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HEALTHCARE REFORM-WHY EVERYONE SHOULD CARE

by Ann Gerhardt, MD *9/20/09*

Healthcare reform currently dominates public debate. Some care passionately, others feel immune. Here are the top five reasons why everyone should care.

1. No one is immune to insurance problems.
2. Uninsured persons pose public health issues.
3. We all pay for the uninsured and it costs a lot of money.
4. The current insurance system is killing business.
5. We are supposed to be a civilized nation that values life.

What we need to alleviate these problems is at the end of this article.

No one is immune. Eighty-five percent of Americans have health coverage in some form. They may have private insurance, whether it be an HMO, PPO, EPO, HSA, or alphabet soup, or the government takes care of

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EXERCISE MYTH

By Ann Gerhardt, MD. *9/20/09*

Bottom Line at the Top: A recent article decimates the role of exercise in weight control. But it focuses only on very strenuous physical activity, ignoring the well-proven role of movement in weight loss and body composition. The hour a day of mild to moderate physical activity, even in 10-minute segments, recommendation of the CDC, Surgeon General and every other health-related organization still holds for improving health and contributing to optimal weight. Then sit less the other 23 hours.

John Cloud set off fireworks with his "The Myth About Exercise" article in the August 17, 2009 Time Magazine. He asserts that exercise not only doesn't induce weight loss, but it packs on the pounds. What a jerk. A snarky twerp who **just** noticed the mounds of data comparing diet and exercise for weight loss, the data showing that weight loss requires caloric restriction, not just exercise.

He's added his bias that exercise equals hard, sweaty, miserable work, ignoring the concept that exercise equals

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them, through Medicare, MediCaid, or State Children's Health Insurance Programs (S-CHIP).

Insured, secure people can sit in the comfort of their living rooms and make assumptions about the uninsured, most of which are invalid. They can believe that the uninsured are the unemployed, but eighty percent of the uninsured live in families in which the head of household works. They do not have employer sponsored insurance and cannot access it through a family member. They may work for small businesses which have difficulty finding and affording employee health insurance, or they are one of the 22% of the uninsured who work for firms with 500 or more employees.

The insured can assume that only the very poor have no insurance, but thirty three million uninsured persons (20%) have household incomes of $25,000 or more, and 18 million earn more than $50,000. Average health insurance premiums skyrocketed 119% between 1999 and 2006. Those making less than $50,000 a year can't afford the $12,106 average annual cost (in 2007) of employer-sponsored family coverage without a sizable employer

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movement and that fidgeters generally weigh less, postal carriers are rarely obese and healthy physical activity doesn't have to hurt. He threw in some anecdotes about his wife's friends to 'prove' that fat people use exercise to justify gorging on forbidden food. Publish these biases in a prominent publication like the Times, and it gives lethargic people fatal ammunition against any reason to exercise.

"From a weight-loss perspective, you would have been better off sitting on the sofa knitting," he opines, ignoring some of the more subtle data concerning weight loss. Data from diet programs that show that a significant amount of mild to moderate exercise is essential to maintaining lost weight. (Perhaps it works for weight maintenance because it makes people feel like they are doing something healthy, and eating reasonably well goes along with that. I can't count the number of patients who stop controlling food intake when they stop exercise, and vice versa.)

He ignores emerging data that people who unsuccessfully

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try to lose weight with exercise and diet are healthier than those who don't even try. Moderate exercise changes body composition and shape, often reducing inches, a goal of many dieters.

He also ignores the health consequences of his pronouncement, since weight loss is the primary reason for starting, but not the primary benefit resulting from an exercise program. For those who haven't discovered the thrill of sport, the mental peace of physical activity or the health benefits of fitness, John Cloud just put the last nail in the coffin.

His alarmist revelation is not new. For years weight loss studies have found that exercise alone does not lead to weight loss. Nutritionists dispelled the no pain, no gain myth long ago. Exercise, in the absence of caloric restriction, does not melt away the pounds, especially if a hard hour at the gym is followed by a two hour nap and 4 hours in front of the TV. But replacing sitting (and eating) in front of a TV or computer with gardening, games, strolling, dancing and sex would do far more for weight control than a spin class.

Mr. Cloud's premise, that exercise makes you hungry, assumes that fat people crave burgers, fries and pastry as the reward for sweating. He argues that the un-equal caloric tit for tat drives up weight, a conclusion not verified by data. Usually the "exercise-only" group in weight loss studies experience no or only minimal weight change, up or down. These study groups, usually using moderate exercise like walking, "prove" that exercise doesn't induce weight loss OR weight gain.

People do have unrealistic ideas about the number of calories expended during exercise. People who assume that their exercise must have burned thousands of calories because they got tired and sweated a river are either misinformed or at least slightly delusional. Case in point: When I was a teen I figured that 10 sit-ups equaled a chocolate chip cookie (the goal being more cookies, not less weight).

Caloric expenditure tables and inaccurate calculations spewed out as digital fact by exercise machines don't help much. They can't possibly assess your body composition and work efficiency, both of which can drastically change the number of calories expended. An ambling 150# marshmallow woman burns far fewer calories walking 3 miles per hour than does a 150# muscular woman jerking along at the same speed but with every muscle taut.

He eventually enumerates the virtues of exercise with respect to health, and his written article is complete enough that the balance surfaces in his argument. But his interviews that have hit the Internet miss all that, irresponsibly extolling the treatise that if it won't reduce weight, don't bother moving. As if weight loss were the only worthy goal. What about the shrinking population segment who doesn't need to lose weight? There just may be be a reason that ALL people should exercise. Physical activity improves sleep, fitness, cardiac health, insulin sensitivity, mental health and immune function. It prevents diabetes, high blood pressure, cancer, heart disease and old people from falling over, fracturing hips and smashing their heads. An hour a day of mild to moderate movement leads to mental health, dissipating energy and irritability, and promotes sleep.

After going to great lengths to debunk the exercise – weight loss connection, at the very end of his article he promotes exercise as part of a weight loss program. But he doesn't call it exercise – he calls it physical activity. So all along, he has demonized exercise with his bias that defines it as sweating, aching, miserable, self-flaggelating activity. But really, it is just another name for physical activity and movement and something healthy.

Why couldn't he have used his adult, small voice? He could have said, "By the way, exercise alone won't cut the corpulence – it takes some prudent eating and non-gargantuan portion sizes to shed a few hundred extra pounds." But no, he had to use his third-grade bully voice to slander something that public health officials have begged people to do since the 1950's. Such irresponsibility. It's like shooting the dog because she couldn't bring in the paper, adore you AND make the coffee.

In the U.S., life expectancy for a baby born in 2007 is 78 years. Chile, Cuba, Denmark, Kuwait, Slovenia, and the United Arab Emirates share that same life expectancy.

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contribution. But their choice is pay the premium or go without insurance, since they are not eligible for Medicaid. Medicaid coverage is only available to low-income children, pregnant women, people with disabilities, and the elderly. Just being poor doesn't qualify you for Medicaid.

Many of those can't get insurance at any price because of a pre-existing condition. They've been denied insurance because they are sick and need it. At 30 years old you may not have any medical history, but by age 50 or 60 you've probably accumulated at least one. Lose your current insurance and you may not be able to replace it. Private insurance companies can and do cancel policies after you get sick, deny payments, and refuse to insure anyone who is or ever was sick with anything remotely resembling an illness that could recur.

A friend's 9 year old, rambunctious, healthy daughter was denied coverage because of a wandering eye. A retired physician has to return to work to get group insurance to cover his wife after her kidney transplant. No private insurance company will insure her with an individual plan.

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Most people think I'm healthy, but Blue Cross denied me hospitalization in 1967. No hospitalizations since and I've completed 5 marathons without wheezing collapse, but for goodness sake, a health insurance company wouldn't want to take the risk of paying for an illness.

Try on a few other scenarios of a safely insured person becoming a statistic: Imagine the day when you can have your DNA analyzed and likely future health problems predicted. It might help you to plan your life, but it might also help an insurance company decide to cancel your policy.

What if you retire at age 55 (too young for Medicare) and your company continues your insurance as part of your retirement package, but then goes bankrupt and ceases to exist? Lehman Brothers and an occasional airline company come to mind. Who can guarantee that any of the existing insurance companies will pick you up? They don't have to and often don't.

Of those who are insured, the 40 million covered by U.S. government-run Medicare are probably the only ones absolutely guaranteed health insurance. (The gentleman in North Carolina who doesn't want the government messing with "his Medicare" clearly shows the level of idiocy and misunderstanding associated with the health care debate.) The rest of us exist at the whim of employers, health insurance mega-companies, and Medicaid. Even Medicare payments equal only 80% of "allowable amount" of covered services. An elderly person must pay for the other 20% of allowed services and 100% of non-covered services, acquire a 'medi-gap' policy to pay, or deplete all her financial reserves to qualify for Medicaid.

The uninsured create public health issues. If you oppose healthcare reform and really don't care if the guy down the street dies from his cancer, please reconsider your stance from a collateral damage point of view. If the uninsured, untreated diabetic or person with cardiac disease passes out while driving, you could be the one she kills. When the CA state mental hospitals closed, many of those uninsured adults ended up on the streets, living in unsanitary conditions.

Consider the infectious disease ramifications of the uninsured, who delay treatment until they are really sick, circulating in the community and potentially infecting others. If a neighbor who contracts influenza can't get treatment, you and your children who bump into her at the store are much more likely to get sick too.

Tuberculosis (currently resurging in the world), AIDS, sexually transmitted diseases and many other infectious diseases are all treatable, but they require doctor visits and medication. If more people are uninsured, more will forego treatment, exposing you and yours to diseases you would have otherwise missed.

When most people have been vaccinated, the population has what we call "herd immunity." The likelihood of anyone coming down with measles is very low if everyone has been immunized. Even if one child falls ill, there are no susceptible children to infect, therefore no outbreak.

In 2006 8.7 million children lacked health insurance. Millions of those might introduce into schools diseases that we usually take for granted as being eradicated, like measles and mumps, because they are less likely to be vaccinated.

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We all pay for the uninsured. How much is unclear. Unreimbursed care, expensive emergency room treatment instead of a doctor's office, and collateral damage exact a huge toll.

According to the U.S. Census Bureau, 46.3 million Americans, 15.4% of the population, lacked health insurance in 2008. That figure comes from asking Americans if they ***were insured for any period of time during 2008.*** If you had insurance for *only one* of the 12 months, you still would have to answer yes, you had insurance. Some say that the figure is inflated by counting non-citizens and people who were covered by government programs but didn't know it. But those numbers are more than offset by the millions who lacked insurance for at least part of 2008 – a number estimated at 30% of all Americans.

Understanding coverage options leaves a dismal outlook for adults aged 19-64. Medicare covers 100% of Americans age 65 or older, as well as younger adults with disabilities or end-stage kidney disease. So all the uninsured statistics really apply only to people under age 65. Of those, Medicaid and State Children's Health Insurance Program (S-CHIP) will fund, with federal dollars, insurance for 41 million children this year. With S-CHIP expansion, signed into law this year, coverage will increase by 5.2 million, to 11 million children (in families with incomes above the federal poverty level but < $36,200 for a family of four).

The Census survey finds that 1.6 million more adults lost their health coverage between 2007 and 2008, and some estimate that 6 million more became uninsured in 2009. But removing children from the uninsured rolls, through S-CHIP, makes the total number and percent of people uninsured look stable. The statistics hide the fact that the brunt of the uninsured problem increasingly shifts to the non-elderly, non-disabled adults.

Put a face on just one of those people – Say your 22 year-old granddaughter, just graduated from college, now off her father's insurance plan and uninsured because she's still on probation at her new job. She contracts H1N1 influenza and spends 5 days in the hospital intensive care unit. You either hold bake sales, take out a second mortgage to help pay, or feel guilty when she files for bankruptcy. Nice way to start a life.

Insurance companies cover the 'cream,' leaving those most likely to need medical care to take their chances and fall on the public to pick up catastrophic costs. That's where those of you have insurance come in. When the guy with no insurance or money has a heart attack and undergoes bypass surgery in your local hospital, the hospital 'eats' part of the bill. But it's not a total loss, since doctors and hospitals roll that cost into all their fees charged to paying patients and your insurance company. So you pick up the tab without knowing it.

Because the patient has no money, he is referred to the County system or he may qualify for Medicaid. In either case, the hospital waits a long time for the deeply discounted payment, paid with your tax dollars, and passes along the deficit to you, the paying patient.

The current insurance system is killing business. I was asked recently if I thought the government or the private sector would do a better job of managing Americans' health insurance. I replied that the current system of private-health-insurance-through-employers has already failed up to 30% of Americans at least some time during the year, so the answer is obvious.

Employment-based health coverage has declined for eight years in a row, most recently from 59.3% of Americans in 2007 to 58.5% (1 million fewer persons) in 2008. Fewer people are covered by private health insurance (66.7% in 2008 -- down from 67.5% in 2007) and more folks are relying on government health insurance programs (29% in 2008 vs. 27.8% in 2007) for coverage.

AND the current system is breaking businesses, both small and large. At about $400-500 per employee per month, health insurance is a huge financial drain on companies. Initially offered as a 'perk' to end-run wage controls and attract and retain good employees, its conversion to a mandate for large businesses has dragged down their bottom line and sent jobs packing to India and China. Very small businesses may not have to offer insurance, but just try to attract and retain intelligent people without it.

The service sector offers less access to health insurance than do manufacturing companies. The self-employed entrepreneur, a mainstay of American capitalism, has no guarantee of finding an insurance company who will agree to coverage. If that entrepreneur expands business, hires more employees and chooses to pay for health insurance, she either pays lower wages, charges more for product or loses profits to insurance premiums. The money comes from somewhere. No matter how big a company, the cost makes a sizeable divet in the bottom line. Just ask GM.

AND the current system is tying some people to jobs they dislike. Lose or quit your job, you lose your insurance. Sure, you can COBRA, but at exorbitant cost, and it only lasts 18 months. Then you flail through the exclusionary and limited options for individual, private plans. They don't have to insure you, so they just may not.

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The uninsured suffer negative health consequences from lack of access to necessary and affordable medical care. About one-quarter of uninsured adults go without needed care due to cost each year. They face personal economic disaster if hospitalized or faced with serious illness. Ten years ago a non-wealthy patient of mine with no insurance ended up as a patient at a local medical trauma center. The center billed her $17,000 for her less than 24 hour stay (no surgery other than a few stitches and they really didn't find much wrong). They made her pay every penny. Her fees compensate for the deep discounts they negotiate with insurance companies, are required to give Medicare and Medicaid and write off for patients with no money. She's sorry she went.

The uninsured are less likely than those with insurance to receive preventive care or services for major health conditions. They seek care later in an illness, when it is more severe. They are diagnosed at more advanced disease stages and, once diagnosed, tend to receive less therapeutic care. Lack of access to timely treatment causes more than 22,000 uninsured adults to die prematurely each year.

According to the American Public Health Association, the uninsured are just the tip of the problem. Another 25 million *under*insured people who also receive inadequate access to care and are at risk of many of the same outcomes as those with no coverage at all.

I teach medicine in Peru. They have the social security health system for the employed and retired, and the government system for a few others and those who can pay. When asked what happens to the vast numbers not covered and unable to pay, I was told, "They die."

Do we want to keep our heads in the sand as the richest country in the world choosing to ignore the problem, while people suffer and die? We are supposed to be the leader in human rights and humanitarian philosophy. We express outrage when an employer's abuses or neglect leads to a death, while it's business as usual in third-world countries. Why not the same caring for fellow Americans when it comes to disease?

It's easy for those dying, uninsured people to be faceless and nameless. But what if it were the neighbor who cares for your animals when you are away? Or your sister? No matter how financially secure you are, you and yours, under the current system, are not immune.

Thoughts on the solution. Right now the debate swirls around "healthcare", but no one is really talking about health. They talk about money to pay for illness treatment and a few preventive measures. We *already* spend more money per capita than any other nation on earth and fall way down on measures of health, with a ranking near the bottom of industrialized nations.

At least 70% of the patients I take care of when I work as a hospitalist self-induced their illness through their lousy lifestyle. Most have some form of healthcare reimbursement, so they don't have to pay the price of their choices. Products of American entitlement, they feel they have the freedom to drink, smoke, eat and lounge around as they please, with the expectation of a pill or surgery to fix it, and the right to sue if it doesn't work (all of which drive up medical costs).

Insuring everyone doesn't guarantee health. For that we need people to take more responsibility for their minds and bodies, not just paying for their screwed-up lifestyle. Those who drink more than a little alcohol, over-eat, under-exercise, use tobacco products, or smoke, snort or shoot-up illicit drugs need to stop. Then we would actually improve our collective health and medical costs. All of us, insured or not, can be part of the solution, by taking better care of ourselves.

We must have healthcare coverage reform that includes
1) universal coverage,
2) no exclusions or financial penalties for pre-existing conditions,
3) no discrimination based on sex, age, race or health status,
4) policy premiums that are affordable and comply with #3,
5) portability, so you aren't tied to a job just for insurance, and
6) coverage for basic preventive measures, illness treatment and medications.

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WASTED INSURANCE COMPANY DOLLARS

If the insurance industry weren't spending so much money fighting healthcare reform, they might be able to deny fewer claims and insure more people.

Ditto for executive pay. Aetna's Ronald A. Williams, topping the pay scale, made $24,300,112 in 2008, a slight million dollar raise from 2007. For a 60 hour work week, rounding down and including vacation time, in 2008 he made $7780 per hour.

Can any executive be worth the diseases that could be cured with just some of that money?

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We should pay for healthcare reform by huge taxes on tobacco (the recent increases were not enough – see DrG'sMediSense issue 4-2), soft drinks (and maybe other empty calories), alcohol and gasoline (cars kill and maim, but gasoline fuels them and pollutes, hurting health). Such financial disincentives might actually change behavior, as shown with tobacco. Less disease, less medical cost, less cost of healthcare reform, better health. What a concept.╣

DIETS THAT WORK

By Ann Gerhardt, MD *9/20/09*

Every few years people discover that those who need to lose weight can if they consistently eat fewer calories. This is another of those years. Science has again confirmed what most of us really know – That formulaic diets based on high this food or low that food don't work for long-term weight loss. That's not to say that people don't lose weight. They do lose a few or even a bunch of pounds over the short term. But people fall off the dietary prescription wagon after a few months, as most non-delusional dieters will admit and too-numerous-to-count studies have shown. Every study of every diet documents initial success, followed by gradual (or not so gradual) weight gain over one to two years.

That makes even more money for the weight loss gurus, since intermittent reinforcement is the strongest type. It worked once, it should work again… right? Both the dieter and the program blame the dieter for failure, propelling the poor sucker back to the program's welcoming arms.

When diets work they do so because they constrain caloric intake in some way. They do this either by 1) limiting portions of most food groups or 2) eliminating one or more whole food groups. Having to measure and limit all food portions to pre-defined amounts works, but is cumbersome, hard to sustain, and boggles the mind in restaurants. The pre-eminent prototype, Weight Watchers, is one of the most successful and enduring weight loss programs. It works, as long as it is followed.

The more popular diet plans that eliminate food groups range from eating "no fat," to "no carb," to foods good for your blood type, to only raw food, to only Garden of Eden food, to you name it. Those simple-minded approaches work for a while, but are hard to keep up for very long in a food-glutted society with peer-pressure to eat birthday cake. Some recent studies debunk the myth that such imbalances are necessary.

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END OF LIFE DECISIONS VS DEATH PANELS

The healthcare reform bill's proposal to reimburse physicians for spending time with patients to determine their wishes about end-of-life care is a phenomenally insightful way to respect patients' needs and doctors' time. This provision, present in both the Democrats' version and bills sponsored by Republican Senators Murkowski of Alaska and Isakson of Georgia, would make these doctor-patient appointments totally optional.

Absolutely no one, other than Sarah Palin in her Face book "Death Panel" post, has said that any governmental agency will make end-of-life decisions for another human being. Senator Johnny Isakson said that it is "nuts" to misconstrue the proposed legislation's language to claim the bill encourages euthanasia.

We spend billions on end-of-life care because people don't make their wishes known (in writing) about resuscitation, life-support, nutrition support, dialysis, chemotherapy, and other aggressive care. Care they often wouldn't have wanted.

Six percent of Medicare patients die each year, and in the process consume ~30% of all Medicare expenditures. That's logical, since most people who die are sick before the event. We spend well over $20,000 (on average) in the last 6 months of Medicare beneficiaries' lives. Some die suddenly, costing zero. Others are dragged through weeks of Intensive Care Unit misery before leaving us.

Some patients want it all, and that's their prerogative. Some don't, and they shouldn't be subject to a prolonged, possibly painful, death because their family just can't recognize that death is a natural part of the life cycle. Some families have too much love or guilt or both to make the decision to stop testing, prodding, needle-poking and operating on someone who is already basically dead or has no chance of functional survival. Or, worse yet, siblings and children fight, something most elderly would not want to see happen.

There's no death panel, just you and your doctor discussing your fears, hopes and preferences. So your family doesn't have to.

Diets That Work *from page 7*

A large multi-center, two-year study published in the 2/26/09 New England Journal of Medicine compared dietary patterns. Obese people ate diets of 15% or 25% protein, 20% or 40% fat, and 65% or 35% carbohydrate. All had to count and restrict calories. Despite all the hoopla over the low-carb vs. low fat debate, people who succeeded in reducing calories lost weight.

Each diet group lost, on average, 8.8 pounds. Only 80% of the dieters completed the study and only 15% lost 10% or more of starting weight. A similar study last year reached the same conclusion. Simply cutting portions and total calories, regardless of which type, is necessary and sufficient to lost weight.

We can stop doing studies that prove that people are lucky to keep off a mere 10 pounds after two years. We know that survival mechanisms and hunger hormones compensate for calorie deprivation, increasing appetite and altering metabolism. The human organism just doesn't want to starve to death, somehow missing the fact that a 300 pound body remains after an 80 pound loss.

In the February study, behavioral factors, such as attending dietary counseling sessions predicted weight loss better than any specific plan. Other studies in which the people on the special food plan get intense counseling that the control group does not almost always "prove" that the special diet works better. What they really prove is that any diet, when encouraged with enthusiasm and persistence enough that the dieter buys into it, can be effective.

So what diet does work? One that limits calories in a way that a person actually sticks with day after day. **Most people who maintain at least 10% weight loss over more than a year do it with a diet of their own design.** They don't cut out every favorite food, but they stay aware of what they eat, without calories-that-don't-count delusions and excuses. Those who keep it off for life don't return to old habits after reaching their goal weight or tiring of restrictions. They change a little here and there to keep it interesting.

They may roll snippets of multiple diets into a one. Anyone who has ever received any dietary advice has some idea of a healthy diet. But few can translate that knowledge into behavior because it doesn't fit their lifestyle. Most don't need to change their entire diet – just the foods that get them into trouble. The rotund usually know their own downfall: A daily six-pack of Pepsi, donuts at the office, dinner that lasts on into the night, chips, clinging at age 50 to meals that fueled football practice in a past life, nervous snacking, ice cream binges,

pretending that every restaurant meal is a special occasion to suspend prudence, whatever…

All they have to do is limit total calories in a way they can sustain, with enough variety to prevent malnutrition. Ideally it accommodates the individual's lifestyle, cultural preferences, food weaknesses and metabolism. Since we know little about the genetics of weight and appetite, we can't predict which foods stem an individual's appetite best. Until we know more, people must discover how to satisfy stomach hunger (not emotional appetite) on their own. (For example, cereal in the morning leaves many people hungry an hour later, but peanut butter on toast does not).

Which is the "best" food pattern? One with enough calories to maintain ideal body weight and with variety from all the food groups to promote health. Nutrition scientists now focus on a "prudent" diet of whole grains, legumes, vegetables, lean meat, fish and poultry, moderate fat, dairy and fruit. Or the Mediterranean diet, basically an Italian-style "prudent". Either one minimizes heart disease, diabetes and cancer. But too many of even these "good" calories won't allow weight loss. People who try to lose weight without success tend to better health than those who never try. Could eating more vegetables or exercising now and then impact aspects of health more important than weight?

To successfully diet, cut calories with no excuses, no week-long birthday parties, no unconscious hand-to-mouth habits. Drink water and eat vegetables. Avoid your particular disasters. The kicker is finding the key to get one's own brain to commit to that process…forever. ╣

Morrie says: "You can't substitute material things for love or for gentleness or for tenderness or for a sense of comradeship...when you most need it, neither money nor power will give you the feeling you're looking for, no matter how much of them you have."
From Tuesdays with Morrie by Mitch Albom

Getting the Most Out of Your Doctor – Make Sure You Are Heard and Understood

by Ann Gerhardt, MD *9/20/09*

Doctors are not clairvoyant. They can't read minds and their physical exam and high- or low-tech tests don't detect disease 100% accurately. They also hear like everyone else – within the framework of their own thoughts and experience. You may say one word which is heard as another – "no energy" might be interpreted as sleepy, depressed, anemic, lazy, malnourished, heart failure or stressed, when what you really mean is your brain hasn't been able to get up and go since starting the new medication.

A doctor's specialty influences how he/she interprets your words. Your complaint of "I'm losing weight because I can't eat" may be assumed to be anorexia nervosa if the doctor is a psychiatrist, a throat tumor if the doctor is an ENT, inability to swallow if the doctor is a neurologist, gut disorder is the doctor is a gastroenterologist, a cancer if the doctor is an oncologist, and on and on – a good reason to start with a primary care doctor, who *presumably* considers all body systems.

Your doctor needs you to be as specific and accurate with your history and words as possible. Then encourage the doctor to talk and ask follow-up questions to tease apart the details that lead to a diagnosis. Good doctors base at least 50% of an initial diagnostic impression on your words, so make sure you are hearing back from him/her an accurate reflection of what you said. While it may look impressive for a doctor to hear a few words and make an authoritative diagnosis, don't be beguiled into assuming that it is always right or based on your real symptoms.

Pay attention to the doctor's response. Does the doctor's response sound like he/she really grasps what you feel? Does the physical exam focus *at least* on your body parts of concern? Do his/her questions elaborate on what you said *and* go beyond to things you haven't considered? Does the diagnosis seem to account for all your concerns?

Most of the time you will have something that neatly fits a diagnostic box that readily occurs to your doctor. But humans are all guilty of jumping to conclusions without really hearing what was said. To make sure that you were heard: 1) listen carefully to the doctor's diagnosis and plan; 2) Repeat what you think you heard to verify you got it; 3) Ask if the diagnosis explains all of your symptoms, listing them again succinctly; and 4) Ask when you can expect to be better and what happens next if the first plan doesn't help or if you get worse.

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Zinc, Zicam, the Common Cold & Side Effects *by Ann Gerhardt, MD 9/20/09*

In June the FDA advised people not to use Zicam intranasal products that contain zinc, because of the risk of damaging cells in the nose crucial for smell. This damage may cause anosmia (loss of the sense of smell), which may be permanent. Without the sense of smell, people's sense of taste and enjoyment of food dramatically diminishes. Even more ominous, anosmic people can't detect dangers such as gas leaks, smoke and spoiled food.

All of the Zicam products covered in the FDA warning are sold over the counter, contain zinc, and are administered into the nose as a treatment for colds (the sneezing, sore throat, congestion type). The FDA's warning applies to Zicam Cold Remedy Nasal Gel, Zicam Cold Remedy Gel Swabs and Zicam Cold Remedy Swabs, Kids Size. The director of the FDA's Office of Compliance advises consumers to discard any of these products.

While asserting that the FDA's action is unwarranted, Zicam's maker, Matrixx Initiatives, Inc., voluntarily withdrew Zicam Cold Remedy Swabs and Cold Remedy Gel from the market. Consumers may request a refund by calling 877-942-2626 or visiting Zicam's web site.

People have filed more than 130 reports with the FDA of anosmia and a few cases of loss of taste after using those products. The FDA "is aware that Matrixx appears to have more than 800 reports related to loss of sense of smell associated with Zicam Cold Remedy intranasal products." Matrixx Initiatives has yet to share those reports with the FDA.

Matrixx states that "consumer safety is and has always been the company's top priority." Matrixx president William Hemelt says that the company "stands behind the science of its products" and that "there is no reliable scientific evidence that Zicam causes anosmia."

Scientists have done studies of zinc and the common cold since 1984. Swallowing zinc as a tablet doesn't influence cold duration or symptoms. Some zinc lozenges and nasal gels do, but not every zinc product works. The zinc formulation has a huge effect on whether it works or not.

Scientists propose that zinc blocks a virus' ability to attach to and reproduce in cells lining the nose and respiratory tract. Hence the necessity of using a lozenge that bathes the mouth and throat, or a nasal spray that contacts the lining of the nose. If zinc binds to the receptor and the virus can't bind to cells, no infection results.

Only the ionic form of zinc binds to these receptors. Zinc gluconate and zinc acetate release ionic zinc easily, but they taste really bad. Complexing them with plant-derived oils or flavoring agents like citric acid, tartaric acid or sorbitol improves taste, but prevents zinc release, eradicating effectiveness. Using a calcium lactate or dextrose base tastes better without blocking the benefit.

Zinc gluconate or zinc acetate lozenges, containing between 9 and 23 mg of elemental zinc in a sugar base, dissolved in the mouth every 2 hours, shortens symptom duration by about half. You have to start the lozenges within 24 hours of symptom onset to see any benefit.

A nasal gel of ionic zinc in an emulsion, sprayed four times a day, seems to work at least as well as the lozenges. It reduces the number of symptomatic days by as much as two-thirds if started within 24 hours. Zinc sulfate or zinc gluconate gels do not work.

We have no evidence that zinc is effective for colds caused by any virus other than rhinovirus. All the studies were done with rhinovirus and we know that it and zinc bind to the same receptor, but that may not be true for other viruses. It probably doesn't work for Influenza.

Our immune system, which fights off infections, requires zinc for normal function. We can be sure to have an adequate zinc supply by eating zinc-rich foods, like shellfish, cereal bran, Brewers Yeast, wheat germ, pine nuts, pecans, cashews, liver and Parmesan cheese. Someone with adequate zinc status can't boost their cold-fighting arsenal with mega-dose supplements.

We should not take zinc formulations willy-nilly, just in case we might have a deficiency, or for a whole cold season. Sixty mg per day causes adverse effects in children. High dose zinc supplements (300 mg per day) *harm* immune function in healthy adult men, and cause good cholesterol (HDL-C) levels to plummet. Zinc competes with other minerals for absorption in the digestive tract: Prolonged use may induce measurable calcium and copper deficiencies. Copper deficiency can cause iron deficiency and anemia.

Limit zinc lozenges or nasal spray to no more than 7 days – If it hasn't worked by then, it's not going to, so give it up before it causes unintended consequences.

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