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- Autoinflammatory Diseases
- Behcet's Disease
- Cryoglobulinemia
- Dermatomyositis
- Ehler's Danlos
- Felty's Syndrome
- Gout and all Crystals
- GCA (temporal arteritis)
- IgA Vasculitis
- Lupus (SLE)
- Polymyalgia Rheumatica
- Polymyositis
- Psoriatic Arthritis
- Relapsing Polychondritis
- Rheumatoid Arthritis

RHEUMATIC DISEASES (Cont.)
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- Sjogren's Syndrome
- Stills Disease
- Vasculitis

BONES
- Bursitis/Tendonitis
- Carpal Tunnel
- Elbow Pain
- Hand/Wrist Pain
- Heel Spurs
- Hip and Back Pain
- Knee Pain
- Osteoarthritis
- Osteoporosis
- Shoulder Pain
- Spinal Stenosis
- Tennis Elbow
- Trigger Finger

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- Ultrasound

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To help his patients Dr. Soloway has lectures on Rheumatoid Arthritis, Lupus, Vasculitis, Gout, Psoriatic Arthritis/Spondyloarthropathy, and Relapsing Polychondritis on YouTube at this web address: http://www.youtube.com/user/StephenSolowayVideos

Dr. Soloway is affiliated with many area hospitals. Currently, he teaches other doctors at local hospitals.

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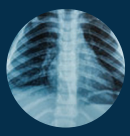
Table of Contents

DIAL 911 FOR EMERGENCIES — FIRE POLICE EMT



Cape May County comprises of 620.42 square miles and is located in the southernmost part of the state.[1]

SURPRISING FACT:
The kidneys filter your blood 300 times per day!

Did you know?

Before the county was settled by Europeans, the indigenous Kechemeche tribe of the Lenape people inhabited South Jersey.

This edition features over **500** health and wellness providers!

Sources:
https://en.wikipedia.org/wiki/Cape_May_County,_New_Jersey
https://www.health24.com/Lifestyle/Woman/Your-life/30-weird-medical-facts-20120721

1 in 3 Young Americans Prescribed a Psychiatric Drug Misuses Them: STUDY

By Steven Reinberg

Many young Americans are prescribed psychiatric drugs to treat medical conditions, but nearly one-third of them wind up misusing the medications, a new study finds.

"Misuse of prescription substances is alarmingly high among U.S. youth and young adults," said lead researcher Israel Agaku, a part-time lecturer in oral health policy and epidemiology at the Harvard School of Dental Medicine, in Boston.

The study found that, overall, 35% of young people (aged 12 to 25) said they had taken a prescribed psychoactive drug in the past year, and 31% of those said they had misused that drug. While opioids were the most commonly prescribed drug, misuse of stimulants and tranquilizers was higher. Psychotropic drugs change a person's mental state and can have intoxicating effects.

"This study draws attention to the silent epidemic of prescription stimulant use among youth," Agaku said. "With increasing popularity of performance-enhancing stimulants in schools, it is imperative for policymakers, school administrators, health care professionals and parents to become more aware of this emerging danger and take appropriate steps, similar to what has been done for the opioid epidemic."

Dr. Scott Krakower, an attending psychiatrist in child and adolescent psychiatry at Zucker Hillside Hospital in Glen Oaks, N.Y., said, "It is very alarming to see so many young people having access to controlled substances." It is important for doctors to screen for illicit substance use and psychological stressors that may also affect prescription drug abuse, he added.

For the study, Agaku and his colleagues collected data on more than 110,000 participants aged 12 to 25 in the 2015 to 2018 U.S. National Survey of Drug Use and Health. Because these data are self-reported, the researchers can't be sure they are completely accurate.

The investigators found that one in 10 participants took at least two prescribed psychoactive drugs, and 58% abused one of them. Also, 87% said they used another substance, such as alcohol, cigarettes, cigars, marijuana, cocaine, heroin, inhalants or hallucinogens.

The use and abuse of prescribed psychoactive drugs increased with age. One in four teens took a psychoactive drug, and 6% took at least two. Among young adults, 41% took one drug and 14% took at least two, the researchers found.

Among teens, opioids were the most often used (19%), followed by stimulants (7%), tranquilizers (4%) and sedatives (2%).

About 20% said they misused their drugs, with 40% misusing tranquilizers, 24% abusing stimulants, nearly 18% abusing opioids and 14% misusing sedatives, according to the report.

Among 18- to 25-year-olds prescribed psychoactive drugs in the past year, one-third reported misuse of at least one drug. Of those prescribed at least two of these drugs, 61% reported misuse and nearly 94% reported concurrent use of another substance, the study authors said.

Among young adults, 30% were prescribed opioids, 14% stimulants, nearly 12% tranquilizers and 4% sedatives. Misuse was highest for stimulants (51%), followed by tranquilizers (45%), followed by opioids (23%) and sedatives (19%).

Abusing these drugs can have serious consequences, the authors warned. In fact, nearly 12% of the 18- to 25-year-olds reported serious psychological problems, which were tied to misuse of every psychoactive drug the researchers looked at in the study.

Linda Richter, vice president of prevention research and analysis at the Partnership to End Addiction, said, "Parents should be conscious of the attitudes and behaviors they model for their children when it comes to prescription drugs, and convey that medications are not to be taken lightly, or that a pill is necessary to relieve everyday stress or anxiety."

Parents should talk with their kids about the risks of prescription drug misuse and explain that, just because these drugs are prescribed by a doctor, they are not safe unless taken as prescribed by the person for whom it was prescribed, she added.

Parents should also ask if there are less dangerous alternatives their child can take, Richter said. And they should tell the doctor if there is a family history of substance abuse, because such a history can increase the likelihood of developing an addiction.

"Doctors and other prescribers should take these medications seriously, prescribe them sparingly to young people, and do so in the context of educating patients and their families about the risks," Richter said.

The report was published online Feb. 3 in the journal Family Medicine and Community Health.

More information: For more on prescription drug abuse, head to the U.S. National Institute on Drug Abuse.

Race Plays Role in Kids' Food Allergies: Study

Black American children have higher rates of shellfish and fish allergies than white children, a new study finds.

The research confirms the important role that race plays in children's food allergies, the study authors said.

"Food allergy is a common condition in the U.S., and we know from our previous research that there are important differences between African American and white children with food allergy, but there is so much we need to know to be able to help our patients from minority groups," said study co-author Dr. Mahboobeh Mahdavinia. She is chief of allergy and immunology at Rush University Medical Center in Chicago.

"In this current paper, our goal was to understand whether children from different races are allergic to similar foods, or if there is a difference based on their racial background," Mahdavinia said in a medical center news release.

The research team studied 664 children, aged 12 and under, who'd been diagnosed with a food allergy. Of those, 36% were Black and 64% were white.

Compared to white kids, Black children were more likely to have shellfish and fin fish allergy, and to have a wheat allergy, the investigators found.

Cockroach exposure can trigger shellfish and fin fish allergy in children, and there are higher levels of cockroach allergens in poorer inner-city neighborhoods where many Black children live, the study authors noted.

The findings support the importance of reducing Black children's exposure to cockroaches, the researchers said.

According to study co-author Susan Fox, an allergy and immunology physician assistant at Rush, "This information can help us care for not only a child's food allergy, but all of their allergic diseases, including asthma, allergic rhinitis [hay fever] and atopic dermatitis [eczema]."

The study also found that Black children with food allergies were more likely to have asthma than white children with food allergies, and that children with a shellfish allergy were more likely to have more severe asthma.

Asthma accompanies about 70% of deaths from severe allergic reactions [anaphylaxis] to food, the study authors said.

"African American children are at a two- to threefold risk of fatal anaphylaxis compared to white children," Mahdavinia said. "By knowing this information, it can identify most at-risk patients."

The report was published in the February issue of the Journal of Allergy and Clinical Immunology: In Practice.

More information: The American Academy of Pediatrics has more on food allergies.

SOURCE: Rush University Medical Center, news release

A Acupuncture / Acupuntura

An ancient Chinese method to relieve pain or treat disease by inserting needles into various parts of the body.

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Arthritis

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Stephen Soloway,
MD, FACP, FACR, CCD

Matthew R. Arkebauer, D.O., MS, FACR
Board Certified Internal Medicine & Rheumatology

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TOP DOCTOR AS REPORTED BY THE US NEWS AND WORLD REPORT

HOW DO I KNOW IF I HAVE ARTHRITIS?

Usually your rheumatologist can properly diagnose you with arthritis. Arthritis refers to a problem involving the joint as opposed to tendonitis which involves the tendon or bursitis which involves the bursa. Note; a tendon is a stretchy substance and connects a bone to a muscle. A bursa is a small fluid filled sac that protects bones that can become inflamed and painful. The rheumatologist can determine which one you have and offer the proper treatment.

Contact Dr. Soloway today for an evaluation.

WHAT IS A RHEUMATOLOGIST?

Before seeing a joint surgeon always see a joint doctor!

A Rheumatologist is a trained physician who diagnoses joint and bone diseases. The main difference between a Rheumatologist and an Orthopedist is one is a bone doctor and the other a bone surgeon.

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Older Adults Turning to Pot for Common Health Problems

Marijuana is fast becoming a favorite medication among older Americans, a new study finds.

Cannabis is being used to ease problems such as pain, sleep disturbances and psychiatric conditions like anxiety and depression, researchers say.

Among more than 550 patients surveyed, 15% had used cannabis within the past three years, and 50% of users said they used it regularly and mostly for medical purposes.

"Pain, insomnia and anxiety were the most common reasons for cannabis use and, for the most part, patients reported that cannabis was helping to address these issues, especially with insomnia and pain," said researcher Christopher Kaufmann. He's an assistant professor in the Division of Geriatrics and Gerontology in the Department of Medicine at the University of California, San Diego (UCSD).

Also, 61% of the patients who used cannabis had started using it after age 60.

"Surprisingly, we found that nearly three-fifths of cannabis users reported using cannabis for the first time as older adults. These individuals were a unique group compared to those who used cannabis in the past," said researcher Kevin Yang, a third-year medical student at UCSD.

"New users were more likely to use cannabis for medical reasons than for recreation. The route of cannabis use also differed with new users more likely to use it topically as a lotion rather than by smoking or ingesting as edibles. Also, they were more likely to inform their doctor about their

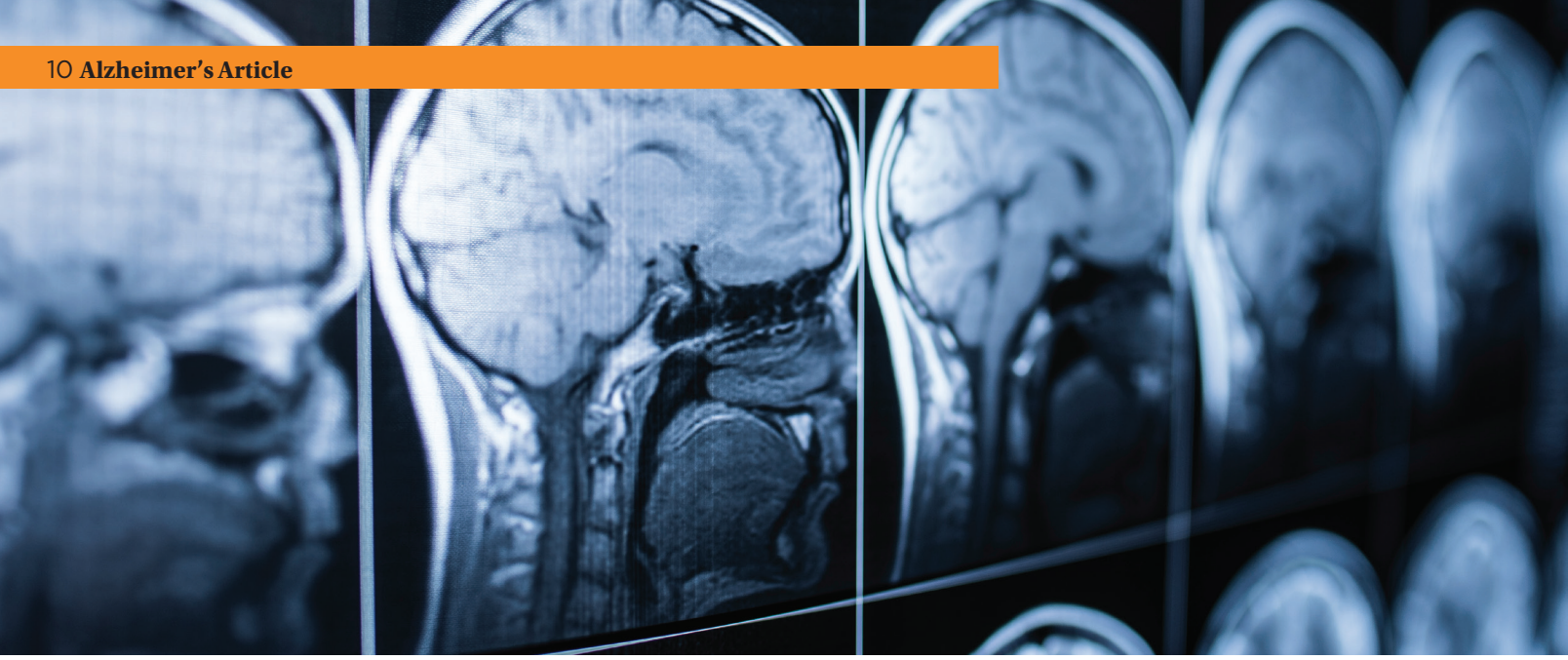
cannabis use, which reflects that cannabis use is no longer as stigmatized as it was previously," Yang said in a university news release.

The report was published online recently in the Journal of the American Geriatrics Society.

"There seems to be potential with cannabis, but we need more evidence-based research," Kaufmann added. "We want to find out how cannabis compares to current medications available. Could cannabis be a safer alternative to treatments, such as opioids and benzodiazepines? Could cannabis help reduce the simultaneous use of multiple medications in older persons?

"We want to find out which conditions cannabis is most effective in treating," Kaufmann said in the release. "Only then can we better counsel older adults on cannabis use."

More information: Harvard University has more on medical marijuana.



Enlarged spaces in the brain that fill with fluid around small blood vessels may be a harbinger of impending dementia, a new Australian study suggests.

Typically, these so-called perivascular spaces help clear waste and toxins from the brain and might be linked with changes in the aging brain, researchers say.

"Dilated perivascular spaces, which are a common MRI finding, especially in the elderly, are not just an incidental finding," said study author Dr. Matt Paradise, a psychiatrist and research fellow at the Centre for Healthy Brain Ageing at the University of New South Wales in Sydney. "Instead, they should be taken seriously, and assessing their severity may be able to help clinicians and researchers better diagnose dementia and help predict the trajectory of people with cognitive decline."

Paradise noted, however, that the study does not prove that enlarged perivascular spaces cause thinking and memory problems, only that there is an association.

"Dilated perivascular spaces may be a marker of the disease process, but not necessarily drive it," he explained. 'The underlying mechanisms for dilated perivascular spaces are complex and need unraveling."

One neurologist agreed that relationship between these enlarged spaces and dementia is complicated.

"We all have perivascular spaces. They are natural, but they're usually very small, so small that when we do pictures of the brain, we don't usually see them," explained Dr. Glen Finney, a neurologist at the Geisinger Specialty Clinic in Wilkes Barre, Pa. "Some people have a few enlarged ones that are probably just normal."

"But when we see a large amount of these extra spaces developing, that is when we start to suspect there's probably something more going on in terms of brain health," added Finney, who is also a Fellow of the American Academy of Neurology. "This is not something that happens to everybody."

These spaces can enlarge when brain matter is lost or there is a build-up of materials that are normally cleared in those spaces, he explained.

"What we know is that we can see them more with age," he said. "In some cases, we can see them associated with vascular damage in the brain."

Finney doesn't think that these enlarged spaces will be a diagnostic tool, and instead, "It's really going to be a marker of risk. It's not going to tell you if you have dementia, it's not going to tell you if you're going to get it. It's just going to tell you that you may be at a little higher risk."

Looking for connections

For the study, the researchers tested more than 400 people, average age 80. Participants were given tests of thinking and memory skills and assessed for dementia at the beginning of the study and every two years for eight years.

Also, the participants had MRI brain scans to look for enlarged

perivascular spaces in two key areas of the brain at the start of the study and every two years for eight years.

The researchers compared the top 25% of those who had the largest number of enlarged perivascular spaces with those with fewer or no enlarged spaces.

They found that those with the most enlarged perivascular spaces were nearly three times more likely to develop dementia than those with fewer or no enlarged spaces.

In all, 24%, or 97 participants, developed dementia during the study. Of the 31 people with enlarged perivascular spaces in both areas of the brain that the researchers looked at, 39% developed dementia.

The people with severe enlargement of perivascular spaces in both areas of the brain were also more likely to have greater decline four years later on their overall scores of cognition than people with mild or no enlargement of spaces.

The results remain unchanged after the researchers took into account other factors that could affect scores on tests or the development of dementia, such as age, high blood pressure and diabetes.

They also accounted for other signs of disease in the small blood vessels in the brain, which can also be a risk of dementia.

The picture is actually more complex, Paradise said. "There may be differential effects for the two main regions where dilated perivascular spaces were measured, as this effect was not seen in all groups. This might be due to different mechanism of disease in those two areas. But broadly speaking, dilated perivascular spaces are a marker for disease of the microscopic blood vessels of the brain," he said.

The risk for dementia was seen at four and six years, but not at eight years, Paradise said. "This may be because, by then, a lot of the group developed dementia and the impact from perivascular spaces is masked by other factors, such as the participants' age."

An aid to diagnosis?

The researchers noted that their findings could be affected by the fact that the cognitive test data was only available over four years and imaging data might have missed some enlarged perivascular spaces.

Perivascular spaces are also just one marker of small vessel disease, Paradise said. "We are investigating how these perivascular spaces relate to the other neuroimaging markers and hope to construct an index which takes into account the contribution of several markers to produce an estimate of the overall burden from disease of the blood vessels in the brain," he said.

Rebecca Edelmayer, director of scientific engagement at the Alzheimer's Association, thinks that perivascular space might become a way of diagnosing dementia, but more research is needed before that could happen.

Most people are currently diagnosed with Alzheimer's and other dementias through cognitive and functional testing, she said.

"We need to continue to develop biomarker tools and technologies, as well as effective treatment strategies in parallel," Edelmayer said.

Doctors need a toolbox at their fingertips to help in diagnosis because "accurate and early detection is so critical for people living with dementia and their families," she said.

"But much more research is needed to truly understand whether looking at perivascular space is going to be a reliable biomarker across diverse populations," Edelmayer said. "So, I think it's too early to say that this is something that anyone should ask for in their doctor's office."

More information

For more on Alzheimer's disease, see the Alzheimer's Association.

Assisted Living Communities / Comunidades de Vivienda Asistida

Assisted Living usually refers to a facility that is used by people who are not able to live on their own, but do not need the level of care that a nursing home offers.

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Nazha, Naim T. - MD
Stoyko, Zoryana - MD
Wang, Le - MD, PhD
Dalzell, James G. - MD
411 New Road
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(609) 383-6033 Fax: (609) 383-0064
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Cape Heart Clinic
2 Village Drive
Cape May Court House, NJ 08210
(609) 465-7517 Fax: (609) 465-2448
Review this provider at **njhealthsource.com**

Penn Cardiology
211 South Main Street, Suite 205
Cape May Court House, NJ 08210
(609) 463-0800 Fax: (609) 463-0957
Review this provider at **njhealthsource.com**

Cardiovascular Disease

CAPE REGIONAL MEDICAL CENTER - CARDIAC AND RESPIRATORY SERVICES
2 Stone Boulevard
Cape May Court House, NJ 08210
(609) 463-CAPE Fax: (609) 463-2575
See Our Ad Front Cover

CAPE REGIONAL MEDICAL CENTER - CARDIAC & PULMONARY REHAB
2 Stone Boulevard
Cape May Court House, NJ 08210
(609) 463-CAPE Fax: (609) 463-2575
See Our Ad Front Cover

Chiropractic Care / Cuidado Quiropractico

Concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, and the effects of these disorders on the function of the nervous system and general health with an emphasis on manual treatments including spinal manipulation or adjustment.

Back to Health Family Chiropractic
118 East Rio GrandE
Wildwood, NJ 008260-4527
(609) 522-7557 Fax: (609) 522-7557
Review this provider at **njhealthsource.com**

Demoulin Chiropractic Center
52 Tuckahoe Road
Marmora, NJ 08223
(609) 390-8490 Fax: (609) 390-4898
Review this provider at **njhealthsource.com**

Farrell Chiropractic & Rehabilitation
1058 Route 47 South
Rio Grande, NJ 08242
(609) 886-7730 Fax: (609) 889-9769
Review this provider at **njhealthsource.com**

Fellows Chiropractic & Rehabilitation
3704 Bayshore Road, Sutie 8
North Cape May, NJ 008204-3500
(609) 886-7177 Fax: (609) 886-8575
Review this provider at **njhealthsource.com**

Kemenosh Chiropractic Center
300 3rd Street
Ocean City, NJ 08226
(609) 399-6000 Fax: (609) 399-6565
Review this provider at **njhealthsource.com**

Nigro Family Chiropractic
13 South Main Street
Cape May Court House, NJ 008210-2191
(609) 465-2252
Review this provider at **njhealthsource.com**

Ocean View Chiropractic & Wellness
1 Hope Corson Road
Seaville, NJ 08230
(609) 545-0445 Fax: (609) 545-0446
Review this provider at **njhealthsource.com**

Olivieri Chiropractic & Rehabilitation
1501 Route 47 South
Rio Grande, NJ 08242
(609) 886-8585 Fax: (609) 886-8540
Review this provider at **njhealthsource.com**

Rizzo Chiropractic Center
1403 Texas AvenuE
Cape May, NJ 08204
(609) 884-2162 Fax: (609) 884-3722
Review this provider at **njhealthsource.com**

South Shore Chiropractic
1217 Route 9, Suite 101
Marmora, NJ 08223
(609) 390-8772 Fax: (609) 390-8699
Review this provider at **njhealthsource.com**

Clinics / Clínicas

A place or hospital department where outpatients are given medical treatment or advice, especially of a specialist nature.

Wilmington VA Medical Center
1 Monroe AvenuE
Cape May, NJ 08204
(800) 461-8262 Fax: (302) 633-5384
Review this provider at **njhealthsource.com**

Community Services

Dennis Township Senior Citizens Center
571 Petersburg Road, PO Box 204
Dennisville, NJ 08214
(609) 861-3137 Fax: (609) 861-3137
Review this provider at **njhealthsource.com**

Counseling Services

A counselor is a person who gives advice or guidance in a specific area of expertise or knowledge.

Cape Counseling Services
128 Crest Haven Road
Cape May Court House, NJ 08210
(609) 465-4100 Fax: (609) 463-1111
Review this provider at **njhealthsource.com**

Cape Counseling Services - PACT
1129 Route 9 South, Suite 1
Cape May Court House, NJ 08210
(609) 463-8990 Fax: (609) 463-1111
Review this provider at **njhealthsource.com**

Shore Counseling, LLC
601 South Main Street, Route 9
Cape May Court House, NJ 08210
(609) 465-4448 Fax: (609) 465-4438
Review this provider at **njhealthsource.com**

D Dementia Care

BROOKDALE CAPE MAY
591 Route 9 South
Cape May Court House, NJ 08210
(609) 463-6344
See Our Ad Pages 13 & 52

Dentistry - Cosmetic

Any dental work that improves the appearance (though not necessarily the function) of a personís teeth, gums and/or bite.

BRICKWORKS DENTAL
Brickworks Professional Campus
5429 Harding Highway, Suite 101
Mays Landing, NJ 08330
(609) 625-0505 Fax: (609) 625-8002

Panico, William H. - DMD
4 Oslo AvenuE
Rio Grande, NJ 08242
(609) 886-2277 Fax: (609) 886-2249
Review this provider at **njhealthsource.com**

Dentistry - Endodontics

The treatment of diseases or injuries that affect the root tip or nerve of the tooth. The most common procedure is a root canal.

Endodontic Associates of South Jersey, PA
4 Village Drive
Cape May Court House, NJ 08210
(609) 465-3030 Fax: (609) 465-3094
Review this provider at **njhealthsource.com**

Dentistry - General Practice / Odontología - Practica General

Dentistry is the practical application of knowledge of dental science: the science of placement, arrangement, function of teeth and their supporting bones and soft tissues.

BRICKWORKS DENTAL
Brickworks Professional Campus
5429 Harding Highway, Suite 101
Mays Landing, NJ 08330
(609) 625-0505 Fax: (609) 625-8002

AtlantiCare Physician Group Primary Care Plus
1613 Route 47 South, Unit G
Rio Grande, NJ 08242
(609) 886-5245 Fax: (609) 886-5295
Review this provider at **njhealthsource.com**

Bayside Family Dentistry of Cape May
204 Townbank Road
North Cape May, NJ 08204
(609) 886-5255 Fax: (609) 886-7051
Review this provider at **njhealthsource.com**

Cape May Dental Associates
411 Park Boulevard
Cape May, NJ 08204
(609) 884-5335 Fax: (609) 884-8087
Review this provider at **njhealthsource.com**

Cape May Family Dental
3151 Route 9 South, Unit 7
Rio Grande, NJ 08242
(609) 463-8800 Fax: (609) 463-8818
Review this provider at **njhealthsource.com**

COVID Bites: Cracked Teeth Another Coronavirus Scourge

Dentists are drilling down on another worrying trend related to the coronavirus: more cracked teeth.

Like sleepless nights and stomach jitters, teeth grinding is a telltale sign of stress. And the habit -- which can damage and break your choppers -- is sending people to dental offices in growing numbers amid the coronavirus pandemic.

"I have been seeing a lot of broken teeth lately -- way more than I normally see," said Dr. Todd Bertman, a dentist in New York City.

"There is definitely an uptick in cases," agreed Avina Paranjpe, a professor of endodontics at the University of Washington School of Dentistry.

How much of an uptick? "Considering the number of cases we have seen at the university and in practice, I would say about a 30% to 35% increase in cases," Paranjpe said.

Following health guidelines, Bertman and his colleagues closed their facility between March 16 and May 18. "But we did continue to provide tele-dentistry," he said. "We would take emergencies through Zoom. Even at that point I was starting to see many cases of broken teeth. And then when we reopened, there were so many issues related to broken teeth that we really had to prioritize, focusing on handling these sorts of emergencies instead of cleanings."

Bertman and Paranjpe attributed the trend to rising stress levels during the pandemic.

"Stress," said Paranjpe, "is the main reason for the increase in the percentage of cracked teeth." People are dealing with changing job demands, economic fears, unfulfilled social needs or overarching medical concerns.

And COVID-19 stress is likely a widespread problem, with the U.S. Centers for Disease Control and Prevention warning that pandemic-induced anxiety "can be overwhelming and cause strong emotions in adults and children."

That emotion can have dental consequences, said Bertman. A lot of his patients who now come in with broken teeth also report headaches and jaw pain, he noted. This suggests a rise in anxiety-driven jaw clenching, teeth grinding, muscle spasms and muscle stress.

Posture may be changing due to COVID concerns, and that can affect dental health, too, Bertman said.

"As we all scramble to find or put together a makeshift work station at home, it's likely that many of us end up in chairs that aren't comfortable and sitting in front of desks that aren't configured for good postural positioning," Bertman said.

The resulting bad posture can lead to pain in your jaw joint and in the muscles that control jaw movement.

Teeth grinding is not uncommon. "And don't assume that you'll know if that's what's happening," warned Paranjpe. Until it's diagnosed, "I would say 50% of patients know they grind their teeth, and the other 50% are unaware."

Paranjpe cited some other factors that may contribute to the rise in tooth fractures, including a reluctance to visit dentists during the pandemic and/or the loss of work-based insurance to cover dental costs.

So what can you do to protect your smile?

Meditation to reduce pervasive stress can be helpful, suggested Bertman. "It brings you into the moment. And that can help you focus more on posture, which is important to be mindful of. Anything you can do -- like stretching or repositioning-- can be helpful."

Night guards are another preventive strategy. "Usually, if we know that a patient is grinding or clenching their teeth, they would be doing this at night, so we recommend a night guard," said Paranjpe.

But Bertman sounded a note of caution: "Don't do orthodontics by yourself."
He noted some people buy mail-order impressions for night guards. If it's not a simple case -- and only a dentist will know that -- they may have a problem. "The wrong fit can rearrange the bite, or cause discomfort, pain and loose teeth, so don't diagnose yourself," he said.

More information: There's more on cracked teeth at the American Association of Endodontists.

Dentistry - General Practice - *Continued*

CompleteCare Medical & Dental Professionals
3700 New Jersey AvenuE
Wildwood, NJ 08260
(609) 465-0258 Fax: (609) 522-3484
Review this provider at **njhealthsource.com**

Danilo G. Ybanez, LLC
15 Dogwood Drive
Cape May Court House, NJ 08210
(609) 465-3930 Fax: (609) 465-0610
Review this provider at **njhealthsource.com**

Diamond Beach Dental
9850 Pacific AvenuE
Wildwood Crest, NJ 08260
(609) 522-3145 Fax: (609) 522-9008
Review this provider at **njhealthsource.com**

Dr. William Pannico
740 Central AvenuE
Ocean City, NJ 08226
(609) 399-3114
Review this provider at **njhealthsource.com**

Drs. Tallio & Paparone, DMD
1013 Route 47 South
Rio Grande, NJ 08242
(609) 886-8885 Fax: (609) 886-1196
Review this provider at **njhealthsource.com**

Family Dentistry of Ocean City
421 15th Street, Suite 1
Ocean City, NJ 08226
(609) 399-7173 Fax: (609) 398-1338
Review this provider at **njhealthsource.com**

Feldman, Louis J. - DDS, FAGD
741 Washington Street
Cape May, NJ 08204
(609) 884-4260 Fax: (609) 884-1402
Review this provider at **njhealthsource.com**

Foster, Thomas A. - DMD
937 Columbia Avenue, Suite 4
Cape May, NJ 08204
(609) 898-0404 Fax: (609) 898-0992
Review this provider at **njhealthsource.com**

Gentle Dental Care
900 Route 9 South
Cape May Court House, NJ 08210
(609) 465-4411 Fax: (609) 465-4503
Review this provider at **njhealthsource.com**

Heckel Jr., John C. - DMD
830 Washington Street
Cape May, NJ 08204
(609) 884-0515
Review this provider at **njhealthsource.com**

Holly Beach Dental Associates
4301 New Jersey AvenuE
Wildwood, NJ 08260
(609) 522-1471 Fax: (609) 522-5473
Review this provider at **njhealthsource.com**

Knupp, Christopher - DMD
44 Roosevelt Boulevard
Marmora, NJ 08223
(609) 390-3998
Review this provider at **njhealthsource.com**

Marmora Family Dental Associates
447 South Shore Road
Marmora, NJ 08223
(609) 390-0111 Fax: (609) 390-0727
Review this provider at **njhealthsource.com**

Ocean City Dental Center
600 West AvenuE
Ocean City, NJ 08226
(609) 399-4542 Fax: (609) 399-1906
Review this provider at **njhealthsource.com**

Robinson, William F. - DDS
2123 Dune Drive, Suite 4
Avalon, NJ 08202
(609) 967-5592
Review this provider at **njhealthsource.com**

Scott K. Lozier, DDS, PC
6 Village Drive
Cape May Court House, NJ 08210
(609) 465-2626 Fax: (609) 465-3431
Review this provider at **njhealthsource.com**

Sea Isle Smiles
4311 Landis AvenuE
Sea Isle City, NJ 08243
(609) 263-4201 Fax: (609) 855-5031
Review this provider at **njhealthsource.com**

Signature Smiles
27-29 New York & Atlantic AvenuE
Cape May Court House, NJ 08210
(609) 463-1700 Fax: (609) 463-1850
Review this provider at **njhealthsource.com**

Sunshine Dentistry
209 South Main Street
Cape May Court House, NJ 08210
(609) 465-5415 Fax: (609) 465-1603
Review this provider at **njhealthsource.com**

Woodbine Dental
901 Dehirsch Avenue, PO Box 516
Woodbine, NJ 08270
(609) 861-2784 Fax: (609) 861-3160
Review this provider at **njhealthsource.com**

Woolery Family Dental
3318 Simpson Avenue, Suite 2
Ocean City, NJ 08226
(609) 398-1010 Fax: (609) 398-5636
Review this provider at **njhealthsource.com**

Wyszynski, Susan E. - DMD
1645 Haven Avenue, Suite A
Ocean City, NJ 08226
(609) 398-4464 Fax: (609) 398-6283
Review this provider at **njhealthsource.com**

Dentistry - Periodontal / Odontología - Periodontal

Periodontics pertains to the gums and bone structure that surrounds and supports teeth.

South Jersey Periodontics, PC
4 Village Drive
Cape May Court House, NJ 08210
(609) 465-5252 Fax: (609) 465-3094
Review this provider at **njhealthsource.com**

Depression

SHORE CLINICAL TMS
2106 New Road, Suite D8
Linwood Commons
Linwood, NJ 08221
(609) 927-1030 Fax: (609) 927-9985
See Our Ads Back Cover and Page 48

Dermatology / Dermatología

Dermatology is a diverse specialty encompassing disorders and diseases of the skin, mucous membrane, hair and nails. Dermatologists deal with a wide variety of diseases including acne, warts, skin cancers, autoimmune diseases, occupational dermatoses & contact dermatitis.

Paolini Dermatology & Med Spa
105 North Main Street
Cape May Court House, NJ 08210
(609) 465-8788 Fax: (609) 465-8643
Review this provider at **njhealthsource.com**

Weiss, Robert J. - MD
8 Village Drive
Cape May Court House, NJ 008210-1939
(609) 465-4477
Review this provider at **njhealthsource.com**

Weiss, Robert J. - MD
3324 Simpson AvenuE
Ocean City, NJ 08226
(609) 398-0290
Review this provider at **njhealthsource.com**

Diagnostic Imaging

CAPE REGIONAL PHYSICIANS ASSOCIATES - JANE OSBORNE CENTER
223 North Main Street
Cape May Court House, NJ 08210
(609) 463-CAPE Fax: (609) 778-2358
See Our Ad Front Cover

CAPE REGIONAL MEDICAL CENTER - CAT SCAN
2 Stone Harbor Boulevard
Cape May Court House, NJ 08210
(609) 463-CAPE Fax: (609) 463-8187
See Our Ad Front Cover

CAPE REGIONAL MEDICAL CENTER - RADIOLOGY
2 Stone Harbor Boulevard
Cape May Court House, NJ 08210
(609) 463-CAPE Fax: (609) 463-8187
See Our Ad Front Cover

CAPE REGIONAL MEDICAL CENTER - MRI
2 Stone Harbor Boulevard
Cape May Court House, NJ 08210
(609) 463-CAPE
See Our Ad Front Cover

Diagnostic Imaging - *Continued*

CAPE REGIONAL RADIOLOGY
223 North Main Street
Cape May Court House, NJ 08210
(609) 463-CAPE Fax: (609) 778-2359
See Our Ad Front Cover

CAPE REGIONAL RADIOLOGY
4011 Route 9 South
Rio Grande, NJ 08242
(609) 463-CAPE Fax: (609) 886-0477
See Our Ad Front Cover

Dialysis Clinics / Clínicas de Dialisis

Centers for the treatment to remove certain molecules from the blood, particularly in people with kidney failure.

Fresenius Kidney Care Cape May
1259 South Route 9
Cape May Court House, NJ 08210
(609) 465-3444 Fax: (609) 465-0434
Review this provider at **njhealthsource.com**

E Ear, Nose & Throat - Otorhinolaryngology / Oído, Nariz y Garganta - Otorrinolaringología

Otorhinolaryngology is a medical specialty dealing with medical and surgical treatment of the head and neck, including the ears, nose, and throat.

CAPE REGIONAL HEALTH SYSTEM - PENN MEDICINE BECKER ENT & ALLERGY
307 Stone Harbor Boulevard, Cape Regional Brighton Plaza
Cape May Court House, NJ 08210
(609) 899-7200
See Our Ad Front Cover

Matlick, Lonny D. - DO
307 Stone Harbor Boulevard
Cape May Court House, NJ 08210
(609) 465-3100 Fax: (609) 641-6642
Review this provider at **njhealthsource.com**

Morrow-Syed ENT Associates
601 South Route 9, Suite A2
Cape May Court House, NJ 08210
(609) 463-5888 Fax: (609) 463-5885
Review this provider at **njhealthsource.com**

Emergency Medicine

The medical specialty dedicated to the diagnosis and treatment of unforeseen illness or injury.

CAPE REGIONAL MEDICAL CENTER
2 Stone Harbor Boulevard
Cape May Court House, NJ 08210
(609) 463-2130
See Our Ad Front Cover

Employment - Healthcare

CAPE REGIONAL MEDICAL CENTER - HUMAN RESOURCES
2 Stone Harbor Boulevard
Cape May Court House, NJ 08210
(609) 463-2170
See Our Ad Front Cover

Employment Services Network, Inc.
1121 South Route 47, Units 7 & 8
Rio Grande, NJ 08242
(609) 889-6803 ext 18 Fax: (609) 889-6807
Review this provider at **njhealthsource.com**

Endocrinology & Metabolism / Endocrinología y Metabolismo

A specialty of medicine which deals with the diagnosis and treatment of diseases related to hormones

CAPE REGIONAL PHYSICIANS ASSOCIATES - ENDOCRINOLOGY
11 Village Drive
Cape May Court House, NJ 08210
(609) 465-2273 Fax: (609) 463-0235
See Our Ad Front Cover

AtlantiCare Physician Group - Endocrinology
1613 Route 47 South
Rio Grande, NJ 08242
(609) 407-2277
Review this provider at **njhealthsource.com**

Eye Care Centers

BAYSIDE EYE CENTER
2004 Bayshore Road
Villas, NJ 08251
(609) 886-1578 Fax: (609) 886-3520
See Our Ad Page 16

F Family Medicine / Medicina Familiar

The branch of medicine designed to provide basic health care to all the members of a family.

CAPE REGIONAL PHYSICIANS ASSOCIATES
210 South Shore Road, Suite 103
Marmora, NJ 08223
(609) 536-3020 Fax: (609) 938-1710
See Our Ad Front Cover

CAPE REGIONAL PHYSICIANS ASSOCIATES
211 North Main Street
Cape May Court House, NJ 08210
(609) 536-8272 Fax: (609) 536-8273
See Our Ad Front Cover

CAPE REGIONAL PHYSICIANS ASSOCIATES
3806 Bayshore Road, Suite 101
North Cape May, NJU 08204
(609) 898-7447 Fax: (609) 898-1912
See Our Ad Front Cover

CAPE REGIONAL PHYSICIANS ASSOCIATES
4011 Route 9 South, Suite 201
Rio Grande, NJ 08242
(609) 770-7788 Fax: (609) 770-7774
See Our Ad Front Cover

CAPE REGIONAL PHYSICIANS ASSOCIATES
2087 Route 9
Seaville, NJ 08230
(609) 486-5150 Fax: (609) 4866798
See Our Ad Front Cover

CAPE REGIONAL PHYSICIANS ASSOCIATES
336 96th Street, Suite 1
Stone Harbor, NJ 08247
(609) 967-0070 Fax: (609) 967-0077
See Our Ad Front Cover

CAPE REGIONAL PHYSICIANS ASSOCIATES
11 Village Drive
Cape May Court House, NJ 08210
(609) 465-2273 Fax: (609) 463-0235
See Our Ad Front Cover

Beesleys Point Family Practice
618 North Shore Road
Marmora, NJ 08223
(609) 390-0693 Fax: (609) 390-1147
Review this provider at **njhealthsource.com**

North Main Family Practice
108 North Mechanic Street
Cape May Court House, NJ 08210
(609) 463-9960 Fax: (609) 463-9980
Review this provider at **njhealthsource.com**

Ocean City Family Practice, PA
500 East 6th Street
Ocean City, NJ 08226
(609) 399-1862 Fax: (609) 399-1572
Review this provider at **njhealthsource.com**

Family Planning

Cape May County - Family Planning Division
6 Moore Road
Cape May Court House, NJ 08210
(609) 465-1194 Fax: (609) 465-6836
Review this provider at **njhealthsource.com**

Fitness Centers / Centros de Aptitud

A place which houses exercise equipment for the purpose of physical exercise.

CAPE REGIONAL MIRACLES FITNESS
408 Rio Grande Avenue
Rio Grande, NJ 08242
(6090 886-7070 Fax: (609) 886-7085
See Our Ad Front Cover

Atilis Gym
1214 West AvenuE
Ocean City, NJ 08226
(609) 545-8830
Review this provider at **njhealthsource.com**

Atilis Gym
4411 Landis AvenuE
Sea Isle City, NJ 08243
(609) 263-6500
Review this provider at **njhealthsource.com**

Atilis Gym
3015 Pacific AvenuE
Wildwood, NJ 08260
(609) 729-2050 Fax: (609) 729-9335
Review this provider at **njhealthsource.com**

Cape May Fitness Center
3860 Bayshore Road
North Cape May, NJ 08204
(609) 435-5917
Review this provider at **njhealthsource.com**

Exodus Sport & Fitness
623 Bay AvenuE
Ocean City, NJ 08226
(609) 399-0595
Review this provider at **njhealthsource.com**

Forza Fitness
3514 Landis Avenue, Suite 101
Sea Isle City, NJ 08243
(609) 432-2822
Review this provider at **njhealthsource.com**

Island Aerobics
3206 Dune Drive
Avalon, NJ 08202
(609) 368-0880 Fax: (609) 465-2005
Review this provider at **njhealthsource.com**

North Beach Health Club
3845 Bayshore Road
North Cape May, NJ 08204
(609) 898-3800
Review this provider at **njhealthsource.com**

Shape Fitness & Wellness Studios
9407 Second AvenuE
Stone Harbor, NJ 08247
(609) 368-6900
Review this provider at **njhealthsource.com**

Surfside Fitness
2021 Dune Drive
Avalon, NJ 08202
(609) 967-9023
Review this provider at **njhealthsource.com**

Surfside Fitness
5900 Landis AvenuE
Sea Isle City, NJ 08243
(609) 263-9023
Review this provider at **njhealthsource.com**

The Gym at 10th Street
1003 New Jersey AvenuE
North Wildwood, NJ 08260
(609) 729-2286 Fax: (609) 729-0506
Review this provider at **njhealthsource.com**

G Gastroenterology / Gastroenterología

A gastroenterologist specializes in the diagnosis and treatment of diseases of the stomach, intestines, and related structures such as the esophagus, liver, gallbladder, and pancreas.

CAPE REGIONAL PHYSICIANS ASSOCIATES
217 North Main Street, Suite 102
Cape May Court House, NJ 08230
(609) 536-8010 Fax: (609) 536-8053
See Our Ad Front Cover

Cape Atlantic Gastroenterology Associates
307 Stone Harbor Boulevard, Suite 5
Cape May Court House, NJ 08210
(609) 465-1511 Fax: (609) 465-5310
Review this provider at **njhealthsource.com**

Geriatrics / Geriatría

The branch of medicine devoted to the elderly.

CAPE REGIONAL PHYSICIANS ASSOCIATES
210 South Shore Road, Suite 103
Marmora, NJ 08223
(609) 536-3020 Fax: (609) 938-1710
See Our Ad Front Cover

Shore Atlantic Geriatrics
1740 Bayshore Road
Villas, NJ 08251
(609) 886-4441 Fax: (609) 889-1766
Review this provider at **njhealthsource.com**

Gynecology

Branch of medicine dealing with diseases of the female reproductive system (uterus, vagina and ovaries). See also Obstetrics and Gynecology.

CAPE REGIONAL HEALTH SYSTEM
Cape Atlantic OB/GYN -
Axia Women's Health
222 North Main Street
Cape May Court House, NJ 08210
(609) 465-7557 Fax: (609) 465-9383
See Our Ad Front Cover

ADVANCED CARE OBGYN
Carfagno, Salvatore A. - DO, FACOOG
707 White Horse Pike, Suite D-4
Absecon, NJ 08201
(609) 272-0506 Fax: (609) 272-0607
See Our Ad Page 29

Probiotic Might Help Ease Children's Eczema

Applying a type of "good" bacteria to the skin may relieve children of the itch and discomfort of eczema, a new, small study suggests.

Eczema is a chronic inflammatory condition that causes dry, itchy skin and scaly rashes. It usually starts in early childhood, and commonly occurs along with allergies like hay fever and asthma, according to the American Academy of Allergy, Asthma and Immunology.

There are numerous treatments for eczema, both topical and oral, but not all can be given to young kids.

"So, there's a big need for safe and effective treatments for young children," said study author Dr. Ian Myles. He is a researcher and staff clinician with the U.S. National Institute of Allergy and Infectious Diseases.

For the study, his team tested a topical probiotic against eczema in 20 children as young as 3 years of age. Over four months, 17 of the 20 saw their rashes and itchiness fade by more than 50%.

The children were also able to cut down on topical corticosteroids, a standard treatment for eczema -- but one that can cause side effects like thinning of the skin and stretch marks.

The probiotic therapy is a spray solution containing live Roseomonas mucosa bacteria. Those microbes are normally present on the skin, and past research has found that R. mucosa from people with healthy skin can treat eczema in lab mice.

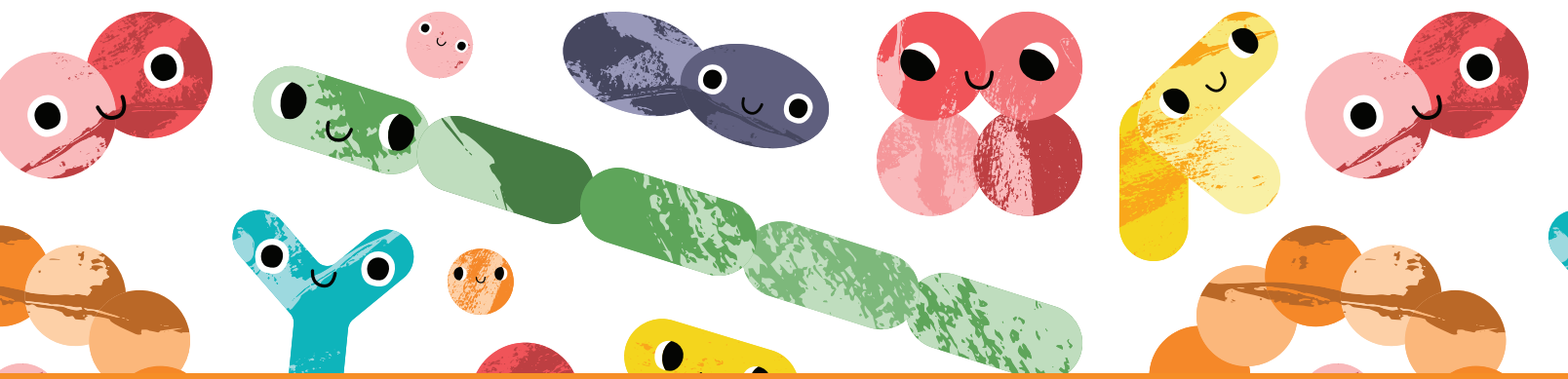
In contrast, samples of the bacteria from people with eczema either had no effect, or made the skin condition worse.

It all fits with evidence that eczema involves an imbalance in the skin's microbiome. That refers to the vast array of bacteria and other microbes that naturally dwell on the skin and help maintain its health.

The skin, Myles explained, has to repair itself from daily wear-and-tear, and the microbiome assists in that. He said R. mucosa appears to produce oils that aid the skin's repair capacity.

The treatment also reduced staph bacteria on the children's skin, and those microbes can worsen eczema symptoms.

Dr. John Browning, a pediatric dermatologist, said, "I think this is a really interesting study."



Browning was not involved in the research.

He said people with eczema often get staph infections and need antibiotic treatment. It's possible R. mucosa could be an alternative, according to Browning, who is based at Children's Hospital of San Antonio and Texas Dermatology and Laser Specialists.

The findings, published online Sept. 9 in the journal Science Translational Medicine, are based on 20 children and teenagers who were given the probiotic therapy for four months. They (or their parents) applied the spray solution twice a week for three months, and then every other day for the final month.

On average, Myles said, the kids' itchiness and rash improved by 60% to 75%, with no significant side effects.

And there were signs it could have lasting benefits. Eight months after the therapy was stopped, the good bacteria were still colonizing the children's skin -- indicating R. mucosa had "moved in," Myles explained.

That, he said, suggests the therapy could be one time only. It would still be possible, though, that whatever caused the bacterial imbalance in the skin could do it again.

Myles said a broader goal is to figure out what those factors are -- with diet, soaps and antibiotics being among the suspects.

Browning is part of another trial testing R. mucosa for treating eczema. But he does not think it is the only bacterium that matters.

"There could be a lot of variability patient to patient in whether this approach would be helpful," Browning said.

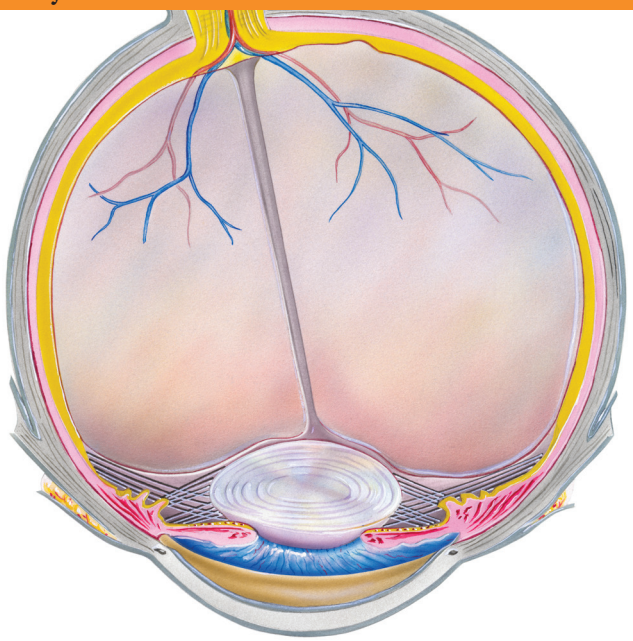
Myles agreed, noting that not all study patients responded to the probiotic.

It's unclear when the R. mucosa therapy could become commercially available. The U.S. National Institutes of Health has licensed it to a private company, Forte Biosciences, to further develop.

Myles said the company worked to freeze-dry the probiotic so it can be reconstituted with water, then sprayed on. That will make it shelf-stable.

"We anticipate this being something you can pick up at the pharmacy," he said.

More information: The American Academy of Allergy, Asthma and Immunology has more on eczema.



Parkinson's Drug Eyed as Treatment for Severe Macular Degeneration

A drug long used to treat Parkinson's disease may benefit patients with a severe form of age-related macular degeneration (AMD), a small clinical trial suggests.

One of the leading causes of vision loss in older people is a condition called dry macular degeneration. More than 15% of Americans over age 70 have AMD, and 10% to 15% of those cases go on to develop the more severe wet macular degeneration, which can cause swift and complete vision loss.

Typically, wet AMD is treated with injections of medication into the eye. Most people need several per year to keep the disease from progressing.

But this small, early-stage clinical trial suggests an alternative may be on the horizon: the leading drug used to treat Parkinson's disease, called levodopa.

The trial was an outgrowth of a 2016 study that found Parkinson's patients who took levodopa were less likely to develop macular degeneration.

"The study found a relationship between taking levodopa and macular regeneration," said Dr. Robert Snyder, a professor of ophthalmology at the University of Arizona, in Tucson. "It delayed the onset of both dry and wet macular degeneration, and reduced the odds of getting wet macular degeneration."

Macular degeneration affects the macula, part of the eye that allows you to see fine detail. Wet AMD happens when abnormal blood vessels grow under the macula; often, these blood vessels leak blood and fluid, causing rapid damage.

Snyder and two colleagues began a clinical trial in 2017 to learn whether levodopa might help prevent both forms of AMD.

Twenty patients newly diagnosed with AMD took part in the first trial. Each was given a small daily dose of levodopa for one month.

An eye doctor evaluated them weekly to determine whether they also needed an eye injection. Since the trial was based on preliminary research, the authors wanted patients to receive injections if necessary, to ensure that their condition wouldn't worsen if the levodopa was ineffective.

"Instead of injecting them, which would have been the standard of care, we treated them with levodopa and followed them weekly to make sure they didn't get worse," Snyder said. "And if they did get worse, we sent them back for an injection."

After one month, all participants joined 11 new enrollees in a second trial to evaluate levodopa's safety and effectiveness at different doses.

While many participants needed an injection during the trial, they required fewer shots than would normally be given during a one-month period. Taking levodopa also seemed to delay the need for an injection, the study found.

The authors reported that taking levodopa improved participants' vision overall. It also significantly decreased the buildup of fluid in the eye.

The drug was shown to be safe and well-tolerated, the researchers said. Patients who experienced side effects associated with the medication, such as nausea and blurred vision, were placed on a lower dose.

But this sort of "open-label trial" has some limitations. There was no point of comparison, such as a placebo; all participants received levodopa. And researchers and participants all knew what treatment was administered, potentially introducing bias to the results.

Dr. Raj Maturi, clinical spokesman for the American Academy of Ophthalmology, said confirming the drug's safety and effectiveness will require a larger, more robust clinical trial.

Maturi also expressed concern about potential side effects of levodopa, especially given the age of the population that is affected by macular degeneration.

"You're talking about a population of their 70s and 80s -- they already have other things going on," Maturi said. "An additional oral systemic drug that they will take for the rest of their life can significantly affect their quality of life. I'm always concerned about the side effect profiles of oral drugs that have to be taken for a long period of time."

While the second part of the trial is ongoing, early results were published online recently in The American Journal of Medicine. Snyder said a larger study is forthcoming.

"We felt pretty strongly that we had a positive effect and had a proof of concept to go forward with a larger, placebo-controlled clinical trial," he said. "That's going to be our next step."

More information: There's more about wet macular degeneration at the U.S. National Eye Institute.

Gynecology - *Continued*

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Nearly All Seniors Take Meds That Raise Their Odds of Falling

Falling among older Americans, deaths from falls are up sharply, dovetailing with a surge in use of medications that increase the risk of falling, researchers say.

Two decades ago, about 57% of U.S. seniors took medications that increased their risk of falls. By 2017, that number had risen to 94%, and deaths caused by falls had more than doubled, a new study found.

The medications are meant to limit harm from serious conditions ranging from high blood pressure to depression. So, how can patients and their doctors find the right balance?

"What we're trying to stress is that it's not that any one of these drugs is necessarily 'a bad drug,'" said lead author Amy Shaver. She is a postdoctoral research fellow at the University at Buffalo School of Public Health and Health Professions, in New York. "These drugs are all necessary medications, but there needs to be a conversation about risks and advantages, that pro-con conversation about: For this particular patient at this particular point in time, what can we do?"

Shaver was inspired to investigate the link between falls and medications by a 2019 editorial in a medical journal that noted an increase in deaths due to falls among older Americans without offering a cause. A pharmacist, Shaver wondered if prescription drugs might be the culprit.

It's a significant concern: Medical costs related to fall injuries in older Americans are close to $50 billion a year, according to the U.S. Centers for Disease Control and Prevention. And even minor falls can endanger older adults and leave damage that lowers their quality of life.

Drugs that can increase the risk of falls include antidepressants, some high blood pressure and antiseizure medicines, antipsychotics, opioids, sedative hypnotics and tranquilizers.

For the study, Shaver's team compared death data from 1999 to 2017 for Americans aged 65 and older, to information on medical spending to determine whether medications and falls had increased.

Over the study period, older adults filled more than 7.8 billion prescriptions for drugs that can increase the risk of falls, the findings showed. Most were high blood pressure medicines. Prescriptions for antidepressants also rose sharply, from 12 million in 1999 to more than 52 million in 2017.

Over the period, falls more than doubled from 29.4 per 100,000 to 63.3 per 100,000, the investigators found.

Women, especially Black women, were more likely to be prescribed these drugs, the study authors said. And white women aged 85 and older had the highest increase in fall deaths — up more than 160% between 1999 and 2017.

While the study doesn't prove that medications caused the fatal falls, it points to the need to dig deeper, Shaver said.

"What we need to do now is say on an individual level ... is this person who happened to have died from a fall, were they individually receiving a fall risk-increasing drug? Did they get a prescription for a drug in the reasonable amount of time prior to their death?" she said. "So that we can say that there's potentially a causal link. That's what we don't have right now, but we do have two really strong trends saying that there's something here that we need to look at."

Shaver noted that some of the medications may make a person feel a little unsteady. This could be even worse if you're already unstable because of other health conditions.

The findings were recently published in the journal Pharmocoepidemiology and Drug Safety.

Joshua Niznik is an assistant professor in the division of geriatric medicine at the University of North Carolina (UNC) School of Medicine in Chapel Hill.

He reviewed the study findings and noted that every person has a different susceptibility to various drugs. The doses can also make a difference, he said.

"We're starting to understand now that the dose of the medication that someone is on is really what we should be looking at probably with the greatest level of scrutiny, and that really has a strong correlation with falls," Niznik said.

That's important, he said, because there aren't a lot of different drug alternatives for some of these conditions.

"We objectively say, 'Oh, that's inappropriate,' but subjectively when looking at each individual patient, it may be that despite the risk, the patient or the physician is willing to take that risk because the benefits of being on the drug outweigh the potential harms," he said.

Niznik, who is also an assistant professor in the division of pharmaceutical outcomes and policy at UNC's Eshelman School of Pharmacy, added that factors other than medications could be contributing to seniors' falls, including frailty, balance and other health conditions.

Niznik said it's becoming more standard in practice for doctors to talk with their patients about goals of care and for decision-making to be shared.

As a safeguard, patients can have their homes assessed for risk of falls and their medication lists reviewed by their pharmacists.

Shaver said she hopes the findings will increase conversations among health care teams about the pros and cons of prescribing these medications.

Simultaneous use of multiple drugs is a huge problem in an older population where medications could potentially be reduced and alternatives sought, Shaver said.

"A big part of it is asking," she added. "A patient needs to realize that they are the integral member of the health care team and advocate for themselves."

More information: The U.S. National Institute on Aging offers tips for avoiding falls and fractures.

Early Trial Offers New Hope for People With Hemophilia

Researchers may have found a way for people with severe hemophilia to take their standard treatment less often, if the results of an early trial pan out.

In what experts called a feat of bioengineering, scientists were able to create a "fusion protein" that may extend the interval between treatments for hemophilia -- from about every couple of days to once a week.

The early findings are based on a one-time treatment given to 16 patients.

But researchers were hopeful a larger, ongoing trial will prove the approach effective.

Hemophilia is a bleeding disorder caused by a genetic mutation. In the most common form -- hemophilia A -- people lack a properly functioning factor VIII, a protein that helps blood clot. Some people have relatively mild hemophilia -- with excessive bleeding if they sustain a cut, for example. Others have frequent spontaneous bleeding episodes into their joints and muscles.

When hemophilia is that severe, it requires regular treatment to prevent bleeding. Most often, that means infusions of lab-created factor VIII.

That factor VIII activity only lasts so long, however. So patients generally need infusions two or three times a week, explained Dr. Barbara Konkle, the lead researcher on the new trial.

Managing that regimen in daily life can be challenging, Konkle said, particularly when it's a child with hemophilia.

"Anything you can do to reduce the number of treatments will probably improve patients' quality of life," said Konkle, who is associate chief scientific officer at the nonprofit Bloodworks Northwest, in Seattle.

Her team looked at whether the new fusion protein -- dubbed BIVV001 -- can make for a longer-acting factor VIII.

The researchers recruited 16 men with severe hemophilia who were already on factor VIII treatment. (The disease primarily affects males.) Each patient was given an injection of factor VIII into a vein, followed by an injection of BIVV001.

Overall, the study found, the fusion protein extended the half-life of factor VIII by three to four times. On day 7, patients' factor VIII activity was still at a level considered high enough to prevent bleeding episodes.

It all suggests the approach could allow treatment to be weekly -- or possibly even every 10 days, said Dr. Pier Mannucci, of IRCCS Maggiore Policlinico Hospital in Milan, Italy.

To Mannucci, who wrote an editorial published with the study, the findings represent "more amazing progress" in treating hemophilia.

He pointed to key developments in recent years -- including promising findings on gene therapy, which might provide a cure to at least some people with hemophilia.

And already, patients have options other than factor VIII replacement. In 2017, the U.S. Food and Drug Administration approved a drug called emicizumab -- a lab-engineered antibody that mimics the activity of factor VIII.

Emicizumab has the advantage of being taken weekly, or even less often, and it's injected under the skin rather than into a vein, Mannucci pointed out.

But, he said, the drug lacks some benefits of an "authentic" factor VIII -- including the ability to treat sudden bleeding. So a longer-acting factor VIII could be an alternative to emicizumab, Mannucci said.

An ongoing "phase 3" trial is testing the new factor VIII product over the longer term, with patients receiving weekly doses.

Konkle said no safety issues emerged in this early study, published in the Sept. 10 New England Journal of Medicine. But the longer-term trial is needed to see whether any adverse effects, like allergic reactions, turn up.

Drugmakers Sanofi and Sobi, which are funding the research, developed BIVV001 together.

"It's really an incredible feat of bioengineering," Konkle said.

Historically, she explained, it's been difficult to create a longer-acting factor VIII. That's because the replacement protein interacts with a natural blood protein -- called von Willebrand factor -- which limits its half-life.

BIVV001, Konkle said, essentially "uncouples" the factor VIII replacement from von Willebrand factor circulating in patients' blood.

She believes the new therapy, if approved, "will be a really important addition to our treatment options."

But, Konkle added, "different approaches will be right for different patients."

No one knows what the new factor VIII therapy could cost. But on the whole, hemophilia treatments are highly expensive, according to the American Society of Hematology -- in the range of $300,000 to $500,000 a year.

More information: The U.S. Centers for Disease Control and Prevention has more on hemophilia treatment.

Internal Medicine - *Continued*

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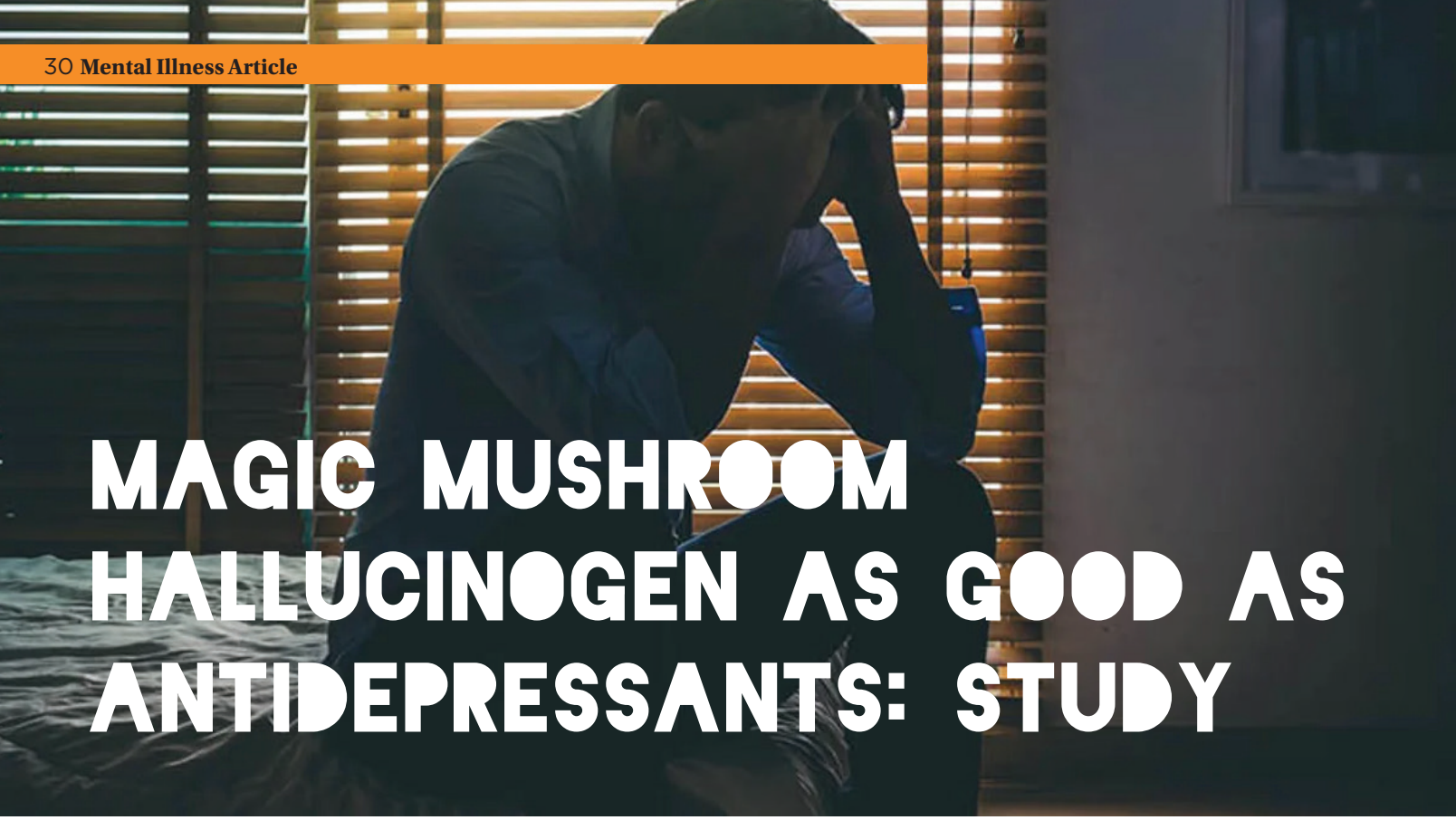

MAGIC MUSHROOM HALLUCINOGEN AS GOOD AS ANTIDEPRESSANTS: STUDY

The magic ingredient in "magic mushrooms" may be at least as effective as standard medication for depression, an early clinical trial suggests.

The study of 59 patients with major depression tested the antidepressant escitalopram (Lexapro) against psilocybin, which is the psychedelic substance in hallucinogenic mushrooms.

Over six weeks, it appeared that just two doses of psilocybin were at least as effective as daily escitalopram pills, both of which were given along with psychological counseling.

Patients on either treatment improved to a similar degree in their scores on a depression rating scale.

But psilocybin patients actually fared better by other measures: By week six, twice as many were in remission compared to the antidepressant group.

The researchers called the findings "encouraging," but stressed that more work is needed to figure out where psilocybin might stand as a depression therapy.

They also discouraged people from self-medicating with magic mushrooms.

"It is our strong belief that psilocybin therapy only works as a combination treatment," said lead researcher Robin Carhart-Harris, head of the Centre for Psychedelic Research at Imperial College London, in the United Kingdom. "It's not the same thing if you only take the drug and do not receive any professional psychotherapy alongside it."

He and his colleagues published their findings in the April 15 issue of the New England Journal of Medicine.

Magic mushrooms have long been used recreationally as hallucinogens, meaning they alter people's perceptions of their surroundings, and their thoughts and feelings. That could end badly; for example, if users think they can fly.

Medical research into psychedelics like psilocybin and LSD began in the 1950s, and then famously ended after a surge in recreational use by the 1960s "counterculture."

But recent years have seen renewed interest in psilocybin as therapy. In the United

States, researchers at institutions like New York University, the University of California and Johns Hopkins University are studying psilocybin-assisted therapy for eating disorders, addiction and depression.

Matthew Johnson is associate director of Johns Hopkins' Center for Psychedelic and Consciousness Research, in Baltimore.

In their research, Johnson and his colleagues found that one dose of psilocybin, combined with psychological therapy, produced "very large" and lasting reductions in cancer patients' depression and anxiety symptoms.

Johnson said researchers have a "very good understanding" of psilocybin's immediate impact on the brain: Its psychedelic effects come from stimulation of particular receptors for the chemical serotonin, which helps regulate mood.

Common antidepressants, including escitalopram, work by increasing serotonin activity in the brain. But those drugs have to be taken every day, Johnson pointed out.

What's unclear, he said, is why psilocybin has such lasting effects on depression symptoms.

On a broad level, the psychedelic is thought to facilitate the psychotherapy component of depression treatment. "But we need more studies to really dig into it," Johnson said.

The trial by Carhart-Harris and his team included 59 patients with depression -- mostly in the moderate-to-severe range -- who were randomly assigned to one of two groups. In one, patients received two doses of psilocybin, given three weeks apart under the guidance of a mental health professional. They also took placebo (inactive) capsules at home each day.

The other group took escitalopram capsules every day and received a placebo instead of psilocybin during the office visits.

All patients received psychological counseling.

After six weeks, the two groups showed similar reductions in their average scores on a measure of depression symptoms. In other ways, though, the psilocybin group fared better: At week six, 57% had depression scores so low they were considered to be in remission. That compared with 28% of antidepressant patients.

They also showed greater improvements in measures of general well-being, social functioning and the "ability to feel pleasure," Carhart-Harris said.

As far as side effects, he said, psilocybin "appears favorable." Most often, patients had a headache within 24 hours of their dose.

With escitalopram, the most common problems were headache, nausea and fatigue.

"The beauty of psychedelics," Johnson said, "is that the side effects are on that day, when patients are under our care."

He agreed that people with depression should not attempt to self-treat because the counseling component is key, and because mushrooms carry risks.

"Some people do have 'bad trips' where they harm themselves," Johnson said.

More studies are needed to figure out how often, and for how long, patients might need psilocybin to manage depression, according to Johnson.

But both he and Carhart-Harris said they could foresee the psychedelic as an alternative to standard antidepressants for people who are interested.

"It won't be for everyone," Johnson said. "But we want more options for depression, not fewer."

More information: The National Alliance on Mental Illness has more on depression treatment.

Obstetrics & Gynecology - *Continued*

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Stoyko, Zoryana - MD
Wang, Le - MD, PhD
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(609) 383-6033 Fax: (609) 383-0064
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NAZHA CANCER CENTER
Nazha, Naim T. - MD
Stoyko, Zoryana - MD
Wang, Le - MD, PhD
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(609) 652-2008 Fax: (609) 652-2004
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NAZHA CANCER CENTER - RADIATION & IMAGING
Dalzell, James G. - MD
801 New Road
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Chocolate, Butter, Sodas: Avoid These Foods for a Healthier Middle Age

It's no secret that too much sugar and saturated fat aren't good for you, but what food combos put you at greater risk for heart disease and death in middle age?

The answer, from a new University of Oxford study, is likely to disappoint a lot of folks.

Researchers found that diets heavy in chocolate and pastries, butter, table sugar, sodas and fruit juices -- and low in fresh fruit and veggies -- are the worst. Also risky, though less so, are diets high in sugary drinks, chocolate and candy, table sugar and preserves -- even when those diets were lower in foods like butter and cheese, which are high in saturated fat.

"There's a lot of research and evidence on single nutrients -- the problem with that is that people do not eat nutrients, we eat food, combinations of food," said senior author Carmen Piernas, a research lecturer in primary care health sciences. "So telling people that they need to reduce their sugar intake is very confusing, and it may not be the right message."

So her team decided to look at diet and health outcomes not in terms of specific nutrients to limit -- but specific foods.

They used the UK Biobank, a database of nearly 117,000 adults from the United Kingdom who were recruited between 2006 and 2010 when they were between the ages of 37 and 73.

Participants self-reported their diets between two and five times. Researchers identified the food groups and nutrients. Hospital and death registry records were used to calculate rates of heart disease and death.

Participants were grouped by the foods they ate. Those people whose diets were heavy in chocolate, candy, butter and white bread had a 40% higher risk of heart disease and 37% higher risk of early death, Piernas said.

Those in the sugary beverage group had a 14% higher risk of heart disease and 11% higher risk of death, though Piernas said the links were less clear than in the other group. The study only found associations rather than a cause-and-effect link.

"Perhaps the importance of this study is to stop talking about sugar and fat and start talking about chocolate, confectionary [candy], white bread, butter, high-fat cheese," Piernas said. "That's what we need to tell people. If they have a diet which is high in these things and low in fruits and vegetables," they are more likely to develop heart disease and die early.

Here's why: "Primarily, these bad diets make them gain weight," putting them at risk of heart disease.

This study involved people from Britain, so the findings might differ in other parts of the world, Piernas said.

Participants whose diets were higher in chocolate, candy, butter and white bread were more likely to be younger males who smoked. Compared to people whose diets did not

include these foods in large quantities, they also tended to be less active, obese and have high blood pressure.

Those who favored a diet high in sweetened drinks and preserves had a higher risk for heart disease and death even though they were more active and less likely to smoke, be obese or have high blood pressure, diabetes or high cholesterol, the study found.

Other foods that have been touted as less healthy -- such as breaded fried fish, savory snacks and processed and red meats -- also appear in this study but contributed to a lesser degree, Piernas said.

The data comes from 24-hour assessments and may not be representative of participants' lifetime eating habits, researchers said. Future research could probe the potential reasons for the links.

The findings were published online April 21 in BMC Medicine.

Whitney Linsenmeyer, a spokeswoman for the Academy of Nutrition and Dietetics, reviewed the findings.

"A diet high in refined carbohydrate with the white bread, high in saturated fat, high in added sugar, it does hit all of those red flags that are very well supported by research," she said.

It can be scary for people to think about specific foods in terms of poor health outcomes or even death, said Linsenmeyer, who is also an assistant professor of nutrition and dietetics at Saint Louis University in Missouri.

"I think it's much more important to emphasize that all of these foods can certainly fit into a healthy dietary pattern," she said. "We don't have to avoid them entirely, but we also don't want our diets to be high in these things. Moderation is kind of a trope of dietitians, but it's the real deal."

Healthy eating guidelines generally emphasize vegetables and fruits, lean protein, whole grains and dairy or dairy alternatives, Linsenmeyer said. After that, less nutritious -- "less nutrient-dense" -- foods would be included.

"To me a healthy diet also incorporates a healthy mindset and a relationship with food where we can enjoy some of these indulgences and not feel guilty about it," Linsenmeyer said.

More information: The American Heart Association offers tips for a healthy diet.

Quiz: What Do You Know About Skin Cancer?

Skin cancer is the most common form of cancer in the United States. In fact, the disease can affect people of any ethnic background, and it strikes 40 to 50 percent of all people who live to age 65. Fortunately, a little knowledge can give you excellent protection. Take this quiz to find out how much you know about skin cancer.

1. Which of these factors means you're more likely to get skin cancer?

a. Fair skin
b. Having a relative with skin cancer
c. Numerous moles
d. All of the above

2. What does the most dangerous type of skin cancer usually look like?

a. A large irregular mole
b. A rough scaly patch
c. A small pearly lump
d. A large red bump

3. It's safe to tan as long as you don't burn. True or false?

True
False

4. Skin cancer is easily curable in its early stages. True or false?

True
False

5. Skin cancer only shows up on parts of the body that are exposed to the sun. True or false?

True
False

6. Thanks to the wide use of sunscreen, melanoma is much less common than it used to be. True or false?

True
False

7. Skin cancer is usually painless. True or false?

True
False

Your Results

1. Which of these factors means you're more likely to get skin cancer?
The correct answer is: d. All of the above

All of these conditions can increase your risk of skin cancer. You're also more likely to develop the disease if you live in a hot, sunny place, if you had frequent sunburns as a child, or if you've had skin cancer before.

2. What does the most dangerous type of skin cancer usually look like?
The correct answer is: a. A large, irregular mole

Any of these may be a sign of skin cancer, but only the abnormal mole could signal melanoma, the type of skin cancer that's most likely to grow and spread. If you have an odd-looking mole, give it the ABCDE test: Most melanomas are Asymmetrical, have irregular Borders, are uneven in Color, and have a Diameter larger than that of a pencil eraser, and have a shape that is Evolving. If the mole fits this description, see a dermatologist right away.

3. It's safe to tan as long as you don't burn. True or false?
The correct answer is: False

Sunburn is undoubtedly one of the biggest causes of skin cancer, but a tan is far from harmless. Every time your skin turns a shade darker, skin cells get damaged by the sun's ultraviolet rays. After many years, that damage can add up to cancer. And by the way, tanning at a salon isn't any safer than doing it the old-fashioned way.

4. Skin cancer is easily curable in its early stages. True or false?
The correct answer is: True

Experts say the cure rate for skin cancer would be close to 100 percent if every person with the disease sought medical care quickly. That's why it's so important to know the signs of skin cancer and be vigilant. Give yourself a regular skin self-exam in front of a full-length mirror, and use a handheld mirror to check hard-to-see places.

5. Skin cancer only shows up on parts of the body that are exposed to the sun. True or false?
The correct answer is: False

Most often, skin cancer shows up on the face, arms, neck, and other places that get plenty of sun, but the disease can strike anywhere. When giving yourself a skin self-exam, don't forget to check regions like the skin between your buttocks or around your genitals.

6. Thanks to the wide use of sunscreen, melanoma is much less common than it used to be. True or false?
The correct answer is: False

Wearing sunscreen is extremely important, but it won't entirely protect you if you're overexposed to sunlight. People are living longer and getting more sun than they used to, and that adds up to more cases of melanoma. Compared with someone born in 1930, a person born in 1999 has a 1,900 percent greater chance of developing the disease. Your best bet for enjoying the outdoors is to not only use sunscreen, but cover up with a hat, long-sleeved shirt, and pants -- and avoid direct sunlight between the hours of 10 and 3.

7. Skin cancer is usually painless. True or false?
The correct answer is: True

If you wait for that odd-looking patch of skin to start hurting before you see a doctor, you may be waiting until it's too late.

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American Cancer Society. Skin Cancer Facts.
American Cancer Society. How Many People Get Melanoma Skin Cancer?

Optometric Physician - *Continued*

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A Noninvasive Alternative for Painful Arthritic Knees

For those who suffer painful arthritis in their aging knees, new research suggests a noninvasive treatment might deliver lasting relief.

Called genicular artery embolization, the roughly two-hour catheter treatment involves a once-and-done injection of tiny hydrogel particles into arterial pathways in the knee joint. The goal: To decrease overall blood flow in the joint, and thereby markedly decrease painful inflammation in the knee.

Working with 40 patients who were tracked for a year, the investigators found the procedure led to benefits within days, with pain reduction improving over time.

Specifically, nearly 70% of patients ultimately achieved a 50% drop in pain by one year out. About 43% achieved a 75% reduction, a result that study author Dr. Siddharth Padia characterized as "essentially pain-free."

"We have the potential to completely disrupt and change the way patients are treated for knee osteoarthritis," said Padia, a professor of radiology at the University of California, Los Angeles.

Presenting the findings last week at a virtual meeting of the Society of Interventional Radiology, Padia noted that "having arthritis is a very common problem resulting

in pain and physical dysfunction."

How common? According to Padia, roughly 650,000 Americans develop some form of osteoarthritis every year, with the knee being a particularly common trouble spot.

The American Academy of Orthopaedic Surgeons explains that osteoarthritis involves the gradual degradation of knee cartilage, and it is the most common type of arthritis among knee arthritis patients, particularly among those 50 and up.

The pain, swelling and stiffness that ensues can make routine activities -- such as walking and going up and down stairs -- difficult or even impossible to perform.

In fact, Padia stressed that osteoarthritis is a major cause of disability, affecting as much as 40% of all American adults.

Standard treatment options include nonsteroidal anti-inflammatory drugs (NSAIDs, such as ibuprofen [Motrin] or naproxen [Aleve]), steroid shots directly into the knee, physical therapy and, in severe cases, total knee replacement surgery. All are designed to approach knee osteoarthritis as an essentially "wear-and-tear" problem triggered by the breakdown of cartilage.

But all of these options have drawbacks, Padia said. NSAIDs are only temporarily effective, while steroid-based relief only lasts about two to three months. And knee surgery, he cautioned, is invasive and entails a very long recovery period.

To get around these concerns, the new treatment approaches knee osteoarthritis differently, Padia explained, taking aim at the pain-causing inflammatory enzymes that get released as cartilage deteriorates.

To test the treatment, Padia and his team focused on moderate-to-severe knee osteoarthritis patients who were either deemed ineligible for knee surgery or refused the option, but had seen no success with other interventions. Patients were between the ages of 49 and 80.

With only localized sedation, all had hydrogel particles delivered to their knee arterial pathways by means of a catheter inserted through a tiny incision in the hip. The particles are like fine grains of sand, "except much smaller and finer," Padia said.

Patients were evaluated one week, one month, three months, six months and one year later.

Significant pain relief occurred as soon as three days following the treatment, with pain scale scores plummeting (on average) from 8 out of 10 to just 3 out of 10 within the first week. Side effects included skin ulcerations and blood supply blockage to some of the small bones in the knee, but both were deemed minor and short-lived.

However, research presented at medical meetings should be considered preliminary until published in a peer-reviewed journal.

Padia said his team plans to conduct a larger trial. And while this study focused on the knees, "there is promise [for the treatment] in other joints," including the shoulders and elbows, he added.

Dr. Jeffrey Schildhorn, an orthopedic surgeon with Lenox Hill Hospital at Northwell Health in New York City, described the work as "very interesting."

"They've had some success here," he acknowledged.

"It's actually quite similar to 'radio frequency ablation,' in which a probe is inserted into the nerves around the knee to raise the temperature," Schildhorn noted. That procedure can provide about 60% pain relief.

"So for someone who has moderate disease that's not getting better and who is of the appropriate age and approaching end-stage arthritis, I don't see a lot of problem with this treatment," he said.

Still, Schildhorn cautioned that more study is needed, noting that blocking blood supply to the knee bone might have unintended consequences.

"It makes me very nervous, because I don't know how they can control for this. And if you completely knock out blood supply it can actually cause those parts of the bone to collapse, which can actually hasten arthritis," he added.

"For now, I would err away from this," Schildhorn said. "I feel it does carry a little more risk, compared with any other intervention that doesn't compromise blood supply."

More information: There's more on arthritic knee pain at the American Academy of Orthopaedic Surgeons.

Pharmacy Chains Ready to Supply COVID-19 Vaccines to Americans

Now that federal guidelines have expanded COVID-19 vaccine eligibility to include people over 65 and those of all ages with underlying health conditions, drug stores say they are ready, willing and able to start giving the shots.

There's just one slight glitch: supply. But with two vaccines already available and others moving toward emergency use authorization, experts say supply will likely soon catch up with demand.

As of Jan. 14, the Federal Retail Pharmacy Partnership Program has tapped two pharmacy chains per state to offer free COVID-19 vaccines. Pharmacies will be notified if they can take part in this initial rollout.

Spearheaded by Operation Warp Speed, the government's vaccine development program, this plan will ultimately allow more than 40,000 pharmacies across the nation to inject 100 million vaccines in a month's time. Already signed on as partners are CVS, Walgreens, Duane Reade, Costco, Walmart, Rite Aid, Publix and more.

Fully 250 million people in the United States are now eligible for COVID-19 vaccines, and pharmacies can help speed the slower-than-expected vaccine distribution process, said Kathleen Jaeger, senior vice president of pharmacy care and patient advocacy at the National Association of Chain Drug Stores (NACDS), an Alexandria, Virginia-based trade group representing chain pharmacies.

"With 40,000 drug stores and one vaccinator per store, it would be very easy to deliver 100 million vaccine doses in one month," said Jaeger during an NACDS news briefing on Wednesday.

"Many people live within five miles of a local pharmacy, so it will be easier to give out the vaccines," she said. "We stand ready, and our capacity is tremendous."

Exactly how pharmacies will dole out COVID-19 vaccines is not fully understood yet. They may use an appointment system to avoid long lines and crowding, she said. The government asked 19 pharmacy partners to help develop a more precise game plan.

There has been some concern about allergic reactions to COVID-19 vaccines, and pharmacists can handle this as they have experience in giving flu and H1N1 shots, she said. "We always observe a patient for 15 minutes after a vaccine," she noted. If a person has a history of life-threatening allergic reactions, they should get their vaccines under strict medical supervision, she added.

"Pharmacists can also dispel misinformation about the COVID-19 vaccine," she said.

The new pharmacy initiative is on top of other federal programs that allow pharmacists to dole out vaccines, including the Pharmacy Partnership for Long-Term Care Program. As part of this program, Walgreens and CVS and Managed Health Care Associates, Inc., offer on-site COVID-19 shots to residents of nursing homes and assisted-living facilities. And a federal "transfer program" makes it possible for unused vaccines to be transferred from hospitals to pharmacies to arms, Jaeger explained.

"These vaccines are just sitting on shelves in freezers and refrigerators and need to be moved," she said. "Transfer to community pharmacies that stand ready makes a lot of sense."

More than 29 million vaccine doses have been distributed so far in the United States, and over 10 million people have received their first dose.

Hospitals will be releasing more doses now that they are confident that second doses will be available. The two vaccines currently in use require two doses. "National guidelines are needed as we move forward to make sure that no dose goes unused," Jaeger added.

More information

The U.S. Centers for Disease Control and Prevention has information on where and when you can get your COVID-19 vaccine.

SOURCES: Kathleen Jaeger, senior vice president, pharmacy care and patient advocacy, National Association of Chain Drug Stores, Alexandria, Va.; National Association of Chain Drug Stores, media briefing,

Physical Therapy - Continued

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1 in 3 Neighborhoods in Major U.S. Cities Is a 'Pharmacy Desert'

One-third of neighborhoods in the 30 largest U.S. cities are "pharmacy deserts," and this is much more common in Black and Hispanic communities, a new study finds.

What's a 'pharmacy desert'? In general, in a neighborhood where most residents have cars, the study labeled it a pharmacy desert if the average distance to the nearest pharmacy was 1 mile or more. That distance was reduced to 1/2 mile or more in low-income neighborhoods where at least 100 households had no vehicle, the University of Southern California researchers explained.

"Traveling a mile to get your prescription medications may be convenient for people that own a car. Traveling a mile, or even half a mile, may be difficult for people who live in low-income neighborhoods and don't drive, particularly older adults who rely on walking or public transportation," study co-author Dima Mazen Qato said in a university news release. Qato is chair and an associate professor in the School of Pharmacy.

The researchers analyzed 2007-2015 data on census tracts/neighborhoods in cities with populations of 500,000 or more. Census tracts are smaller than ZIP code areas and typically have populations between 1,200 and 8,000 people.

The study found that "one in three neighborhoods throughout these cities were pharmacy deserts, affecting nearly 15 million people," study co-author Jenny Guadamuz said in the release.

"However, limited access to pharmacies disproportionately impacts racial/ethnic minorities -- 8.3 million Black and Latino residents of these cities live in deserts," added Guadamuz, a postdoctoral fellow in the School of Pharmacy.

The cities with the worst gaps: Los Angeles, Chicago, Albuquerque, Dallas, Memphis, Boston, Milwaukee, Baltimore and Philadelphia.

Lack of access to pharmacies may contribute to racial health disparities, according to the authors. The study was published May 3 in the journal Health Affairs.

"We focused on cities because of racial/ethnic residential segregation and the fact that more than 80% of the Black and Latino population in the U.S. live in cities," said Qato, also a senior fellow at the Center for Health Policy & Economics.

"Our findings suggest that addressing disparities in geographic access to pharmacies -- including pharmacy closures -- is imperative to improving access to essential medications and other health care services in segregated minority neighborhoods," added Qato.

More information: The Center for American Progress has more on racial/ethnic health disparities.

Podiatry - *Continued*

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Too Much Pot During Pregnancy May Endanger Baby's Health

Women who use marijuana heavily during pregnancy are more likely to give birth prematurely or have an underweight newborn, a new study suggests.

Researchers found that babies born to moms with problem marijuana use -- what doctors call cannabis use disorder -- faced some higher risks than other newborns.

They were 6% more likely to be born preterm and 13% more likely to be either underweight or small for gestational age -- a sign of growth restriction in the womb.

The study, of 4.8 million births in California, comes at a time when U.S. women are increasingly using marijuana during pregnancy.

Experts said the findings cannot prove the drug itself caused the early births or stunted fetal growth. But they said the safest course is for pregnant women to avoid taking any unnecessary substances -- including marijuana in its various forms.

"There's a common misconception that because [marijuana] is a plant, it's safe," said Dr. Nora Volkow, director of the U.S. National Institute on Drug Abuse, which funded the study.

That notion, along with legalization of recreational marijuana use in many states, has helped spur an increase in Americans' use of the drug. That includes pregnant women, Volkow said.

A NIDA study found that between 2002 and 2017, the number of U.S. pregnant women who said they'd used marijuana in the past month doubled -- from about 3.5% to 7%.

As for the potential risks to babies, studies have come to mixed conclusions.

It's challenging, Volkow said, to separate the effects of prenatal marijuana from other factors -- notably cigarette smoking.

Of women who use pot during pregnancy, 80% also smoke cigarettes, Volkow said.

The new study, published April 22 in the journal Addiction, was large. That gave the researchers a chance to zero in on women who used marijuana regularly but not tobacco.

And, Volkow said, it focused on cannabis use disorder, which captured pregnant women who used marijuana heavily. Past studies, she said, have lumped in occasional users with regular ones, which may "dilute" any effect linked to habitual marijuana use.

Cannabis use disorder may be diagnosed when a person has more than one sign of problem use -- such as strong cravings to take the drug, withdrawal symptoms,

and continuing to use it even when it's causing problems at work or in relationships.

Based on medical records, few pregnant women in the study had a marijuana use disorder. But the rate increased over time -- from just under 3 per 1,000 in 2001, to almost 7 per 1,000 in 2012.

Babies born to those moms were more likely to be born early and underweight, versus babies whose mothers did not have the disorder but were similar in terms of race, education and overall health.

The risks were greater when moms used both marijuana and tobacco. But pot use was a risk factor regardless of cigarette smoking, the researchers said.

And while few babies died during the first year of life -- fewer than 1% -- those whose moms used marijuana heavily had a 35% higher risk.

"That was a surprising finding," Volkow said. "It will need to be replicated in other studies, because that's the first time it's been reported."

Yuyan Shi, an associate professor at the University of California, San Diego, led the study.

She stressed that it cannot prove cause and effect. "Because we looked only at medical records, there's a lot we don't know about the mothers and infants," Shi said.

But, she added, the findings do bolster existing recommendations that doctors screen pregnant women for cannabis use disorder.

There is evidence from animal research that marijuana may have direct effects, Volkow said. Lab studies show that high doses of marijuana can impair fetal growth and development.

Volkow noted that THC -- the substance responsible for the marijuana "high" -- crosses from the blood to the brain, and can also cross the placenta.

The drug exerts its effects by stimulating so-called cannabinoid receptors. And fetal cannabinoid receptors start to develop in the first trimester, Volkow said.

People often believe that "edibles" are a safer way to consume marijuana. But while there's no smoking involved, Volkow said edibles have their problems.

"It takes longer for the effects of edibles to emerge, so people may keep taking more," she said. They can end up consuming a THC dose large enough to land them in the emergency room.

Volkow encouraged women to talk to their doctor if they have trouble quitting marijuana on their own.

While few women in this study had a diagnosed marijuana use disorder, the problem is almost certainly under-recognized, according to Volkow. Many people, she said, don't realize they have a problem until they try to cut back, and find that they can't.

More information: The U.S. National Institute on Drug Abuse has more on marijuana and pregnancy.

Pulmonary Diseases - *Continued*

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Short Course of Psychotherapy Can Help Ease Panic Disorder

New research offers up hopeful news for the millions of people struggling with panic disorder. Two relatively brief types of psychotherapy can help alleviate the often-debilitating symptoms of this anxiety disorder.

Fully 70% of people showed improvements in panic disorder symptoms and 45% were symptom-free in about 12 weeks of cognitive behavioral therapy (CBT) or psychodynamic therapy.

"The results were enduring and even got slightly better at follow-ups, and there were no differences between the treatments at the two-year follow-up," said study author Thomas Nilsson, a clinical psychologist at Lund University in Lund, Sweden.

The best part? "You don't have to go to therapy for years. Twelve weeks of intense psychotherapy, as in this study, is enough for helping most people suffering from panic disorder. That's great," he said.

Close to 3% of U.S. adults have panic disorder. This is an anxiety disorder that can lead to attacks of overwhelming fear often accompanied by physical symptoms such as a racing heart, sweating, breathing problems and dizziness. These attacks can come on out of nowhere, and many sufferers will avoid leaving the house due to fear of having one, according to the U.S. National Institute of Mental Health. Panic disorder is typically treated with psychotherapy, medication or a combination of the two.

In the new study, half of the 221 participants chose their form of therapy; the others were assigned to one or the other. Some were also taking medication to treat their symptoms. The researchers wanted to know if choosing therapy would make a difference in the outcome in addition to looking at how well the therapies worked and for how long. By and large, preference had no effect on how successful treatment was at treating panic disorder.

Both types of therapy work in different ways, but they both work, Nilsson said. "[Cognitive behavioral therapy] helps patients to understand what is happening in their body and mind when having an attack, and learn how to respond in a 'new/normal' healthy way to the panic attacks and the situations that trigger them," he explained. Psychodynamic therapy helps individuals understand how their panic attacks are related to difficulties in experiencing and expressing emotions like anger, frustration, sadness, and emotions linked to closeness and intimacy, he said.

The findings were recently published online in Psychotherapy and Psychosomatics.

Amanda Spray is a clinical associate professor of psychiatry and director of the Military Family Center at NYU Langone in New York City. She said the study results left her feeling hopeful. "It's really good news that two treatments are found to be quite effective," she said.

"Panic disorder can be particularly debilitating, and it's exciting to see that both interventions were providing a great deal of improvement," said Spray, who was not involved in the new study.

Both of these treatments were time-limited, she said. "It's a big misconception of psychotherapy that you have to be in it for many years to have an impact. The fact that you can get really meaningful relief in 10 to 16 sessions is exciting," she said.

It's not just preference that affects how well a person responds to treatment, Spray noted. "We need more data to determine if there are other factors that may contribute to why some patients do better in one treatment over another," she said.

Dr. David Straker, a psychiatrist in New York City, often asks new patients with panic disorder what therapies or medications they have tried in the past before suggesting an approach.

"CBT can give you weapons to tackle the panic disorder and its symptoms, and some patients may say 'I have talked about my childhood and am tired of that,'" he said. This tips the scale toward CBT, said Straker, who was not part of the new study. "Others may say 'I've done CBT and it never worked and I am ready to get into it with psychodynamic therapy.'"

The most important message is that help is out there for panic disorder, he said.

More information: Learn more about panic disorder and its treatment at the U.S. National Institute of Mental Health.

Now That Psychiatric Care Has Gone Online, Many Patients Want It to Stay There

Only a year ago, Michigan Medicine psychiatrists were trying to recruit patients to give telepsychiatry a try, with very little success.

The psychiatrists worked with people by video only 26 times in six months, while 30,000 visits happened in person. But that changed quickly when the coronavirus pandemic forced closures in the area in late March.

Now, not only have patients seeking help with mental health issues been working through their emotions and experiences by video and phone for months -- many would like to keep those options, a new study shows.

"Telepsychiatry is an interesting tool for various reasons in terms of providing early access to care, connecting patients in rural areas or who live far away from clinics to be able to get good evidence-based care," said study author Dr. Jennifer Severe, a psychiatrist who helped launch a test of telehealth initiatives at the University of Michigan's outpatient psychiatry clinic.

"Even patients who are closer, based on life burden and expectation, they might not be able to keep up with their appointments, so telehealth actually offers a way to remain connected with care, regardless of how busy people's lives might be," Severe said.

For the study, published recently in the journal JMIR Formative Research, researchers surveyed 244 patients or parents of minor patients in summer 2020. The patients had mental health appointments in the first weeks of the pandemic shutdown.

Most of the survey participants had their own or their child's first pandemic-time appointment through a video call. A minority of patients, 13.5%, started telepsychiatry with phone visits. That group was more likely to be older than 45.

Nearly all of the study participants who had a telepsychiatry visit said it went as well as expected or better.

About half (46.7%) said they were likely to continue with telepsychiatry even after in-person visits were available again. Those who had appointments by phone instead of video were much less likely to want to continue remote mental health care in the future.

"The excitement is there, but we need to make sure that we have a way to keep up with the demand," Severe said.

This data could help inform the decisions of health insurers and government agencies who will make decisions about whether and how to pay mental health care providers for future virtual care, Severe said.

To improve access, while the survey was ongoing, senior study author Dr. Mary Carol Blazek led development of a program called Geriatric Education for Telehealth Access, or GET Access, to help older patients.

The study didn't cover the issue of no-shows and appointment cancellations, but those have been reduced substantially, according to Michigan Medicine.

Phone and video visits within established patient-mental health provider relationships are equally effective, Severe said.

However, for first visits, the therapists typically try to avoid using the phone because it can reduce communication cues and limits observing facial expressions, interaction and movement, which can help evaluate mental health status. Sometimes physical exams can be required to assess a patient's balance and mobility, as well as check for medication side effects.

"Sometimes communication might be difficult. Sometimes you might need to do a physical exam. There might be a lack of important physical exam approaches and communication techniques that might be missing," Severe said. "So, that's one reason I will say telehealth might not be for everyone."

Severe hopes to see more of a blended approach after the pandemic, where a patient may do a face-to-face visit, followed by a couple of telehealth visits, and then return for another face-to-face visit.

During the pandemic, telehealth has been responsible for saving small mental health practices while also continuing to help patients, said Vaile Wright, senior director of health care innovation for the American Psychological Association.

"The evidence is pretty strong. People are having mental health difficulties, much more so than in the past and, thankfully, they are seeking out treatment," Wright added. "I think telehealth makes it possible for them to do so safely."

For some people, it may be harder to connect in a virtual environment. For others, it may make it easier because they don't have to get time off work, figure out child care or travel to the office.

Issues to consider are ensuring that patients understand the online platform, have adequate internet accessibility and have adequate privacy in their homes to have a mental health appointment. Backup safety plans also need to be considered, Wright said.

"What happens if somebody is in a crisis? When they're in your office [you] have a system in place, but when they're not, maybe [you're] not even sure where they're located exactly, that can make it challenging," Wright said. "So, ensuring that you've got those sorts of backups in place is important."

More information

The U.S. Centers for Disease Control and Prevention has more about mental health.

SOURCES: Jennifer Severe, MD, clinical assistant professor, department of psychiatry, University of Michigan, Ann Arbor; Vaile Wright, senior director, health care innovation, American Psychological Association, Washington, D.C.; JMIR Formative Research, D

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FDA APPROVES FIRST ONCE-A-MONTH HIV THERAPY

The first monthly shots to treat adults with HIV were approved by the U.S. Food and Drug Administration on Thursday.

"Currently, the standard of care for patients with HIV includes patients taking daily pills to adequately manage their condition. This approval will allow some patients the option of receiving once-monthly injections in lieu of a daily oral treatment regimen," said Dr. John Farley, director of the Office of Infectious Diseases in the FDA's Center for Drug Evaluation and Research.

"Having this treatment available for some patients provides an alternative for managing this chronic condition," he added in an agency news release.

One expert said the shots will likely be welcomed by HIV patients.

The shots "will enhance quality of life" to need treatment just once a month, Dr. Steven Deeks, an HIV specialist at the University of California, San Francisco, told CBS News. "People don't want those daily reminders that they're HIV-infected."

Another expert agreed.
"Even people who are taking one pill once a day ... reported improvement in their quality of life to switch to an injection," Dr. Judith Currier, an HIV specialist at the University of California, Los Angeles, told CBS News. She consults for ViiV Healthcare, the company behind the long-acting treatment, and wrote a commentary accompanying one study of the drug published recently in the New England Journal of Medicine.

Not only that, but Deeks added that "there's a great unmet need" that the shots may fill, since some patients, including people with mental illness or substance abuse problems, can struggle with daily drug regimens.

Cabenuva (cabotegravir and rilpivirine), which is given as two separate shots, was approved for patients who are HIV-suppressed on a stable antiretroviral regimen, have no history of treatment failure, and don't have known or suspected resistance to either cabotegravir or rilpivirine, the FDA said.

The FDA also approved Vocabria (cabotegravir, tablet formulation), which should be taken in combination with oral Edurant (rilpivirine) for one month before starting treatment with Cabenuva, to ensure the medications are well-tolerated by patients before they switch to the

extended-release monthly injection.

The FDA's approval of Cabenuva is based on two randomized, open-label, controlled clinical trials that included nearly 1,200 HIV-infected adults who had HIV suppression before they began treatment with Cabenuva.

The patients in both trials continued to show HIV suppression at the end of each study, according to the FDA.

The most common side effects with Cabenuva were injection-site reactions, fever, fatigue, headache, musculoskeletal pain, nausea, sleep disorders, dizziness and rash.

Cabenuva should not be given to patients with known previous hypersensitivity reaction to cabotegravir or rilpivirine, or to patients who are not virally suppressed, the FDA said.

ViiV said the shot combo would cost $5,940 for an initial, higher dose and $3,960 per month afterward, CBS News reported. The company said that is "within the range" of what one-a-day pill combos cost. How much a patient pays depends on insurance, income and other things.

More information: The U.S. National Institute of Allergy and Infectious Diseases has more on HIV/AIDS treatment.

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Surgery - Cosmetic & Plastic / Cirugía - Cosmética y Plastico

Surgical specialty dedicated to reconstruction of facial and body defects due to birth disorders, trauma, burns, and disease.

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Surgery - General / Cirugía - General

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Fax: (609) 862-2511
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Northfield, NJ 08225
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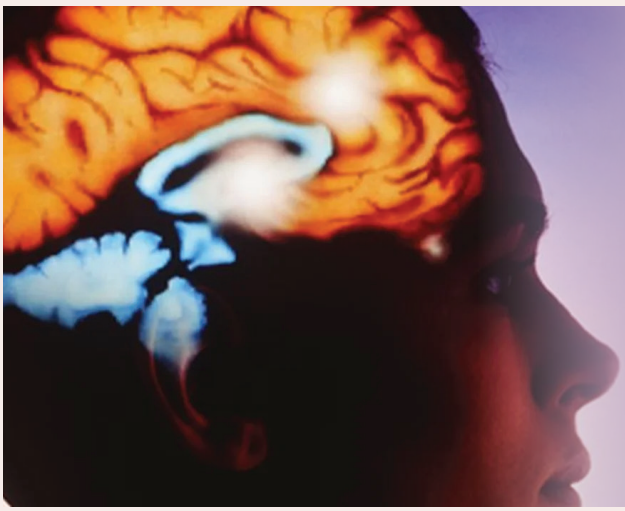

MAGNETIC BRAIN 'Zap' SHOWS PROMISE AGAINST SEVERE DEPRESSION

Intensifying a standard form of brain stimulation may bring relief to people with hard-to-treat depression, a preliminary study suggests.

The study involved just 21 patients, but the treatment sent 90% into remission within a few days. That's a success rate that has never been seen in early testing of other therapies for severe depression, the researchers said.

The therapy involves transcranial magnetic stimulation (TMS), where a magnetic coil is placed at the scalp to non-invasively deliver electrical pulses to a brain region involved in depression. In the United States, TMS is an approved option for depression that does not respond to standard antidepressant medication.

Normally, TMS is done once a day, over six weeks.

That conventional approach can help, but only about one-third of patients see their symptoms go into remission, said Dr. Nolan Williams, a senior researcher on the new study.

"So we've been thinking: How can we make it better?" said Williams, an assistant professor of psychiatry at Stanford University School of Medicine in California.

Based on prior research, he and his colleagues devised a new protocol for delivering TMS. One change was to intensify the treatment: Patients received more electrical pulses at each session, and the sessions were consolidated into 10 per day, over five consecutive days.

The researchers also aimed to individualize the target. Conventional TMS stimulates cells in a brain region called the dorsolateral prefrontal cortex, which regulates broad functions like selecting appropriate memories and suppressing inappropriate responses.

Here, patients had MRI scans to pinpoint targets within the dorsolateral prefrontal cortex that showed a relationship with the subgenual cingulate. That's a brain structure that tends to be overactive in people with major depression.

Stimulating those target areas is thought to dampen activity in the subgenual cingulate.

Of the 21 patients treated, 19 saw their symptoms go into remission. On average, it took about three days, the researchers reported. The findings were published online April 6 in the American Journal of Psychiatry.

One of those patients was Deirdre Lehman. The 60-year-old had struggled with bipolar disorder most of her life, but had been stable for about 15 years on medication and talk therapy. Then one morning in 2018, she woke to what she

described as a "tsunami of darkness."

Fearful that she was heading toward suicide, she saw her psychiatrist, who referred her to the Stanford study. After day one of therapy, the "chatter" in her head had quieted, Lehman said in a statement from the university.

"These are promising findings," said Dr. Jeffrey Borenstein, president of the Brain & Behavior Research Foundation in New York City.

But Borenstein, who was not involved in the research, had a big caveat: This was an early, "open-label" study, meaning the researchers and patients all knew that the real treatment was being delivered.

That means it lacked a comparison group of patients who received a "sham" version of TMS. So, Borenstein explained, it's not possible to tell exactly how effective the new protocol is: Some patients might have improved due to the well-known "placebo effect."

To get more-definitive answers, the Stanford team is running a larger trial, in which half the patients are randomly assigned to a placebo group.

Williams said there are reasons to be optimistic: This study's 90% remission rate has never been seen in open-label studies of other therapies for treatment-resistant depression. None has done better than 55%, he said.

If the larger trial confirms the treatment works, Borenstein said, other questions to answer include: How long will the benefits last? Will they be maintained after repeat treatments?

In this study, the improvements did wane for some. Sixty percent of patients remained in remission after one month, while 70% were still showing some response.

As for safety, the only side effects were fatigue and discomfort during the treatment, the researchers said. They also tested patients' memory and thinking skills before and after the therapy, and found no ill effects.

In general, Williams noted, TMS does carry a risk of seizure -- a roughly one in 30,000 chance.

If the new TMS approach pans out, Williams pointed to one potential use: helping people who are hospitalized for severe depression. Research shows that for those patients, the risk of suicide is highest soon after discharge.

So an effective therapy that can be delivered during a hospital stay could make an important difference, Williams said.

More information: Harvard Medical School has more on TMS for depression.

Certain HIV Meds Have Patients Packing on Pounds

A commonly prescribed component of the life-saving antiretroviral drug cocktails used to treat HIV may trigger weight gain, new research warns.

The concern stems from tracking patients taking antiretroviral therapy (ART). Since the mid-1990s, the therapy has relied on various drug combinations to essentially outwit HIV, controlling viral loads and turning a once-deadly infection into a manageable condition.

But the new research is raising questions about one drug featured in many ART recipes: tenofovir alafenamide, also known as TAF.

There's no question that TAF works. The researchers noted that it is both effective and well-tolerated. And TAF has gained popularity in recent years because it poses less risk to kidney and bone health than another medication, called tenofovir disoproxil fumarate (TDF).

But the new study found that over 18 months, patients on an antiretroviral regimen containing TAF gained nearly 4 pounds on average, compared to about 1.5 pounds among patients on drug cocktails containing TDF.

That resulted in nearly 14% of normal weight TAF users becoming overweight or obese, compared with just over 8% of their TDF counterparts, the findings showed.

"TDF and TAF are common parts of these combo drugs and most ART regimens," said Dr. Michael Horberg, director of Kaiser Permanente's division of HIV/AIDS and STDs. "That's why this study is so important."

Horberg, who was not involved with the study but reviewed the findings, pointed out that both drugs are also part of most so-called PrEP regimens. PrEP (pre-exposure prophylaxis) is designed to prevent HIV infections from taking hold in the first place, "so an even greater number of people [are] maybe using it for that," he said.

Horberg said the newer TAF medication has been regarded as "the answer" to the main problem with the older TDF drug, which raised creatinine levels in some patients, an indicator of worsening kidney function.

"And, in the most part, that's true," Horberg said.

He said the new study is critical, however, because weight gain and worsening lipid levels are "not small issues either." Lipids are fatty substances that can build up and clog arteries.

Most people don't want to gain weight because of

medication, "and rising lipids can be associated with cardiovascular disease (heart attacks, strokes), which we want to prevent in people with HIV also," Horberg said.

For the study, a team led by Dr. Bernard Surial of Bern University Hospital in Switzerland, reviewed weight gain data collected from more than 3,400 Swiss HIV patients between 2016 and 2019.

All had been taking an antiretroviral cocktail containing the older TDF drug for at least six months, before switching to an ART regimen containing the newer TAF drug.

Weight gain among patients who made the switch was then stacked up against nearly 900 patients who stuck with TDF during 18 months of tracking.

In that time, the researchers found that not only were weight gains much more significant among TAF users, but so were rises in their cholesterol and triglyceride levels, which can signal increased risk of heart trouble.

Horberg said the findings come as little surprise.

"Our patients were noticing this weight gain before we were," he said. "And we used to say 'oh, it's not the meds. You're just eating more because you're doing better.' Well, we now know that's not true. And if they weren't having any kidney problems, we may have been trying to fix a problem that didn't exist" in switching therapies.

So what does this mean for treatment options going forward?

"Frankly, this has to be done on a case-by-case basis," Horberg said.

One consideration is money, he noted, as TDF is now a generic medication and much cheaper than TAF.

"We want everyone to have these medications available, including for PrEP," Horberg said. "But weight gain is a serious issue, and many patients do not like how it makes them feel or look," PrEP takers included.

If weight gain is due to the medication, they'll stop taking it, Horberg said, so a balance must be struck. If there are kidney concerns, it's important to switch. If not, doctors should discuss the pluses and minuses of any change with their patients, he suggested.

Dr. Rajesh Gandhi, a fellow at the Infectious Diseases Society of America, and chairman of the HIV Medicine Association, also reviewed the study findings.

"This weight gain difference is something we pay attention to because we're trying to keep people healthy for decades, not for years," Gandhi said.

The medicines that revolutionized HIV treatment in the mid-1990s effectively got the virus under control, but they don't eliminate it. That means once a patient starts taking ART meds, they continue for the rest of their lives, making side effects a concern, he explained.

"Today, there are far fewer side effects than when ART came on the scene," Gandhi said. "And the weight gain found among those taking the newer formulation of tenofovir was relatively small. And not everyone was affected. But there was a difference."

For patients with borderline kidney disease or osteoporosis, the new formula has a lot of advantages, Gandhi said, adding that more research into weight gain concerns is needed.

In the meantime, decisions about which formulation to use should be based on a discussion with each patient's health care provider "and decided case by case," he said.

The study was published online March 16 in the Annals of Internal Medicine.

More information: Learn more about antiretroviral therapy at the U.S. National Institutes of Health.

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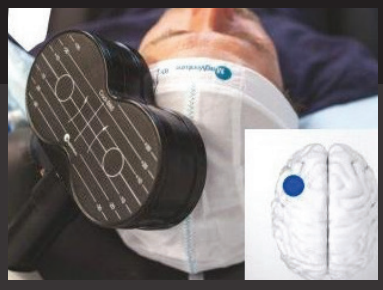

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