

# HEALTHWISE

Personalized Medical Practice

## Seth Coombs, MD

### From the desk of Seth Coombs, MD

Dear Patient:

This issue of *HealthWise* discusses two primarily gender-specific medical issues, osteoporosis and PSA testing. While common sense guidelines and well-tested research give us a strong roadmap to follow, choices about your health are deeply personal. When considering healthcare options, we look to those we trust for guidance. I hope our physician-patient relationship allows us the opportunity to explore and determine together the choice that feels right for you.

And speaking of choices that may “feel” right...when it comes to alcohol consumption, separating fact from fiction is always the right choice.

Wishing you the best of health,

Seth Coombs, MD



### Seth Coombs, MD

8 Commons Street  
Rutland, VT 05701

Office: 802.770.1806

Service: 802.747.1318

Fax: 802.773.4876

Email: mail@SCoombsMD.com

## Medical Update: The PSA Debate

Some diseases are gender specific—prostate cancer is one of them. As men age, they have a greater likelihood of developing prostate cancer, as well as an enlarged prostate (also called benign prostatic hyperplasia/BPH) or prostatitis (inflammation of the prostate).

In 1986, the Food and Drug Administration (FDA) approved the Prostate-Specific Antigen (PSA) test to monitor the progression of prostate cancer in men who were already diagnosed with the disease. The PSA level in the blood is often elevated in men with prostate cancer, and this early screening provided information that contributed to decisions regarding further treatment. Then, in 1994, the FDA approved the use of the PSA test in conjunction with a digital rectal exam (DRE) to screen men for prostate cancer who presented no symptoms of the disease.

Until recently, many medical professional organizations and physicians recommended PSA screenings beginning at age 50 for all men and age 40-45 for those at higher risk, including men with a father or brother with the disease and African Americans. Additionally, a PSA test along with a DRE is given to men who report symptoms such as difficulty urinating or weak urine flow. A resulting elevated PSA score can be a sign of an enlarged prostate, prostatitis or prostate cancer as the symptoms are all similar. An elevated PSA level may indicate the need for further testing to confirm a diagnosis.

Based on new research, some advisory groups, including the U.S. Preventive Services Task Force and the Centers for Disease Control, are now recommending against the PSA testing to screen for prostate cancer saying the benefits, if any, are small and the harm can be substantial. However, prostate cancer is more easily treated and outcomes are better if diagnosed in its early stages. So how can physicians safely and correctly practice with this changing data?



The goal is always to maximize quantity and quality of life. Some physicians continue to recommend screening for prostate cancer when the patient's life expectancy is more than 14 years, as it usually takes that long for a bad outcome to occur. Not all prostate cancers require treatment and, in fact, treatment may pose risks including urinary incontinence and erectile dysfunction. However, if a PSA screening is performed and does detect prostate cancer, it would be difficult to ignore this information once it is known.

Almost without exception, most of the leading professional medical organizations, including the National Cancer Institute, strongly advise men to discuss PSA screenings in detail with their individual physician. Such discussions allow men to make a decision based on personal values and preferences, considering risks and benefits associated with their individual profile.

# Seth Coombs, MD

Personalized Medical Practice

## When “Break a Leg” Doesn’t Mean Good Luck

One in two women over the age of 50 will break a bone due to osteoporosis. The National Osteoporosis Foundation (NOF) reports that by 2020, half of all male and female Americans over the age of 50 are likely to have osteoporosis or low bone density. Of the approximately 10 million individuals in the United States with osteoporosis, eight million are women.

Osteoporosis literally means “porous bone.” It results when the body’s bones are weakened from depletion of calcium, phosphorous and other minerals as we age. Individuals with the disease can break a bone from something as seemingly harmless as a minor fall. Any bone is susceptible, but those most impacted are the hips, wrists or the spine.

Osteoporosis is sometimes referred to as a “silent disease” because people often are not aware they have osteoporosis until they actually break a bone. The disease is more prevalent in women mainly because their estrogen protects bone mass. As women age, this hormone is depleted, resulting in a loss of up to 20% of bone density in the five to seven years following menopause. Other risk factors include a genetic history of osteoporosis and previous broken bones. People weighing less than 127 pounds are also at increased risk because they have less bone mass.

Certain medications may contribute to bone loss. These include, but are not limited to: heparin, lithium, aluminum containing antacids, anti-seizure medications (Dilantin®, Phenobarbital), cancer-fighting chemotherapy drugs and certain antidepressants (Lexapro®, Prozac®, Zoloft®). Many steroids can also cause bone loss, including cortisone, dexamethasone (Decadron®), methylprednisolone (Medrol®) and prednisone.



Prevention of osteoporosis should start at a young age, since approximately 85 to 95% of our bone mass is attained by the age of 20, according to the NOF. Peak bone mass occurs by age 30. Building strong bones early in life can prevent osteoporosis.

The following safeguards can help optimize bone health:

**Include proper amounts of both calcium and Vitamin D in your diet.** These nutrients are important because the body needs Vitamin D in order to absorb calcium.

For adults 19 and older, the Institute of Medicine, a nonprofit organization that works independently of the government to provide unbiased advice, recommends 1,000 - 1,200 mg of calcium daily. Good sources of calcium include dairy products, cereals, almonds, kale, broccoli, spinach, salmon and soy products.

Experts recommend 600 IU (International Units) of Vitamin D daily up to age 70. Men and women over age 70 should have 800 IU daily. Vitamin D is found in foods such as whole eggs, fatty/oily fishes (halibut, herring, oysters) and fortified milk. Exposing our body to natural sunlight is one of the most effective ways to produce Vitamin D.

Absorbing the necessary amount through sunlight will vary by skin type, region and season. For example, fair-skinned individuals require less exposure than those with darker skin tones, and sunlight in tropical climates is more intense so less exposure is required.

**Incorporate weight-bearing and muscle strengthening exercises in your fitness routine.** These forms of exercise help increase bone strength. Examples include walking, dancing, and stair climbing, as well as lifting weights (free weights or weight machines) or using exercise bands.

**Don’t smoke and consume alcohol in moderation.** Smoking prohibits bones from absorbing calcium. Drinking heavily can also prohibit calcium absorption and increase the risk of falling.

A bone density test is the only test that can diagnose osteoporosis before a bone is broken. The test uses dual energy x-ray absorptiometry (DEXA) that measures bone density in various locations in the body. It also provides a person’s risk of fracture, called a FRAX® score. This score combines risk factors, along with age, previously broken bones and bone density. The resulting information can predict the risk for future fractures and prescribe more targeted medical care.

Most people diagnosed with osteoporosis take medication to prevent fractures. Physical therapy may also be prescribed to improve bone strength, posture and balance—all of which aid in decreasing the risk of falling.

There is no cure for osteoporosis, but proper treatment and following these simple proactive steps may not only sustain or improve bone health but may also prevent or at least slow its onset.



## Nutrition Corner

### Straight Up Facts about Alcohol

Does enjoying a glass of wine or beer fit into a healthy lifestyle? Does white wine have the same heart-healthy benefits as red wine? Do “clear” alcoholic beverages equate to fewer calories? Which drinks contain the least alcohol? Up-to-the-minute facts as we know them today are delineated here.

Importantly, this information applies to one drink per day for women and *up to* two drinks per day for men, according to the U.S. Centers for Disease Control (CDC).

**Wine offers heart-healthy benefits.** Both red and white wines contain antioxidants that may be beneficial to heart health. Antioxidants can protect our cells against free radicals, which are molecules produced in two ways: when the body breaks down food or by environmental factors (tobacco smoke, pollution). Free radicals damage the body’s cells and may play a role in chronic diseases such as cancer or heart disease.

Red wine contains resveratrol, an antioxidant that may help keep your heart healthy. The Mayo Clinic cites research linking resveratrol to reduced risk of inflammation and blood clotting, factors contributing to heart disease. Resveratrol is found in the skin of grapes used in making red wine. While grape skins are not used

to make white wine, the grapes themselves contain other antioxidants which are beneficial. Eating grapes or drinking grape juice offers much the same benefit.

**Standard servings of wine, beer and other “hard liquors” contain the same amount of alcohol.** The CDC defines a “standard drink equivalent” as 0.6 ounces of pure alcohol. Generally, this amount is found in: 12 ounces of beer, 5 ounces of wine and 1.5 ounces (a “shot”) of 80-proof distilled spirits, such as vodka or whiskey.

**Clear liquor, like gin and vodka, contains fewer calories than some other drinks.** Most clear liquors, including whisky and rum, contain about 100 calories per *standard serving*, slightly fewer calories as compared to those in a standard serving of beer or wine. These clear liquors, however, are often mixed with another beverage. Mixing regular tonic with gin, for example, adds approximately 83 more calories.

**Beer usually contains more calories than wine.** On average, a glass of wine (red or white), contains 120 calories. A 12-ounce serving of beer averages around 140 calories. Craft or stout beers tend to have higher caloric content, while light beers generally have less. Calorie count is indicated on the label. It is interesting to note that beer also contains valuable antioxidants.

Making decisions related to our health are best made with accurate information that takes into consideration solid facts.

