Old made new

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Not psychiatric care?
- Nutritional requirements
- Undernutrition and weight loss
- Obesity risks and benefits
- Vitamins and minerals
- Recommendations for a healthy diet
Can’t be ignored

– SSRIs, and anorexia, carbohydrate craving
– Chewing and swallowing problems post CVA
– Memory and attention difficulties
– Metabolic–Diabetes, thyroid, parathyroid
– Eating as slow suicide

In the absence of pathological states

• In men, body weight generally increases until their mid-fifties; then it decreases, with weight being lost faster in their late sixties and seventies. In women, body weight increases until the late sixties and then decreases at a rate slower than that of men.
• People that live in less technologically developed societies do not show this pattern of weight change. This suggests that reduced physical activity and changes in eating habits may be causes of the change in body weight rather than the aging process.

Can we test nutrition?

• Yes and badly. Serum folate is NOT the test
• Serum prealbumin (transthyretin) has a much shorter half life (~3d) than albumin (~20d).
• Its level may rise (improve) with renourishment and reduced inflammation PRIOR to any change in albumin.
• Vitamin B12 test and treatment.

My faculty in Wyoming said there were no reversible dementias

• Protein deficiency
• B12 deficiency
• Vitamin C deficiency
• Thyroid
• Infectious
• Iatrogenic
• Structural as in NPH
MEDICAL prejudice exists

- Overweight (25-30 BMI) and obese (>30 BMI) are about 30% less likely to die with CHF (in-hospital and chronic outpatient), hemodialysis, post-CABG, critical illness, COPD
- Recommend fitness (rehab) to your frail obese older adults, rather than weight loss.
- Heavy, but healthy, was more acceptable a generation ago. Skinny and sick is likely a worse prognosis.

Iatrogenic nutritional deficiency

- ‘Calcium carbonate—cheap source
  - Take with food to increase absorption in older adults
  - Efficiency greatest at ≤ 500 mg/dose
- Calcium citrate—modestly higher absorption
- Kidney stones—Ca may bind oxalates to reduce risk
- Please tell me the OTC med that reduces calcium absorption. What else?

Please test folate as ‘RBC folate’

- Deficiency can cause an increase in homocysteine (Hcy)
- High Hcy associated with PVD, stroke, CAD, etc.
- High Hcy associated with increased risk of dementia
- Anorexia, alcohol use, anticonvulsants, MTX can produce low RBC folate.

A TIME FOR REFLECTION

- THE NAME IS NOT GIVEN
- THE RESIDENT MAY BE HERE, BUT DON’T WORRY
- THE AO DOCTOR DID THEIR DUTY
- I DON’T KNOW WHAT ELSE I WOULD HAVE DONE
- DON’T THINK YOU’LL SEE ONE LIKE THIS….
Prior to 3/2010 we have this data

- **PHYSICAL EXAM:**
  - **DATE/TIME**  **TEMP**  **PULSE**  **RESP**  **BP**  **WEIGHT**
  - 7/10/07 @ 1413  97.2  70  100/60  0  106.9
  - 12/13/06 @ 0746  98.6  60  100/60  3  98.9
  - 11/8/05 @ 0743  98  60  110/60  2  104.3
  - **GENERAL:** WDWM in no acute distress

Which is curious for a 80+ yo female

- When seen in VAMC AO, she was had gained weight, up to 113, (sounds normal for 5’ 5”)
- stopped eating solid food in 1955.
- believes that her esophagus "collapased" and that eating solid food would kill her. Since 1955, the patient has blended cream of wheat, boiled egg whites, and milk. She eats/drinks only this concoction and bananas with the seeds removed and nothing else. She has eaten and drank no other substances since 1955.
- patient has been drinking water for four years only, but will only drink the water from her own well.

What wasn’t done

- Rbc folate
- B-12
- Iron
- Head scan
- Proprioception test
- Tuning fork test
- RPR
- Referral to DHS; they were already involved

IS PREVENTION ENOUGH?

- WE KNOW STRENGTH TRAINING WORKS
- THERE IS EVIDENCE THAT STEROIDS ARE WONDER DRUGS: NIH FUNDED TRIALS OF T AND OF E W/ OR W/O P, PRESENTED AT APA
- WE THINK PROMPT ACCESS AND APPROPRIATE TX IMPROVE LIFE AND VIGOR
- WE SHOULD BE MORE AWARE WHERE OUR TX IS GOING TO DECREASE QUALITY OF LIFE
WHAT DO YOU MEAN?

- A FEW DECADES AGO, ALL TRAINING PSYCHIATRISTS WERE MADE TO TAKE TEST DOSES OF PSYCH RX. TRY A PHENERGAN!
- SOME PATIENTS, NOT ALL, REALLY SUFFER ON CARDIAC/HTN MEDS. ARE YOU WILLING TO LET THEM DECREASE Na INTAKE INSTEAD?
- IF ORCHIECTOMY SOUNDS HARSH, INVESTIGATE THE EFFECTS OF CHEMICAL ORCHIECTOMY.

LESS THAN 2.3% LIFETIME RISK OF DYING FROM PROSTATE CANCER

Screening for Prostate Cancer

- American Urological Association recommends offering a PSA and digital rectal examination (DRE) beginning at age 40 for men with a life expectancy of at least 10 years. It is recommended that prior to testing, men be offered information about the benefits and limitations of PSA testing so that they can make an informed decision with the assistance of their clinician.
- American Cancer Society: “Research has not yet proven that the potential benefits of testing outweigh the harms of testing and treatment... Men should not be tested without learning about what we know and don’t know about the risks and possible benefits of testing and treatment.”
- Other professional organizations, including the U.S. Preventive Services Task Force (USPSTF), American Academy of Family Physicians, and the American Medical Association advocate individualized testing decisions between patients and their clinicians, but do NOT recommend routine prostate cancer screening with either DRE or PSA. USPSTF: “I” (insufficient evidence)
- For men ≥75 years: “D” recommendation (harms exceed benefits)
Screening for Prostate Cancer

- Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial
- 55-74 years; randomized, controlled, concealed randomization; 7-10y followup; USA
- 38400 annual PSA and DRE; 38,350 usual care; PSA>4.0 ng (for bx)
- After 7y, 2820 cancers in screened vs. 2322 in controls (50% also screened)
- After 10y, death from CaP: 92 in screened vs. 82 in controls; rate ratio 1.11; 95% CI, 0.83 to 1.50
- Therefore, NO benefit to screening!
- PSA lead time bias 5-12 y; study to continue for 13+ years

A FEW WORDS OF ADVICE

- DON’T STOP LEARNING
- QUESTION EVERYTHING
- KEEP OUT OF POLITICS
- DON’T LOOK BACK
- KEEP YOUR HABITS MODEST
- IF YOU’RE CONTINUING TO WORK SO YOUR GRANDKIDS MIGHT HAVE BETTER SNEAKERS, PLEASE RECONSIDER.