interested). Our body needs to produce the enzyme, lactase to do so. If we do not possess that digestive enzyme then the lactose sugar passes right through us without being broken down. Since the undigested sugar is now in the intestine certain bacteria can feed off it and cause gas, cramps and diarrhea. The lactose may also have a direct effect causing some of these



symptoms. Who has the enzyme and why? Typically, when we are breast-feeding infants we have that enzyme, lactase. So all is well. As we get old our genetics “turn off” the lactase gene so we quit making the enzyme. We don’t need milk anymore, so no need for our body to waste time and energy making lactase. About 10,000 years

ago, probably as a result of certain humans consuming milk, a genetic mutation occurred that kept the lactase gene “on.” A lot of us keep making lactase beyond infancy so we can keep drinking milk without a problem. People of northern European and Scandinavian descent have high prevalence of lactase persistence. Not so much in South America, Africa and southern Asia. No adaptation needed as those cultures tended not to domesticate dairy cattle. So good or bad, blame your genes.

“A lot of us keep making lactase so we can keep drinking milk without a problem.”

SLEEP & SOCIAL MEDIA

Researchers have concluded that adolescents who spend more time on screen viewing such as TV, social media messaging and web surfing are at increased risk of depression. This trend has been noticed before in other studies. The depression actually seems to be correlated with the fact that “screen time” interferes with sleep.



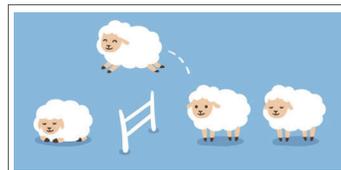
It delays the ability to fall asleep and is associated with poorer quality sleep. It is this sleep deprivation that seems to be the aspect associated with the depression. This

information was shared by the American Academy of Sleep Medicine and was a study done by Dr. Stella Li and others using an adolescent survey tool. A basic part of good sleep hygiene is to not engage in computer activities close to bed time. Screen time also takes away from other activities such as play, exercise and real human interaction.

“A basic part of good sleep hygiene is to not engage in computer activities close to bed time.”

AND MORE ON SLEEP...

In a study out of Kaiser Permanente researchers found that longer sleep duration was associated with lower “metabolic risk scores.” Those scores are such things as waist circumference, systolic blood pressure, low high density (good) cholesterol and measures of insulin resistance. Improvements on some parameters were found also with those who



had better sleep efficiency, or the percentage of restorative sleep to total sleep time. In the June 15 article published in Pediatrics the authors note that assessing sleep quality and quantity in adolescents was an appro-

priate strategy to assess cardiovascular risk profiles in that group.

In the study the median duration of sleep was 441 minutes and the efficiency was a healthy 84 percent. Good, restorative sleep is important for mental and physical health. It appears your brain is very dependent on “down time.” Deep sleep is where our “batteries” are recharged.

“longer sleep duration was associated with lower “metabolic risk scores”

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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: DEPRESSION

Depression seems to be one of the most common things doctors see. Whether we recognize it is another story. At times depression is obvious. Other times it takes a mindful doctor-patient connection and time to reveal that a patient is having a depressive disorder.

If we diagnose depression in a patient it is often rewarding because there are treatments that are helpful. Seeing a licensed counselor can be the best help. Medications have proven to be beneficial also. So if a patient complains of depression or sadness of course the doctors pursue it and attempt to diagnose the cause. I mentioned it takes time and the ability to listen. This can be difficult for doctors too in a rushed setting where a patient may have 5 other problems going on. Depression can be missed by your doctor.



So should we screen for depression? That is, if a patient is not complaining of any depressive related symptoms, should the doctor still ask about depression? Is it possible that a visit for a sprained ankle may lead to an additional diagnosis of depression with the right questioning?

It appears that this is a worthwhile endeavor. Asking two questions of the patient may serve as a start. Those are: Have you had little interest or pleasure in doing things and Have you been feeling down or depressed? Those may be enough to start further exploration of those who an-

swered yes. There are more in depth questionnaires but too many questions and questionnaires to fill out may be off-putting.

The recommendation to screen is a good one provided there is something that can be done. The doctor would have to know how to explore for other psychiatric issues or substance abuse and then know how to treat medically and have a proper mental health referral system.

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.