



GIVING BACK TO OUR COMMUNITY AND IMPROVING HEALTH



1/3 OF YOUR LIFE IS SPENT SLEEPING; ARE YOU FEELING RESTED?



MAINTAINING YOUR MIND AND PREVENTING MEMORY LOSS



VACCINE UPDATE: DO YOU NEED A COVID BOOSTER?



NAPLES CONCIERGE
CARDIOLOGY & INTERNAL MEDICINE

NEWSLETTER

We hope this newsletter finds you refreshed and renewed following a fun and relaxing summer! Fortunately, Naples and Ft. Myers were lucky to have fared better than initially expected from the recent hurricanes. Hopefully our weather will remain beautiful and serene as we approach the official end of the 2024 hurricane season on November 30th. There have been several recent noteworthy developments regarding medical care in our community, the most impactful of which has been changes to medical insurance coverage within Collier and Lee Counties. After several months of negotiations and only one day before the contract expired, Naples Comprehensive Healthcare (NCH) and Florida Blue (operating under Blue Cross and Blue Shield of Florida) finally reached a three-year agreement. Reportedly NCH was requesting a higher insurance reimbursement rate after previously being reimbursed 30% less than regional competitors. Their agreement will keep NCH hospitals and specialists in Florida Blue’s Network, but primary care doctors employed by NCH will no longer be covered under Florida Blue’s PPO and HMO Medicare Advantage Plans, and Cigna’s PPO Medicare Advantage Plan. Primary care doctors employed by Lee Health will also no longer be covered. Roughly 40, 000 Collier County residents, including most of the healthcare workers in the county, have Florida Blue.

The 2024 American Heart Association Heart Walk



The 2024 Collier County Heart Walk, a fundraiser for the American Heart Association, took place on November 2nd at Cambier Park. Participants had the option of running or walking 1 or 3.1 miles (5K). We are incredibly thankful to those of you who donated to our team and are proud to be one of the top 3 companies for total fundraising! Pictured to the left is the NCCIM team with our families.

AMA Accolade

NCH was recently awarded by the American Medical Association as a Joy in Medicine Health Organization recognizing their commitment to physician professional fulfillment and wellbeing. Dr. Rao was instrumental in leading this effort and is pictured here with Medical Staff President Peter Luthringer and NCH President & CEO Paul Hiltz. The AMA developed this program to bring attention to the burnout crisis facing the U.S. health care workforce following the COVID 19 pandemic.



Sleep: Why It Matters and How to Get More of It

Hillary Tassin, MD

Recently, on November 1st, daylight saving time ended and we collectively set our clocks back an hour which hopefully resulted in an additional hour of sleep for most of you. When you are sleep deprived, getting that extra hour of sleep can feel like a dream. The amount of nightly sleep an adult requires can vary widely anywhere from 5 to 10 hours and generally declines with age. However, the American Academy of Sleep Medicine (AASM) recommends that adults sleep at least 7 hours per night on a regular basis to promote optimal health. There are many established deleterious consequences of achieving an insufficient quantity or quality of sleep, including a greater likelihood of depression, reduced memory and cognitive capacity, personality changes including irritability, reduced immunity, weight gain, more frequent headaches, increased risk of depression, and increased risk of cardiovascular disease. Insomnia affects up to a third of the population and tends to increase with age. Focusing on proper sleep hygiene, by incorporating the tips listed in the adjacent table, can help.

- **Stick to a sleep schedule.** Go to bed and wake up at the same time every day, even on the weekends.
- **Get some exercise every day,** but not within 2 hours of bedtime.
- **Go outside.** Try to get natural sunlight for at least 30 minutes every day.
- **Don't take naps;** if you do, keep them short.
- **Avoid nicotine and caffeine.** Both are stimulants. Caffeine can take 6–8 hours to wear off completely.
- **Avoid alcohol, sugary snacks, and large meals before bedtime.** They prevent deep, restorative sleep.
- **Limit "screen time".** Avoid use of electronics before going to bed. Use blue light filters for screen time that is unavoidable prior to bed.
- **Create a good sleeping environment.** Keep the temperature cool if possible. Get rid of sound and light distractions. Make it dark; cover blinking electronic lights and consider use of an eye shade and/or black out shades. Silence your cell phone.
- **Calm your mind.** Avoid engaging in stressful or exciting conversations or thinking about the next day's activities, or "To-Do" list, while trying to fall asleep. Consider prayer or meditation.
- **Don't lie in bed awake.** If you can't fall asleep after 20 minutes, get up and do a relaxing activity until you feel sleepy again.
- **Stay Groggy.** Avoid checking the time or looking at your phone when you awake in the middle of the night as this causes cognitive arousal.

If you have tried these interventions and continue to suffer from insomnia, review your medications as potential causes. For example, stimulants (used for treatment of ADHD), Minoxidil (used for treatment of hypertension or hair loss), steroids, and appetite suppressants, can cause insomnia. Additionally, diuretics, often used to treat hypertension and heart failure, can lead to nighttime urination. If you are using a diuretic you should try taking it in the morning to prevent this. Prostate enlargement can also exacerbate this problem and therefore interfere with sleep quality. Another cause of nighttime awakenings is sleep apnea. If you have been told you snore, feel tired when you wake up in the morning, or



fall sleep too easily during inappropriate times, you should consider being screened for sleep apnea. Alternatively, if you are able to fall asleep easily but find yourself waking up earlier than desired, consider a mood disorder such as depression as a possible culprit. Furthermore, restless leg syndrome, often caused by iron

deficiency, can also result in disrupted sleep. If after all the above considerations have been taken into account and you are still experiencing insomnia which is affecting you adversely in other areas of your life, it may be reasonable to consider a sleep aid. Routine use of Tylenol PM and Benadryl should be avoided. Taking too much Tylenol (particularly if combined with alcohol) can result in liver dysfunction and Benadryl can cause anticholinergic side effects including blurry vision, urinary retention, constipation, nausea, and confusion. Many people unintentionally use alcohol as a sleep aid because it helps them feel less anxious and fall asleep faster. However, it is important to remember that alcohol results in less deep, restorative sleep. When considering a sleep aid it is necessary to determine if the primary issue is sleep onset insomnia (taking >30 minutes to fall asleep) or sleep maintenance insomnia (waking up for >30 minutes in the middle of the night), or both, as different sleep aids have distinct impacts. For example, Lunesta and Ambien can help with both sleep initiation and maintenance. Sonata and Rozerem are more effective for sleep initiation, whereas Silenor and Belsomra are more effective for sleep latency. The type of sleep aid you use should be tailored to your unique needs and risks.

Prevention of Memory Loss as We Age

Sajan Rao, MD FACC

We are often asked at our office visits if there is anything that can be done to preserve and strengthen one's memory. This is a huge area of research, and it appears we are on the cusp of making some real breakthrough findings. Memory loss is a spectrum encompassing normal aging to life altering neurodegenerative disorders. At present, preventing memory loss requires an approach that primarily focuses on maintaining a healthy lifestyle, controlling known risk factors, including regular physical activity, eating a balanced diet, obtaining sufficient sleep, having robust social engagement, and engaging in mentally stimulating activities. In aggregate, this has been shown to help maintain cognitive function and likely prevent the onset of dementia.

Lifestyle Modifications for Cognitive Health:

- ***Physical Exercise:*** Engaging in regular aerobic exercise, like brisk walking, swimming, or dancing, has been consistently linked to improved brain health and cognitive function. Exercise enhances blood flow to the brain and may help reduce oxidative stress to help preserve and protect the brain cells.
- ***Healthy Diet:*** A diet rich in fruits, vegetables, whole grains, lean protein, and healthy fats can positively impact cognitive function. Specifically trying to incorporate foods that have anti-inflammatory and antioxidant properties is critical. Blueberries, walnuts, almonds, cruciferous vegetables (including broccoli, cauliflower, kale, brussel sprouts) are among some of the best choices to incorporate in one's diet. Limiting saturated fat, sugar, and processed foods is also important.
- ***Quality Sleep:*** Adequate sleep is crucial for memory consolidation and brain repair. Aiming for 7-9 hours of quality sleep each night can significantly contribute to cognitive health. If there is concern for sleep disordered breathing, further evaluation and treatment can be very helpful.
- ***Mental Stimulation:*** Engaging in mentally challenging activities, such as puzzles, brain training games, reading, learning new skills, or playing musical instruments, can help maintain and even enhance cognitive abilities. Varying the types of mental stimulation also is useful to stimulate the development of new brain connections.
- ***Social Interaction:*** Maintaining strong social connections through regular interactions with friends and family can provide significant cognitive benefits, potentially reducing the risk of cognitive decline.

Addressing Risk Factors:***•Blood Pressure Management:***

High blood pressure can negatively impact brain health, so proper management through medication and lifestyle changes is vital.

•Cholesterol Control:

Elevated cholesterol levels can also contribute to cognitive decline, therefore maintaining healthy cholesterol levels is important.

•Smoking Cessation:

Smoking is a major risk factor for cognitive decline and should be avoided completely.

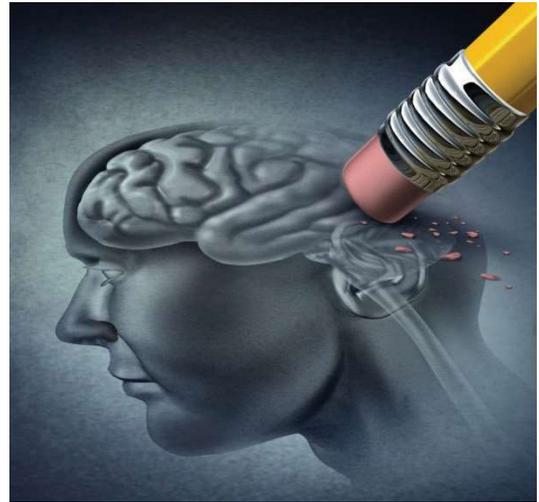
•Alcohol Moderation:

Excessive alcohol consumption can impair cognitive function and reducing high consumption is very important in preventing further memory loss.

•Early Detection and Intervention:

Periodic cognitive assessments can help identify early signs of cognitive decline, allowing for early intervention strategies.

In summary, while we have not yet found a cure for memory loss as we age, by adopting a proactive approach we can significantly improve our chances of preserving cognitive function and minimizing the impact of age-related memory decline.



Vaccine Update: Are You Covered?

Hillary Tassin, MD

Recently the Center for Disease Control has made some changes to vaccine recommendations; particularly regarding those used to prevent respiratory disease including Pneumonia, RSV (Respiratory Syncytial Virus), and COVID. Each of these illnesses can cause upper respiratory symptoms that can vary in severity from mild cold like symptoms to severe illness requiring hospitalization, use of a ventilator, or even death. It is important to remember that while vaccines will reduce the risk of infection, they do not eliminate it completely, and their main purpose is to prevent severe illness and death. They help prepare your body's immune system to protect itself from infection by teaching your immune system to recognize certain pathogens more easily which provides a more robust immune response when exposed to that pathogen a second time.

Previously the pneumococcal conjugate vaccine was recommended for healthy adults at age 65 but this has now been lowered to age 50. Furthermore, the CDC has recommended that everyone age 75 and older receive the RSV (respiratory syncytial virus) vaccine. Adults 60 to 75 with risk factors for severe RSV, should also receive the vaccine. Currently only one RSV vaccine dose is recommended. The long term durability of the vaccine is under investigation but appears to be at least 24-36 months.

The CDC also recommends for everyone 6 months and older to receive a dose of the updated 2024-2025 COVID vaccine. Analogous to the annual influenza vaccine, as the COVID virus mutates overtime the vaccine can be adjusted to the particular strain of the virus anticipated to cause illness for the coming season. For patients 65 and older, a second COVID vaccine dose is recommended 2 to 6 months after the first.



As you are all aware, there has been a lot of controversy about the COVID vaccines and we understand that some of you are not comfortable receiving further vaccines. Each patient has unique risks and benefits and ultimately this is a personal decision, about which we are happy to counsel you. In younger healthier patients, a yearly vaccine may not be necessary, but for those of you at high risk for severe disease we encourage you to receive it. Individuals who are at the highest risk of severe outcomes with respiratory illness are those who are 65 years of age or older, immunocompromised, live in a long-term care facility, or who have multiple medical comorbidities including lung disease, heart disease, diabetes, obesity, chronic kidney disease, and liver disorders. Additionally, frequent exposure to young children (those adorable living petri dishes!) is a risk factor for all viral infections, but particularly RSV. If you've recently had a COVID infection you can wait 3 months before getting an additional vaccine dose.

Recall that it is common to experience side effects from vaccines including fever, fatigue, redness at the site of injection, and muscle soreness, which typically resolve within 4 days and are not concerning. More serious reactions such as neurologic conditions like Guillain-Barré syndrome or anaphylaxis are extraordinarily rare. Current or recent mild illness, current or recent antibiotic therapy, previous mild side effects after any prior vaccination, family history of adverse reactions to immunization, and being on an anticoagulant are not contraindications to receiving a vaccine.



Please let us know if there are specific topics you would like to see covered in our newsletter. Our goal is to provide you with the highest quality, most compassionate care possible. Please reach out to us if we can be of assistance in any way. We wish you all a wonderful holiday season!