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We Are in This Together

Healthcare is a mutual trust between physician and patient. The cornerstone of this relationship is communication. A physician relies on the patient to give accurate and complete information on their history and current problems in order to make appropriate recommendations. As a corollary, the patient relies on the physician to communicate in terms they can understand so they can make an informed decision.

Having been in practice for 15 years, I have seen several sides of this issue. There are many patients seeking second opinions for breakdowns in communication that are very appropriate and some who are simply doctor shopping, looking for the answer they want to hear. As a physician I understand patients don’t always see eye to eye with their physician — after all we do not always get along with everyone we meet. Almost every person I see as a second opinion has received competent care. It’s usually a breakdown in communication that causes the patient to seek another opinion. Having said that, I have encountered many patients who want me to explain procedures or methods of surgical treatment that are beyond what I feel are necessary.

The internet has created an information overload to patients that can be frustrating for the physician. I believe that there is a certain amount of trust that must be established in order for a patient to feel comfortable with a treatment plan. There is no way for me to explain the details of how I approach a problem in a 15-minute office visit. After all, it’s taken me 20 years of surgical experience to develop this approach. I can certainly give an overview but a detailed explanation is not possible. When I take my car to the mechanic, I don’t ask them to explain exactly what they are going to do because it is out of my field of expertise. I must trust them to do the right thing.

It is difficult for patients to give up control and undergo surgery, but we ask patients to do this every day knowing this can be uncomfortable for them. This is similar to your primary care physician asking you to take your diabetes or high blood pressure medication. There needs to be an element of trust knowing that they have your best interest in mind. The patient’s responsibility is in following through with the recommendations. Whether it is a medication or a surgical procedure, it is the physician who must communicate well enough so the decision is a comfortable one. We are in this together, it is a shared responsibility to strive for the best possible outcome.

Dr. Ronchetti has been in practice in the Rochester area for 15 years, specializing in surgery of the hand and upper extremity. In private practice at Hand Surgery Associates of Rochester, he is also a Clinical Assistant Professor of Orthopaedics at the University of Rochester. Dr. Ronchetti is a member of the American Society for Surgery of the Hand. He is President of Monroe County Medical Society and has been a member since 2002.
Take Control of Your Health Care

What is your blood pressure? What is your blood sugar level? When was your last physical exam? When was your last colonoscopy? If you are a man, when was your last prostate evaluation? If you are a woman, when was your last mammogram? It is important to know your numbers and your dates.

While these questions may seem exhaustive, they are important for anyone wishing to stay healthy or improve their health. By being aware of these information, you can be proactive in taking concrete steps that will benefit your health. While your physician should be in tune with your health care needs, you also need to be educated on your health care data, as you care for yourself. Most large health care systems or physician offices have online medical records with a patient access portal, where a patient can have access to this information at anytime via the internet. Often a dashboard is available outlining key health care information, or patient-specific recommendations appropriate to the individual, based on age and sex. With most of us having access to the internet via our phone, or a home or work broadband connection, this is information that is literally at our fingertips.

Being aware of your own information makes your regular interactions with your doctor significantly more productive. You can engage less in information gathering, but in meaningful discussions about what actions your doctor or you personally can take to make yourself healthier. While your doctor may outline a plan and seek to ensure that your understanding of the plan is adequate, you are largely responsible for taking the necessary actions to give you the result you wish. Self-care is fundamental to improving one’s health care. Self-care is having adequate awareness of your numbers and your health care needs.

In this issue of Doctor’s Advice, our experts discuss a number of common conditions for which there are screening tests and adequate treatments available. Conditions such as hypertension and diabetes, among others, for which you may be at risk, based on your family history, should be regularly discussed with your doctor. Self-care involves active participation in screening tests of maladies, for which you may be at risk.

Our objective is to always empower you. To that end, we share with you some of the tools necessary to make the patient-doctor relationship more successful. We also share some practical tips on choosing health insurance.

Whatever condition you may face, or or may be at risk for, there is always something you can do to impact your health in one way or another. Start by being aware of your key health data and health care needs.
**Prediabetes: What You Can Do About It**

by Joseph A. Stankaitis, MD, MPH, FACP

Diabetes has reached epidemic proportions in the U.S. with over 29 million adults and children living with the disease with over 8 million of them unaware that they have the disease. Diabetes can lead to severely debilitating or fatal complications, such as heart disease, blindness, kidney disease, and amputations, making it a leading cause of death by disease in the United States. One out of three adults in the United States has prediabetes, a condition of high risk for diabetes, and could potentially benefit from prevention efforts. Because of this, it is important for individuals who are at high-risk for either diabetes or prediabetes to be screened for either condition.

**Who’s at High-Risk for Prediabetes?**

Your chances for having prediabetes go up if you:

- are age 45 years or older
- are African-American, Hispanic/Latino, Native American, Asian American, or a Pacific Islander
- are physically inactive
- have a parent, brother, or sister with diabetes
- are overweight or obese
- are a woman who had diabetes during pregnancy
- have high blood pressure or are taking medicine for high blood pressure
- have a low HDL cholesterol and/or high triglycerides
- are a woman with polycystic ovarian syndrome

To check out your risk, visit www.diabetes.org/alertNY and take the American Diabetes Association’s Risk Test. If you meet any of the criteria listed above or find yourself at high-risk, there are several ways to diagnose diabetes or prediabetes and testing should be carried out in a health care setting (such as your doctor’s office or a lab). To test for diabetes or prediabetes, the Hemoglobin A1c blood test (A1c), the Fasting Plasma Glucose test (FPG), or a 2-hour Oral Glucose Tolerance Test (OGTT) are appropriate studies to perform. If you have any of the risk factors, it is important that you talk with your doctor.

**Prediabetes**

Before people develop type 2 diabetes, they almost always have “prediabetes” — blood glucose levels that are higher than normal but not yet high enough to be diagnosed as diabetes. Having prediabetes puts you at a higher risk for developing type 2 diabetes and cardiovascular disease.

Unfortunately, there are usually no clear symptoms of prediabetes, so, you may have it and not know it.

**What Can You Do?**

Numerous scientific studies show that people with prediabetes can greatly lower their odds for developing diabetes by making lifestyle changes. Losing even 10 to 15 pounds can make a huge difference.

**You will not automatically develop type 2 diabetes if you have prediabetes.**

For some people with prediabetes, changes in lifestyle can actually return blood glucose levels to the normal range. Research shows that you can lower your risk for type 2 diabetes by almost 60% by:

- Losing 7% of your body weight (or 14 pounds if you weigh 200 pounds)
- Exercising moderately (such as brisk walking) 30 minutes a day, five days a week.

Healthy eating is essential for both children and adults in order to curb obesity and avoid type 2 diabetes and its many
related complications. A healthy diet is one that is high in nutrients with a moderate number of calories per serving. Many American diets exceed the recommended number of calories per day and lack the recommended number of nutrients. Regular soda is a big culprit for causing people to gain weight. Switching away from sugary drinks is a simple step in the right direction.

Based on your current habits, start with a few changes that are easy to tackle. Pick some changes that you want to do the most, and that will make the biggest impact. Maybe choose one change in your eating habits and another in activity. Remember, you don’t have to change everything at once. Again, working with your doctor can help you achieve these changes.

For each goal, think about four things:

1. **How long will you try to reach this goal?**
   Keep it short.

2. **Is it easy to do in your regular daily life?**
   Keep it realistic.

3. **Is it limited in scope?** Be specific.

4. **How often will you do this?**

   Keep your goals realistic. Don’t try to do too much too quickly. Here are three examples of realistic goals.

1. **Eating:** For the next month (how long), four days each week (how often) I will eat two pieces of fruit a day — one at breakfast and one as an afternoon snack. (realistic and specific).

2. **Eating:** The next five times (how long) I go to a fast food restaurant (how often), I will order a small French fries and a single hamburger, rather than a large French fries and double hamburger (realistic and specific).

3. **Physically active:** For the next month (how long), four days each week (how often) I will take a 15 minute walk after lunch (realistic and specific).

   Notice that the eating goals are not “I will eat more fruit” or “I will eat healthier.” The activity goal is not “I’ll walk more.” Make your goals specific like the examples above.

**Prediabetes Resources**

A readily available proven program to help you achieve your goals if you have prediabetes is the Diabetes Prevention Program (DPP). Locally, the YMCAs, health systems, community centers, and many Churches offer the DPP. Call (585) 314-5694 to learn more about this program.

The American Diabetes Association (ADA) offers a wealth of resources for individuals interested in diabetes and prediabetes. Contact the local office to find out about all of the programs and resources available in your area (585-458-3040). The ADA provides a Diabetes Risk Test to calculate an individual’s personal risk for type 2 diabetes at www.diabetes.org/alertNY and more information on prediabetes at www.diabetes.org/prediabetes.

The ADA also has a publication, “Prediabetes and You” available at www.diabetesforecast.org/prediabetesandyou.

For recipes and information about meal planning, see Recipes for Healthy Living at www.diabetes.org/recipes.

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A Colon Cancer Screening Could Save Your Life

Colorectal cancer is the second leading cause of cancer deaths in the United States – but it doesn’t have to be.

by Patrick Solan, MD

No one wants to hear that it is time to have a colonoscopy, especially when they feel well. In fact, one of the most common questions I receive is: “Why should I have a colonoscopy when I feel great?” In fact, that is the exact reason you should get a screening colonoscopy, so that you can continue to feel great.

Colon and rectal cancer is the third most common cancer in the US and the second leading cause of cancer-related deaths. It affects one out of every twelve adults, and it can be cured if it is caught early. Colon and rectal cancer may even be prevented through screening tests, like colonoscopy.

Most colonoscopies are done as a screening test. This means they are performed when a patient is not experiencing any symptoms. The aim of any screening test is to prevent problems before they can occur, or catch problems at an early stage when they can be more easily treated. During a colonoscopy, we examine the inside lining of your colon. The main goal during the procedure is to identify polyps if they exist and remove them. A polyp is an abnormal growth on the inside lining of the colon or rectum. These growths arise when the cells lining your colon change and start to grow abnormally. Having polyps does not mean you have cancer or will get cancer. However, polyps can continue to grow and change and could potentially turn into a cancer. Thankfully, these polyps change very slowly.

Most polyps are quite small. A “large” polyp is considered to be 1cm, which is the size of an eraser on the tip of a pencil. This is much too small to feel on the inside of your colon, and these do not usually bleed or cause changes in your bowel habits. However, these polyps can continue to slowly grow and change. Over the course of many years, these polyps can eventually change into a cancer. The majority of colon and rectal cancers arise from these slowly changing polyps. Therefore, if we can identify and remove these polyps during a colonoscopy, colon and rectal cancer can be prevented in most cases.

Sometimes, we are not fortunate enough to identify and remove a polyp before it becomes a cancer.

Thankfully, colon and rectal cancers usually grow very slowly, and we can often catch them at an early stage during a screening colonoscopy. However, because they grow so slowly, colon and rectal cancers are often “silent” for a long period of time. They do not always cause symptoms until they are quite large and often at an advanced stage. If we wait until these symptoms arise to perform a colonoscopy, the cancer may be untreatable.

Like any procedure, there are risks associated with a colonoscopy. Thankfully, it is very rare to have a serious complication associated with your colonoscopy. Potential serious complications include: heart or lung problems, bleeding, or perforation.
of the colon. In studies, each of these complications occurred less than 1% of the time, meaning that over 99% of people who have a colonoscopy won’t experience any serious complications or problems.

Most people believe that they do not need to undergo their first colonoscopy until they are 50 years old. This is not always true. If you are considered to be “high risk” for developing colon and rectal cancer, your doctor may recommend starting screening colonoscopies before the age of 50. As an example, we know that African Americans are at an increased risk for developing colon and rectal cancer, so it is recommended that they begin screening at age 45. Another factor that may increase your risk for developing colon or rectal cancer is your family history. If one of your family members has a history of polyps or colon and rectal cancer, you should start screening colonoscopies prior to age 50. Certain medical conditions may also increase your risk. These factors may also influence the frequency which you will need to have a colonoscopy. If you are at average risk, you need to have a screening colonoscopy once every 10 years. However, if you or a family member have a history of colorectal cancer or polyps, you may need to have a colonoscopy every 5 years. Under certain circumstances, your doctor may recommend you have colonoscopies at intervals less than 5 years. Please discuss what your risk factors are with your physician, so you can determine the appropriate age at which you should start screening for colon and rectal cancer, and how often you should be screened.

The bottom line is, please get screened for colon and rectal cancer. If you are still concerned about undergoing a colonoscopy, there are other options you can pursue. These include stool tests or radiographic tests. Please talk to your physician about your options for colon and rectal cancer screening and when you should start your screening examinations.

Dr. Solan works at Rochester Colon and Rectal Surgeons. He is board certified in Colon and Rectal Surgery as well as General Surgery. He received his medical degree at the University of Buffalo, followed by General Surgery training at the University of Cincinnati. He completed specialty training in colon and rectal surgery at the University of Minnesota. His clinical interests include the treatment of benign and malignant colorectal conditions, inflammatory bowel disease and diverticular disease, with an emphasis on minimally invasive surgical techniques.
Mammography Screenings: A Reasonable and Responsible Choice

by Stamatia Destounis, MD

Since the 1990s, increased use of screening mammography has helped to decrease the breast cancer death rate by 35%. The American College of Radiology and Society for Breast Imaging recommend women begin screening mammograms at the age of 40 and continue yearly screenings for as long as they are healthy and able. Recently, amongst considerable controversy, the American Congress of Obstetricians and Gynecologists and United States Department of Health and Human Services provided guidelines suggesting women could start screening in their 40s, but definitely by age 50. With many women following a screening schedule, there has been a decrease in breast cancer-related mortality in every age group. Despite this proven benefit, only 65.3% of women over the age of 40 have had a mammogram in the last two years. The constant media attention and differing guidelines as to when to start screening make it easy to push aside screening exams, especially when we feel healthy and lead busy lives. However, it is important to remember the biggest risk factor for breast cancer is being a woman, so yearly mammography screenings should not be neglected.

Breast cancer is the 2nd leading cause of death for women in the United States. It is estimated that in 2017, 252,710 women will be newly diagnosed with breast cancer, while more than 3,327,552 have been personally affected by the disease.

Breast Cancer Risk Factors
Research has shown there are several factors that can increase risk of developing breast cancer in a woman’s lifetime. Family history in a main determinant of risk, especially if the family member is a first-degree relative (mother, sister, daughter). The presence of breast cancer or ovarian cancer in any family member should be discussed with your doctor, as this could indicate a genetic predisposition to cancer. The genes that are the most well-known for breast cancer risk are the BRCA1 and BRCA2 genes. Though these mutations affect less than 1% of the population, a woman who tests positive has a substantially increased risk of developing breast cancer. The presence of personal history elevates a woman’s risk 1.5 times that of a woman who has never had breast cancer. Breast
density, the ratio of glandular and connective tissue to fatty tissue in a woman’s breast, can also increase risk. Breast density can be genetic, but also is more common in younger, premenopausal women and usually decreases with pregnancies, weight gain, and age. Early age of menstruation, late menopause, never having children, never breastfeeding, hormonal birth control use and hormone replacement therapy use all may also increase one’s risk of breast cancer. Women who have one or more of these factors may be classified as “high-risk” and possibly recommended for earlier, more frequent, screening and supplemental testing. Though it must be stressed that 75% of women diagnosed with breast cancer have no family history or known risk factors outside of the two biggest: being a woman and aging. A woman living in the US has a 12.3%, or a 1 in 8, lifetime risk of being diagnosed. Therefore, screening all women, not just those considered high-risk, is necessary.

**Advances in screening technology**

Mammography technology has come far since its inception in the 1960s. Mammography is now performed digitally, and the newest technology is 3D Digital Breast Tomosynthesis (DBT). The nature of the technology allows radiologists to view the breast in slices, more easily visualizing the breast tissue. DBT has led to an increase in breast cancer detection in comparison to previous 2D digital mammography. In addition to mammography, supplemental screening tools are available that can improve detection and diagnosis of early stage cancers. There has been an increase in the use of sonography in recent years as a supplemental tool for women with dense breast tissue, due to the technology’s ability to “see” through dense breast tissue and visualize cancers that may have been hidden by the dense tissue on a mammogram. Breast MRI has shown benefit as a screening tool, and can identify cancers occult on mammography or ultrasound, as well as early stage cancers. Due to the high cost of this procedure, MRI is mostly used for high-risk patients and to assess extent of disease once a woman has been diagnosed.

**Benefits of Screening**

The goal of screening is to detect disease as early as possible, when it is at its most treatable stage. In large part thanks to mammography screening, death rates due to breast cancer have, on average, fallen 1.8% each year from 2005-2014. This decrease is credited to early detection, before the cancer causes clinical symptoms. The percentage of breast cancers detected at screening in asymptomatic patients ranges between 33%-57%. At my center in 2016, 61% of the cancers diagnosed were detected at screening in asymptomatic women. These screen-detected cancers are often found at an early stage while the cancer is localized (has not spread). As of 2015, 62% of female breast cancers were diagnosed in the early localized stage. The 5-year survival rate for localized female breast cancer is 99%. Not only does finding the cancer at an earlier stage improve survival rate, it also helps women avoid extensive intervention. Women diagnosed with early stage cancer (I or II) are three times more likely to have breast conserving surgery (where only the tumor and a small healthy tissue margin are removed) verses a woman with later stage cancer (III or IV), which may require a mastectomy. Women with early stage cancer may not require radiation or chemotherapy, both of which can impact quality of life. By starting annual screening at 40 we can find cancer early and avoid losing quality and years of life.

**Conclusion**

In recent years, we have seen a slow decline of the number of deaths due to breast cancer in the United States. By encouraging women to educate themselves regarding benefits of early detection and screening, and attending annual screening beginning at 40, we can hope to continue to see a decline in the coming years.

**For more information:**


American Cancer Society.


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A is for Access

Access to high quality affordable health care is important to all of us. Choosing your primary care doctor and specialists are critical first steps. However, it is also important to understand the basics of health insurance and the options available to you.

Health insurance can be very confusing. But you don’t have to know it inside out to make better decisions that meet your needs and those of your family.

Just know the basics:

What is health insurance? Health insurance is a product that covers medical expenses. Unlike auto insurance, which is designed to cover the costs associated with an accident, health insurance is designed to cover medical costs associated with illness and injury, as well as preventive care to keep you healthy.

Why do you need health insurance? Accidents or major health problems can happen at any age, at any time, and can carry a high cost. Health insurance is financial protection from major medical bills. It also gives you access to a network of hospitals and doctors that have negotiated lower rates than you could obtain on your own.

What is in-network and out-of-network? People often think that networks are based on where you live or where your doctor is located. “Network” actually refers to healthcare providers (such as doctors, hospitals and pharmacies) that your insurer has a relationship with. In-network providers usually cost less, so it is important to check whether your providers are in-network before you visit them.

B is for Benefits

What is preventive care? Services to keep you well (such as flu shots, well child care visits), or identify a medical condition before you have any symptoms (such as Pap smears, annual physicals, colorectal cancer screening tests). When you receive age-appropriate preventive services, there are usually no additional costs to you. Find out more about adult and pediatric preventive care at www.mcms.org/qc-resources.

What do you need to know about prescriptions? Know what types of drugs are covered (Generics only or generic and brand?) and how the drugs are covered (What are your additional costs?). Knowing your prescription drug coverage is especially important if you are on specialty drugs, or medications used to treat conditions like cancer, multiple sclerosis, and rheumatoid arthritis.

Who should you go to for help? If you are confused or uncertain about benefits, call the customer service number at your health plan. You can often find this number on the back of your health insurance member card.

C is for Considerations

What else do you need to consider? Cost and how often you use health care. The monthly cost of health insurance is called the premium. If you are researching health plans for the first time or during your renewal period (called Open Enrollment), don’t just look at the premium. It is important to try and estimate what your additional out-of-pocket costs could be for the year, including:

- **Deductible**: the set amount you pay toward your medical bills every year before the insurance company starts paying
• **Coinsurance**: the percentage of the cost for a service that you are required to pay

• **Copayment or copay**: the flat fee you pay every time you go to the doctor or fill a prescription

**Putting It All Together**

1. You pay your monthly premium.

2. You get the discounted rate and access to the health insurance company’s network of providers.

3. When you go to the doctor or pick up a prescription, you pay the discounted rate in the form of deductible, coinsurance or copays.

4. If you are spending a lot on health care in one year, you might reach the out-of-pocket maximum. This is the financial protection health insurance provides, because it’s the most you can pay in one year. If you reach the out-of-pocket maximum, your insurance company picks up the rest of your medical costs for that year.

Where can you purchase insurance? There are more ways than ever to get health insurance. Most people get it through their workplace, but other ways include signing up through the government (think Medicaid, Medicare and healthcare exchanges like the NY State of Health Marketplace), or buying a plan directly from a health insurance company. How much you make per year and how many people are in your family determine if you can get financial help.

**Tips Before You Choose a Plan**

• Verify that the health care providers you see are in-network and “participate” with your plan.

• Make sure your medications are covered on the drug list (called a formulary).

• If you travel, ask if your health insurance plan has a national provider network.

• Ask about emergency care.

• Survey friends, family and your doctor on which insurance company they prefer and why.

• Take all costs into consideration, not just your monthly premium.

**Cost Savings Tips**

• If possible, get your chronic medications delivered to your home. Home delivery saves you a trip to the pharmacy and could save you money.

• When your doctor is not available, and you need non-emergency medical care, consider talking to a doctor by video conference or phone call with telemedicine, or consider urgent care.

• Check to see if your gym membership can be reimbursed, or if there are other health and wellness discounts.

• If you have a high deductible health plan, open a health savings account (HSA) for your health expenses, and put your tax-free dollars to work. Check if your employer makes a contribution. And if you don’t end up spending all your HSA money in a given year, you still get to keep it.

Trying to figure out health insurance can be overwhelming. By knowing these basics you can make more informed decisions about your health care, finances, and future.

Dr. Kerr is the Medical Director Excellus BlueCross BlueShield and is board certified in internal medicine. She received her medical degree from Northwestern University Feinberg School of Medicine and completed her residency in internal medicine at the University of Rochester School of Medicine and Dentistry.
In preparing to write this article, I asked my 6-year-old son how he defined a good patient. “A good patient always listens to the doctor and does what she says,” he told me. Interesting. I guess this is somewhat true—though the same could be said about what makes a good doctor as well. For the doctor-patient relationship to be successful, each side needs to listen carefully to what the other one has to say and then work together to find a solution to the problem at hand. As a patient, how can you organize your visit with your doctor to ensure that your doctor hears what you need her to in the limited time of a visit? In the next few paragraphs I have chosen a few simple things that you can do to help your doctor efficiently use the time during a visit so that you leave feeling satisfied and heard.

To start, I encourage you to think carefully about all goals and questions prior to your visit. Although you may have multiple health problems to discuss, plan on only discussing two of them per each visit. Medical questions require thoughtful exploration by the doctor. If you try to address too many issues in a visit, your doctor may not be able to comprehensively think through and address each problem. Additionally, your doctor may need to spend a few minutes of the visit on a health concern that you may not have prioritized but needs some attention to help maintain your health. Limiting yourself to only two questions allows enough time for your doctor to address both her priorities as well as your questions.

Writing down your goals and bringing notes with you will help you organize and remember your thoughts when you meet with your doctor. As you take notes, think about the time course for each question or problem, associated symptoms, anything that worries you and what you hope to accomplish for each problem/question. Do you want to know what is causing a certain symptom? Are you interested in a certain treatment? Are you having side effects from a medicine prescribed previously and are interested in exploring some other options for treatment? It is also helpful for your doctor to have a current list of all your medications with their strength and doses as well as any over-the-counter medications or supplements that you are taking. Although your primary care doctor is prescribing the majority of your medications, you may also take medicine prescribed by specialists that your primary doctor may not be aware of. Supplements and over-the-counter medicines are especially important to note as well since these have their own set of side effects and drug interactions that your doctor may want to monitor.

A great tool to help with organizing these is the patient portal. Nearly all of the doctors in the Rochester area are now using an EMR (electronic medical record). Each EMR has a secure system through which you can email the doctor and update your medical history and medications. These portals are not meant to be a substitute for direct care as a telemedicine unit would be. Rather, they are to be used to help triage non-urgent questions you may have for the doctor such as whether a certain symptom you are having needs a follow up appointment, or for updates to your medical history. Your doctor may be able to answer simple medical questions but be aware that your doctor may need to schedule a visit if the question is complicated or requires an exam for the answer. If you are also cared for by a specialist, that doctor may have a different EMR and so updating the portal for each of your doctors helps everyone be aware of any changes to your care plan and treatment regimen.

Finally, you may find that the patient portals are also a great tool to help you communicate your goals and associated questions with your doctor prior to an upcoming visit. This not only helps you organize your questions as I suggested above, but allows your doctor to prepare beforehand so that the actual visit can be used for discussion and development of an appropriate treatment or follow-up plan.
**Q**

I catch up on emails right before bed and read my book on a tablet. My friend told me that this screen time can affect my sleep. Is this true?

**A**

Our bodies have an “internal clock” known as the circadian rhythm. The circadian rhythm provides a variable level of alertness throughout the 24-hour day, helping humans to stay awake during the daytime and to remain asleep throughout the night. A normal, mild reduction in circadian alerting activity in the afternoon is the reason why people typically feel sleepy at that time. This sleepiness diminishes as the alerting influence of the circadian rhythm increases in the late afternoon and evening. The circadian rhythm also influences patterns of functioning in various systems in our body throughout the course of a day, such as core body temperature and secretion of certain hormones.

The circadian rhythm is a genetic “molecular clock” that is closely, but not exactly, attuned to the 24-hour rotation of the earth. The brain requires certain external cues to keep the circadian rhythm perfectly aligned with the 24-hour day. The most powerful of these external factors is light. An area of the brain called the hypothalamus controls the circadian rhythm. Special cells in the retina of the eye connect to this brain region, separate from the areas that control conscious sight. Through this pathway light directly influences the circadian rhythm.

Throughout the course of human evolution, darkness occurred with sunset. This reduction in surrounding light levels in the evening triggers the brain to secrete a hormone called melatonin, typically several hours prior to sleep onset. A main function of melatonin is helping to initiate and maintain sleep. Exposure to light in the evening inhibits the normal secretion of melatonin at that time, which results in a “delay” of the circadian rhythm. This means that a person may not feel sleepy until later than they normally would, may have trouble falling asleep and the quality of the sleep that is achieved may be reduced. This may also often result in getting too little total sleep, further exacerbating symptoms of sleepiness the next day.

Modern personal electronic devices such as computers and cell phones emit blue-wavelength light. Light of all kinds can influence the circadian rhythm, however blue light has an especially strong impact on the inhibition of melatonin secretion and delaying of the circadian rhythm. Additionally, cell phones are often held directly in front of the face and eyes, possibly magnifying these effects. Some electronic devices can shift the light they emit away from the blue part of the spectrum which may help to diminish the magnitude of some of these effects, although likely not entirely.

Proper sleep habits include stopping use of screens 90 – 120 minutes before bedtime, dimming the ambient light, having a relaxing bedtime routine, and maintaining a consistent sleep and wake schedule with a goal of 7 – 8 hours of sleep for most adults, and using the bed only for sleep.

This answer was provided by Jacob Dominik, MD, a board-certified neurologist and sleep specialist. Since completing his fellowship training in sleep medicine at the Mayo Clinic, he has worked in Rochester and surrounding areas at Sleep Insights. As Medical Director, he oversees Sleep Insights’ clinical operations throughout Western New York.
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