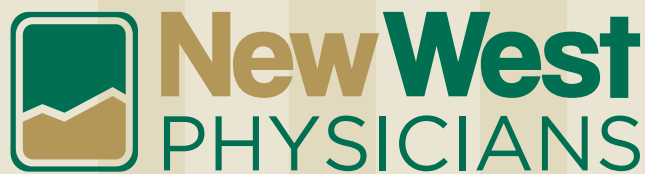


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Winter Edition 2017

Improve Your Sleep and Watch your Life Get Better

By Richard Shane, PhD and Founder
Sleep Easily

We long to live a healthy and effective life, yet we're often too stressed or overwhelmed to take actions to improve our lives. What if there was one change that would almost automatically improve many areas of your life? Better sleep is that change. Good sleep can improve your cognitive functioning and can decrease anxiety, depression, anger and irritability, and even improve your sex drive. You'll have more energy, increased productivity and likely improve the quality of your personal relationships. In addition, improving your sleep can result in better immune system functioning, decreased risk for weight gain, obesity and diabetes, and reduced risk for high blood pressure and heart disease. Those are a lot of benefits that come from just one change—better sleep.

But how do you sleep better? Below are simple behavior changes, called sleep hygiene, that can help you sleep.

Intake of Food, Drink and Substances

- Avoid caffeine (including chocolate and caffeinated sodas) six hours before bedtime.
- If you smoke, don't smoke too close to bedtime, as nicotine is a stimulant.
- Limit your alcohol consumption to 1-2 drinks per day, and avoid alcohol within three hours of bedtime. When you drink alcohol right before bed, the alcohol wears off in the middle of the night, causing early awakenings.
- Drink enough water during the day so you are not very thirsty at bedtime. If you need to drink before bed or in the middle of the night, drink as small amount as possible.
- Have your last full meal several hours before bedtime to allow for digestion. Avoid spicy foods or foods that cause indigestion.
- If you need a snack before bed, find which foods—carbohydrates, dairy or small amount of protein—don't disturb your sleep.

During the Day

- Get out into sunlight at least 15 minutes each day.
- Exercise, but not too close to bedtime.
- Limit naps for 30-45 minutes (set an alarm) and nap no later than early afternoon.

Bedroom

- Ensure your mattress, pillows, and bedding are comfortable.
- Keep your bedroom quiet, dark, and cool.



- Turn your clock so it is facing away from you. Clock watching increases stress, making it harder to sleep.
- Strengthen the association of your bed with sleep: Limit bedroom activities to sleep and sex. Keep computers, TVs, and work materials out of your bedroom.

Evening

- Follow a regular sleep and wake schedule. That helps regulate your body clock so sleep is easier.
- Have your house lights be dim in the evening. Installing dimmer switches on lights allows you to function in lower light and lower light is calming and attractive.
- Slow down an hour before bed with a bath, reading something calming, or stretching.
- Avoid stimulating activities like doing work or discussing emotional issues just before bedtime.
- Television, computer, cell phone and tablets emit a blue-white light that interferes with your brain's production of melatonin - the sleep hormone. Blue-blocking glasses help block blue light and are available online.
- Stop using computer, cell phone, and tablet 30 minutes before bed.

In addition to the above suggestions, there are simple steps you can use when your head is on your pillow—steps that make it easier to fall asleep, fall back to sleep and sleep more deeply. For these special tips visit our [Sleep Easily Website, sleepeasily.com/tips](http://SleepEasily.com/tips)

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Now it is easier than ever to keep up with New West Physicians, health topics of interest, and provider information using your favorite social media channel. Take time to connect with us on:



Is Hormone Replacement Therapy Right For Me?

By **Ken Cohen, MD, FACP**
Chief Medical Officer

Until the 1990's it was thought that hormone replacement therapy (HRT) provided many health benefits to postmenopausal women including prevention of heart disease and osteoporosis. In order to confirm the benefits of using HRT the National Institutes of Health launched the Women's Health Initiative (WHI) study in 1993. Researchers expecting to find that hormones prevented chronic diseases related to aging in women were stunned to discover a small but significant increase in cardiac events as well as increased incidence in breast cancer and stroke. Publication of the WHI results in 2002 raised significant concerns at the time and left women and their physicians wary of using HRT. This resulted in an 80% decrease in the use of HRT among postmenopausal women. Many women experiencing postmenopausal hot flashes and/or vaginal dryness were left with few options other than waiting for the symptoms to settle down on their own.

Fortunately, further evaluation of the WHI results revealed that the risks of HRT differed with age and other patient characteristics. It was determined that in healthy women less than 60 years of age the risk of cardiac events or breast cancer was the same as women not taking HRT. A very small risk of developing blood clots persists in this age group but can be further minimized or even eliminated by how the HRT is taken. Currently, recommendations from all major women's health organizations support the use of HRT for women with moderate to severe postmenopausal symptoms who are less than 60 years of age without other medical reasons for not taking HRT.

There are two general ways to take HRT; systemically and locally.

Systemic products circulate throughout the bloodstream and to all parts of the body. This can be accomplished as an oral tablet or by injection. Alternatively, topical products such as a patch, gel, emulsion, or spray allows systemic absorption through the skin. All systemic products are considered equally effective for hot flashes and vaginal dryness. Systemic estrogen must be taken with a progestogen in women who have not had a hysterectomy to protect the lining of the uterus. Women without a uterus should use estrogen only products.



Local products when used in low doses affect only a specific area of the body and result in little or no absorption into the bloodstream. They are available as a vaginal cream, ring, or tablet and are primarily used to relieve vaginal symptoms. Local products usually do not relieve hot flashes or other postmenopausal symptoms. Topical systemic and local (nonsystemic) products are believed to cause little or no increased risk of blood clots. This is seen only with oral estrogen products.

Ultimately the decision whether to start HRT for postmenopausal symptoms rests with each woman in consultation with her health care provider. The HRT treatment plan should be individualized to each woman. There is no "one size fits all" approach to HRT therapy. If the decision is to begin HRT, special consideration should be given to specific symptoms experienced, preferred method of taking HRT, duration of treatment, and cost of HRT product. In general, HRT should be taken at the lowest dose that treats the symptoms and for the shortest amount of time.

Welcome To Our New Providers



Erica Liesmaki, MD
Ascent Family Medicine



Rachel Hills, MD
Golden View Family Medicine



Kirsten Nielsen, MD
Neurologist, Specialty Center

Why are my feet tingling? Do you think I am stumbling?

By **Scott London, MD**
Neurologist

Numb toes are a common issue as individual's age into their 60's and 70's. This may seem to be a trivial issue to some degree; however lack of feeling in the feet is more important than most people realize. For example, have you noticed that when washing your hair in the shower and closing your eyes the balance seems to go? Or perhaps when you get up in the middle of the night it is hard to take the first few steps? The initial thought to explain the loss of feeling from the feet may be consideration of a blood flow problem or a low back pain syndrome. However, these issues are probably related to peripheral nerve dysfunction and the loss of normal sensory input to the feet and toes. If there is motor (strength) involvement, you may experience catching toes on the stairs and slowing down when walking significant distances or on uneven surfaces. These types of problems develop because the longest nerves are losing their normal functionality. However, people generally do not complain of these kinds of concerns. The usual complaint that initiates the diagnosis of peripheral neuropathy is pain. Not just any pain, but burning, tingling, electric shock, and numbing pain that is typically worse at night. It is important to recognize some of these other early signs of distal nerve loss of function. Realizing that there is loss of ability to feel the floor can help patients learn compensatory measures and avoid unfortunate falls or trips. Also loss of feeling in the feet is often the first symptom of other potentially serious medical conditions. The most common cause of symmetric lack of feeling in the feet is diabetes followed by alcoholism and rheumatologic or immunologic diseases.

Trying to help understand the nature of loss of peripheral nerve function is the key to maximizing the best outcome for patients with peripheral neuropathy. Some forms of loss of feeling and strength are treatable many unfortunately are not. It is important to document loss of normal nerve function by obtaining a nerve test or Electromyography nerve conduction study. (Generally called an EMG.) This testing can help patients avoid unnecessary spine surgeries or possibly vascular procedures. Occasionally a treatable form of neuropathy will be discovered. Several medications have been used to help reduce the neuropathic pain associated with peripheral neuropathy, of which a couple have even been FDA approved for this indication. Usually a combination of anti-neuralgic medications can be arrived upon that will confer significant benefit for nerve pain sufferers. Loss of sensation in the feet creates risks for foot ulcers or blisters so patients with peripheral neuropathy need to check their feet routinely. Rarely peripheral nerve disorders can progress rapidly over a period of days or weeks and require urgent assessment and possibly aggressive immune modulatory treatment.

For most of the approximately 20 million patients with peripheral neuropathy, there is a sock like distribution of decreased sensation that slowly progresses over a period of many years and rarely is debilitating. Most figure out common sense approaches to help with daily struggles. Some of these modifications include night lights, wearing sandals even in the cool weather and utilizing walking poles or possibly ankle- foot support braces that fit in the shoe if needed. Others are helped by over the counter lidocaine cream preparations. If you or someone you know is experiencing these issues bring your concerns to your health care provider so that you may obtain a better understanding of the nature of these problems. It is important to be evaluated for underlying conditions that can lead to peripheral neuropathy. Also tips can be provided to make your home as safe and navigable as possible to avoid bumping those numb toes into any sharp objects!

For more information go visit the National Institute of Neurological Disorders and Stroke at www.ninds.nih.gov



Grief

By **Linsey Harrison, MD**
Psychiatrist



Grief is the natural reaction to loss, and it can be an overwhelming emotion. When a person experiences grief, they can feel numb and even unable to function, but individual experiences of grief vary. Some people will be outwardly emotional, and others will experience their grief more internally and may not cry. Many people have heard of the five stages of grief: denial, anger, bargaining, depression, and acceptance. However, the five stages do not necessarily occur in any specific order, and some people may not experience all five stages. This is perfectly okay and normal. It is more helpful to look at these stages as guides in the grieving process, helping you understand, and put into context where you are.

Grief can last months or years. Usually, it eases with the passing of time and as the grieving person adapts to the loss. You should allow yourself to feel the grief as it comes. Resisting it (by trying to suppress your feelings or coping with alcohol or drugs) only prolongs the natural process of healing. Journaling is helpful for some people, and others express grief through art or physical activity. While a grieving person cannot control the process, it can be helpful to talk to others and try to resolve issues such as feeling guilty for the death of a loved one. If you're uncertain about whether your grieving process is normal, consult your healthcare professional. Many hospices provide grief support groups that are available even to those who didn't use hospice services.

Your Heart In Winter

**By Tatiana O Tsvetkova, MD, F.A.C.C.
Cardiologist**

With cold weather, wind, snow, and less sunshine, our hearts need special care.

The chances of a heart attack increase significantly during winter because cold weather increases the demands on the heart to keep the body warm, flu season increases inflammation in the body, and lack of sunshine, due to being indoors more often, reduces the levels of Vitamin D, which can result in seasonal depression or winter blues.

Snow shoveling is a strenuous activity and, when coupled with cold air, increases demand on your heart that may result in a heart attack and cardiac arrest if you are not cautious. Before you go out to shovel snow or start your new exercise routine, learn about your personal heart attack risk factors such as increased age, male gender, high blood pressure, diabetes, and high cholesterol and how they may increase the risk.

Learn the symptoms and signs of a heart attack:

Pain or discomfort in chest, or in other parts of the upper body such as jaw -sometimes even toothache, neck, shoulders, arms, shoulder blades, upper back, fingers - pinkies in particular, or breaking out in a cold sweat, nausea, or lightheadedness.

Knowledge is the greatest tool for preventing a heart attack. Please speak to your doctor about how you could reduce your risks.



Some heart attacks are sudden and intense with severe chest pain, pressure or heaviness, but most heart attacks start slowly, with mild pain or discomfort while walking or running outside in cold or windy weather. With bitter cold, step inside to exercise by walking in a mall, looking into a new exercise class or routine, or perhaps start with Silver Sneakers this winter!

It is best to call 911 to get the fastest lifesaving treatment. Patients with chest pain who arrive by ambulance usually receive faster treatment at the hospital, too.

To keep your heart happy, consider taking an art class at the community art center, or Denver Art Museum, water coloring, wood working, or a cooking class to stay active and keep your heart happy.

Wishing you a safe and fun winter this year!

Why Viscosupplementation Therapy is Not Recommended

**Ken Cohen, MD, FACP
Chief Medical Officer**

Evidence based medicine is the practice of high quality care that is informed by clinical research. We occasionally learn that therapies we once thought were beneficial are actually of no benefit. Such is the case with viscosupplementation. Viscosupplementation is the practice of injecting artificial joint fluid into the knee joint. Although this is still in wide use across the country, multiple experts and professional societies have strongly recommended that the use of viscosupplementation be discontinued. This includes the Osteoarthritis Research Society International, the American Academy of Rheumatology, and the American Academy of Orthopedic Surgeons. A recent review of viscosupplementation in the 2015 New England Journal of Medicine "Clinical Therapeutics" article concluded that these products should simply no longer be used. The specific language in the guideline from the American Academy of Orthopedic Surgeons states, "We cannot recommend using hyaluronic acid (HA) for patients with symptomatic osteoarthritis of the knee." The work group understands the potential impact that this recommendation could have on clinical practice. The evidence did not support the efficacy of viscosupplementation. Additionally, there are risks with its use, including an inflammatory reaction



which can cause worsening knee pain as well as the risk of infection of the knee joint.

We will continue to offer all evidenced based treatments available for osteoarthritis of the knee. However, based upon the above information and in the best interest of our patients, we will no longer recommend viscosupplementation.

Costly Free-Standing Emergency Room Visits

When an accident, injury, or illness occurs, it is important to quickly decide what type of care you need and where to go for treatment. Recent trends in building free-standing Emergency Rooms make your decision more challenging!

If it's not life threatening, call your Primary Care Doctor.

- A New West physician is "On Call" 24/7, 365 days a year to assist you.
- The cost of an office or urgent care visit ranges from \$30 - \$150.
- Most people really need less-intense, less-expensive urgent-care centers.
- Identify in advance, your area urgent care center and hospital based emergency room, so if the time comes, you will be prepared.

Visit www.nwphysicians.com/services/urgentoremergencycare to understand why it is important to AVOID Free-Standing Emergency Centers (use hospital based if needed) and to download a list of our preferred Urgent Care Centers.



Considering Surgery? Let Us Help!

When you are considering surgery, the My Health Decision Aid videos and tools explain test, treatment, and care options through real-life experiences to help you make the best decision for you and/or a family member! In fact, 1/3 of medical decisions have more than one treatment option for you to consider and, the more information you have, the more satisfied you will be with your decision.

The My Health Decision aids will provide you with balanced, unbiased information on the benefits and risks of different treatment options. Individuals who are presented with all of the treatment options for a condition are empowered to make an informed decision that is right for them. Also, there are resources about depression, diabetes, sleep disorders, and more!

It is easy to get started, simply click on My Health Decision located on our Website and insert the Registration Key of "first initial, last name, full birthdate (all one word)". For example, "jsmith01041975".



To get started exploring these helpful tools:
Go to My Health Decision located on our Website, and, when prompted, insert the Registration Key of 'first initial, last name, full birthdate (all one word)'. For example "jsmith01041975".

MyHealthConnection - Patient Portal Updates

MyHealthConnection is a state-of-the-art, secure health management tool you can use anywhere you have access to the Internet. All messages are encrypted to ensure security and your health record is password protected. You will be able to correspond with your providers on non-urgent health issues, request appointments, and much more!

Get started today by downloading the **MyHealthConnection Brochure**, completing the Request an Invitation to Join section, and taking it with you to your next visit so they can verify your information in person to protect your privacy.



The Patient Portal should not be used for emergencies or urgent health needs. For medical emergencies, always call 9-1-1 immediately.



Love Lacrosse!

By Jonathan Zonca, MD
Ascent Family Medicine

My love of lacrosse began in my youth when my brother began playing lacrosse. When I had children of my own, I introduced them to the sport and have loved cheering them on from the sidelines. Two years ago, I was approached by the Denver Outlaws asking me whether I would be interested in a volunteer position of Team Doctor. Of course, I said yes and recruited Emily Shupe-Talley, PA at our office to join me.

For those not familiar with the Denver Outlaws, they are a Major League Lacrosse (MLL) professional men's field lacrosse team based in Denver, Colorado. They began playing in the MLL in 2006 as an expansion team and in 2016 they won their second Championship! The team is owned by the Bronco's, play in the Bronco's stadium, and the season runs from May to September and there are 9 professional teams in the league. While they are professional athletes, the pay is lower and most of the players have other jobs. The players often have to travel from other states for games which makes practice time critical. This is an incredibly exciting, fast paced game where the hard, rubber ball travels up to 100mph after launching it from the net located at the end of the playing stick – at least they wear helmets!

Each year, I perform pre and post physicals for 30 players. The physicals are very comprehensive with a full exam by orthopedics and medical doctors. Additionally, each player participates in preseason concussion evaluation including prior injury assessment, balance testing, a concussion assessment tool as well as testing of their cognitive speed. These tests provide the baseline if an injury occurs. The program the MLL sports teams provide shows that professional teams are taking concussion more seriously.

Emily or I attend each game and work in partnership with an orthopedic doctor to determine what is needed when a player is injured. I find that as a medical professional, I am paying close attention to the mechanics of any injury knowing that it will inform my treatment recommendations. Watching each play is important to help guide treatment if the player becomes injured. Working with professional athletes helps to understand the rigors of training and difficulties of a professional athletic schedule and demands.

While I am both a spectator and a medical professional on the sidelines, it is fascinating to be part of the inner workings of a major league team! It's fun to watch the game, and I enjoy getting to know the players and see them strive to be the best athletes on the field. My family often attends the games and they are able to go into the locker room to meet the athletes. I plan to continue to do this ongoing as long as it is fun and the team wants me onboard.

I encourage you to check out the 2017 schedule at DenverOutlaws.com and come see us play this year. The July 4th game is a spectator sport complete with one of the best fireworks in Colorado so bring the entire family.



Cauliflower “Rice” Tabbouleh

Ingredients

- ❑ 1/2 medium head of cauliflower (about 1 pound), coarsely chopped
- ❑ 5 tablespoons extra virgin olive oil, divided
- ❑ 1 teaspoon (or more) kosher salt, divided
- ❑ 2 cups (packed) flat leaf parsley leaves with tender stems
- ❑ 1 cup (packed) mint leaves
- ❑ 2 scallions, white and pale green parts only, sliced
- ❑ 1 garlic clove, coarsely chopped
- ❑ 1 teaspoon finely grated lemon zest
- ❑ 3 tablespoons fresh lemon juice
- ❑ 1/4 teaspoon crushed red pepper flakes
- ❑ 1/2 medium cucumber (about 8 1/2" long), cut into 1/4" pieces
- ❑ 6 ounces cherry tomatoes, quartered

Preparation

1. Grate cauliflower with the coarse grater disk on a food processor or the largest holes on a box grater until rice-like in texture.
2. Transfer to a large, microwave-safe bowl and toss with 1 tbsp. oil and 1/4 tsp. salt. Cover with plastic wrap and microwave on high 3 minutes. Carefully remove plastic wrap, spread cauliflower "rice" on a rimmed baking sheet, and let cool.
3. Wipe out food processor, if necessary, and fit with chopping blade. Pulse parsley, mint, scallions, garlic, lemon zest, lemon juice, 3/4 tsp. salt, and remaining 1/4 cup oil until herbs are coarsely chopped.
4. Transfer to a large bowl and stir in red pepper flakes. Add cauliflower, cucumber, and tomatoes, and gently toss to coat.

Do Ahead

Cauliflower "rice" can be made 3 days ahead of time. Chill in a resealable container.



Health benefits of Cauliflower:

- It is very low in calories. 100 g of the fresh cauliflower head provides just 26 calories. Nevertheless, it comprises of several health-benefiting antioxidants and vitamins in addition to be low in fat and cholesterol.
- Its florets contain about 2 grams of dietary fiber per 100 g; providing about 5% of recommended value.
- Fresh cauliflower is an excellent source of vitamin C; 100 g provides about 48.2 mg or 80% of daily recommended value. Vitamin-C is a proven antioxidant that helps fight against harmful free radicals, boosts immunity, and prevents infections and cancers.
- It contains good amounts of many vital B-complex groups of vitamins such as folates, pantothenic acid (vitamin B5), pyridoxine (vitamin B6) and thiamin (vitamin B1), niacin (B3) as well as vitamin K. These vitamins are essential in the sense that body requires them from external sources to replenish and required for fat, protein and carbohydrate metabolism.
- It is an also good source of minerals such as manganese, copper, iron, calcium, and potassium.



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