

HEALTHY WISDOM

Norcross Family Medicine, Inc.
Personalized Medical Practice



From the desk of Dr. Gwenne and Dr. Tim

Dear Patients:

Back in 1948, the World Health Organization issued the following statement: "Health is a state of complete physical, mental and social well-being, not merely the absence of disease..." This insightful message, although made 64 years ago, still holds true for all of us today.

As we enter 2012, no matter what you resolve to do or change, in the spirit of healthy living, this issue focuses on sleeping well, eating well, and being our own best advocate with the medications we take.

We both wish all of our patients not only a year of good health, but also proactive efforts towards a state of well-being.

Best Wishes for a Happy and Healthy New Year!

Gwenne Norcross, DO and Tim Norcross, DO



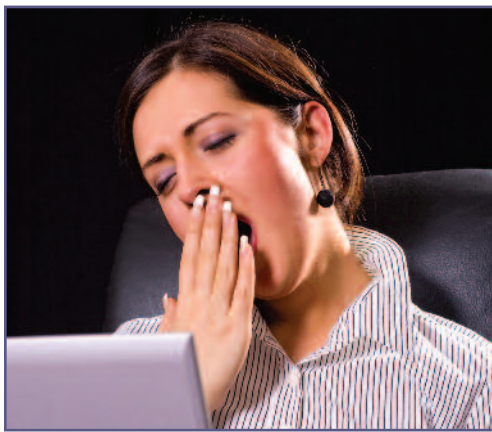
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Insomnia...the Waking Game



There is a reason for the phrase "I slept like a baby" when describing a good night's rest. According to the American Academy of Sleep Medicine, once people reach adulthood approximately 30 percent have symptoms of insomnia. For people over age 60, that number climbs to about 50 percent. As people age, they have a hard time falling asleep, difficulty staying asleep and often wake up too early, unable to go back to bed. It's no surprise that people who are sleep deprived don't feel well-rested the next day.

You may wonder why a baby—or even a teenager or college student—sleeps so soundly while nearly a third of adults struggle with insomnia. Simply put, older adults' body clocks are completely different than the finely-tuned body clock that ticked inside us in our youth.

Older adults are less likely to sleep for long periods of time. Sleep is not as deep, and there is a greater tendency to wake during the night.

As we age, our body clock (actually our body's physiological functions), may cause us to produce less of the hormone melatonin, which regulates sleep. Increased sensitivity to changes around us, such as lighting, noise or a new environment may cause us to awake more frequently. More than half of pre-menopausal and menopausal women are affected by insomnia. However, insomnia is actually more common in men than women.

Aging may also bring on additional medical problems that can affect sleep. If medications are prescribed for other health issues, these can also be a factor contributing to insomnia.

Contrary to popular belief, adults still need seven to eight hours of sleep each night to function well—and safely. Lack of sleep or continued poor quality sleep can affect our daily routines, from making us moody, irritable and tired, to lack of concentration... all of which can lead to inadequate job performance or even contribute to accidents.

Lifestyle adjustments can be made to help promote better sleep—some more obvious than others. Avoid caffeine starting in the afternoon, as well as limit alcoholic beverages. Smoking is problematic, as nicotine is a stimulant that can interfere with sleep. Exercise in

general will help you sleep better and stay healthy, be it as simple as walking, gardening or dancing, but avoid workout routines closer to bedtime. Bedtime rituals, such as a relaxing bath or shower, listening to soothing music or taking some time for quiet reflection can also help ready our bodies for sleep. Avoid liquid intake about 90 minutes before bed—this decreases the likelihood of needing to use the bathroom in the middle of the night and not being able to fall back asleep as a result. Sunshine may also contribute to improved sleep. Bright sunlight increases melatonin, the very sleep regulating hormone that our body produces less of as we age.

We might also learn a lesson from the sleeping baby or toddler who is rejuvenated from a nap. Try a brief nap of between 15 minutes to an hour (no longer), in the late morning or early afternoon. Avoid napping later in the day or close to bedtime.

When Insomnia is More Than Just a Symptom of Growing Older

Although insomnia is common in adults and may be mitigated by lifestyle changes, for some people it can be a serious problem or indicative of a more critical health concern. If you attempt to address your insomnia on your own without much success, contact us to see if we can come up with a plan that will work for you. Please do not lose any sleep worrying about it!



Things to Know about Your Medications

Here are some common medication questions – with answers!

Are generics and branded drugs identical?

Patients wonder why generics don't look or taste the same as branded drugs, and they worry about generics' side-effects. According to the Food and Drug Administration (FDA), "The active ingredient (in generic drugs) is chemically the same as the branded counterpart." Regarding appearance, they cannot look identical because in the United States, trademark regulations prevent the sale of generic drugs that look exactly like the brand-name drug. Also, inactive ingredients such as flavors and preservatives, and the manufacturing process may differ. Side effects and treatment efficacy may vary based on these and other subtle differences. So while these drugs are not exactly identical, generics will often be recommended when they are available. Most patients will ask for the generic prescription option, since it is almost always a cost savings.

Not all drugs have a generic counterpart. In being your own health care advocate, I suggest if the pharmacist offers a generic substitution, check with our office to determine what is most appropriate for you.

What about off-label drugs?

In the United States new drugs are tested in three phases of clinical trials (research studies) before they are approved for use by the general public. The clinical trials are done to prove that the drug effectively treats a certain medical condition, works the way it is supposed to, and is safe when used as directed. When the FDA is satisfied that the drug is safe and effective, it works with the maker of the drug to create the **drug label**. This is not an actual label that sticks onto a container, but a report of very specific information. The FDA also must approve this report, which is made available to physicians and pharmacists who prescribe and dispense the drug. The drug label contains information about the drug, including the approved doses and how it is to be given to treat the particular medical condition for which it was approved.

When a drug is used "off-label" it is most

commonly given for a different disease or medical condition than described in the FDA-approved label. Or, it may be given by a different route, or in a different dosage.

For example, most of us are familiar with the benefits of Botox Cosmetic as a facial wrinkle treatment. Botox injections for migraines were discovered accidentally during clinical testing for Botox Cosmetic. When test patients who normally suffered from headaches reported fewer facial lines *and* fewer migraines, Botox began its progression from popular cosmetic treatment to medical remedy.

Botox injections for migraines are currently in Phase III of their clinical studies. While the treatment has not yet been FDA-approved for migraines, these injections for headaches are commonly administered by physicians as a viable treatment option. This is considered off-label use. When doctors discover that an off-label use works well, it can become the "standard of care."

Is it OK to split pills in half?

The answer is – *sometimes*. Generally, a pill that is twice your normal dosage costs about the same as the smaller dose. So, by splitting double-dose pills in half, your savings could be substantial. The pills best suited to splitting – and according to some medical professionals, the *only* pills – are those scored down the middle, making them easier to divide. But splitting only works well for certain medications, and numerous reports warn that some pills should never be split. Examples include: long-acting, extended- or continued-release tablets or capsules, any capsules that contain powders or gels, birth control pills, and chemotherapy drugs. If you are thinking about splitting your pills, talk to our office about which of the medications you take can be split safely... and be sure to purchase an inexpensive pill-splitting device rather than using a knife.

What are the effects of medication on taste?

Some drugs cause food to taste differently, or they can cause a metallic, salty, or bitter taste in your mouth. Clinical studies have implicated over 250 drugs that can alter taste sensations.



And, while it is not known exactly how these medications influence taste, it has been established that medications can have an impact on taste through decreased secretion of saliva. This side effect from certain medications can also lead to problems with chewing and swallowing food. In turn, some patients decrease their food intake, which can be dangerous for many people—especially those who are older or who already have health problems. If your symptom is significant, please call our office as sometimes there can be alternative solutions.

Is it safe to take drugs that have expired? Today the general consensus from pharmaceutical professionals is that most expired drugs are safe to take *for a limited period of time* after the expiration date. The expiration date on both prescription and non-prescription medication signifies that the drug will remain at full potency up until that date. However, this does not mean that drugs past this expiration date are necessarily unsafe to use or are spoiled. Before taking a pill beyond the expiration date, keep in mind that liquid medications and medications that have been stored in a warm, moist environment degrade more quickly than solid medications that have been stored in a cool dry place. All of the above being stated, use your own good judgment. The wisest choice with an expired drug is to call your pharmacy and ask before you take even one dose. After all, good health is a collaborative effort!



Nutrition Corner

Carren Sellers, MMSc, RD, LD, CDE

What's the Skinny on Fats?

We've all heard the recommendation to decrease our intake of saturated fats and trans fats. We've all heard that eating the wrong kinds of fats can cause serious health problems. We've also heard there are good fats and bad fats. Here's the "skinny"...

The Best Fat: *Monounsaturated fat* is the best type because it both increases the good cholesterol (HDL) and decreases the bad cholesterol (LDL) in your blood. *Sources of monounsaturated fat are olive oil, peanut oil, canola oil, most nuts, olives and avocados.*

The Second Best Fat: *Polyunsaturated fat* is also good for you because it decreases the LDL (bad cholesterol). *Sources of the polyunsaturated fat include corn, soybeans, sunflower oils, walnuts, and most mayonnaise and salad dressings.*

The Bad Fat: *Saturated fats* are bad fats. They are easily identifiable because most are solid at room temperature. These fats are poor choices as they can actually increase the bad cholesterol in your blood stream, which can cause deposits of fat in the blood, leading to increased risk of heart attacks and even stroke. *Sources of saturated fat*

are butter, cream and whole milk, sour cream, cream cheese, cheese, bacon and high-fat meats.

The American Heart Association recommends that you consume no more than 8 grams of saturated fat per 1000 calories. For example, a breakfast composed of two eggs and two slices of bacon has 5.6 grams of saturated fat (two-thirds of your daily allotment!). If you substitute two egg whites for one of the eggs, replace 1 ounce of Canadian bacon for the regular bacon, you will have reduced the saturated fat to 3 grams while retaining the nutritional value of the meal. Contrary to popular belief, turkey bacon has 1 gram of fat per slice so it is not a significant improvement from regular bacon.

The Worst Fat: *Trans fats* are the most dangerous kind of fats and should be avoided because they do all the wrong things. These fats lower good cholesterol while also raising bad cholesterol. Trans fats are double trouble for your health. They can lead to heart disease, stroke, diabetes and obesity. Trans fats are essentially unsaturated plant fats that have been chemically modified to become a solid so they perform like a saturated fat. The process, called hydrogenation, makes the fat denser, raises the melting point, and results in the fat having a longer shelf life.

Trans fats have traditionally been used by food manufacturers to provide a desirable texture (ie. crispy crackers) and also to make them stay fresh longer. *Sources of trans fat are stick margarine, baked goods, fried foods, and many packaged food mixes.*

The bottom line is for better health and cholesterol management avoid trans fats and limit saturated fats in your diet whenever possible.