

Focus On Health

QUARTERLY NEWSLETTER

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A New *Take* On Antibiotics

“Stop Taking Antibiotics When You Feel Better?” from the October 2014 issue of *Discover Magazine*. Conventional wisdom: antibiotic regimens should be taken in full, even after the patient feels healthy again. Contrarian view: shorter courses are often just as effective and do a better job at preventing antibiotic resistance. You know the drill – when you’re prescribed a typical seven to fourteen-day antibiotic course, do not, repeat, do not forget to take all the drugs. This take-all-your-pills orthodoxy, championed since the discovery of antibiotics some 70 years ago, is based on eliminating all bacterial culprits as quickly as possible.

Doing so, in theory, reduces the odds that the bugs will develop random mutations or pick up drug-resistant genes from other bacteria. Plus, the sustained antibiotic onslaught supposedly ensures that any hardier, par-

tially drug-resistant bacteria also succumb, and thus don’t pass on “stepping-stone” genes leading to full-blown resistance.

An emerging view, however, suggests that standard long antibiotic courses are wrong on both counts – they’re no better than shorter courses and actually promote antibiotic resistance.

“The science is clear,” says infectious disease specialist Brad Spellberg of the Los Angeles Research Institute. Taking a full course of antibiotics wastes medicine as well and is more expensive.



Breast Cancer Risk Linked to Blood Pressure Medication

Blood pressure medication may increase the risk for breast cancer, reports Christopher Li, MD, PhD., an epidemiologist specializing in breast cancer at Fred Hutchinson Cancer Research Center, Seattle, WA, and lead author of a study of

nearly 3,000 women, published in *JAMA Internal Medicine*, September, 2013. The study found that women who took calcium-channel blockers for 10 years or longer had more than double the risk for breast cancer, compared with women who

Rheumatoid Arthritis Linked to Chronic Kidney Disease

People with rheumatoid arthritis have a 25% risk of developing chronic kidney disease compared with a 20% risk for people who don’t have the chronic inflammatory disorder. Factors that contribute to the higher risk include the severe inflammation that is characteristic of the first year of rheumatoid arthritis and the use of corticosteroids. High blood pressure, obesity and high cholesterol also are linked to chronic kidney disease.

This study, released in April 2014, was conducted by Eric Matteson, MD., Mayo Clinic rheumatology chair, Rochester, MN, and published in *American Journal of Kidney Diseases*.

Do You Take Online Health Tests?



Beware of online tests for Alzheimer’s disease. A study done by researchers at British Columbia University, Vancouver, Canada and presented at the Alzheimer’s Association International Conference in Boston in the summer of 2014 found when 16 online Alzheimer’s tests were evaluated by two panels of experts, the tests were found to be misleading and their results invalid; additionally, some of the tests did not disclose that they were associated with companies that market products and services to people who have dementia.



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