

Health



Ingrid Indelicato (right), 68, of Union Beach receives palliative care from medical social worker Crystal Ramirez of Visiting Nurse Association of New Jersey. The care helps Indelicato manage chronic pain. MARY FRANK/STAFF PHOTO

A show of support

Palliative care offers assistance, both physical and emotional

By Susan Bloom
For NJ Press Media

PALLIATIVE CARE SERVICES

For more information on palliative care services offered through Visiting Nurse Association of Central Jersey, call 800-862-3330 or visit www.vnacj.org/our_services_palliative_care.php.

Behind her sunny disposition and positive outlook, 68-year-old Ingrid Indelicato had her arms full.

The warm and gracious Union Beach resident's breast cancer metastasized to her bones several years ago, requiring an involved regimen of checkups, medication, radiation treatments and platelet transfusions. In October 2010, she was diagnosed with a new ailment to contend with — congestive heart failure, bringing with it a new course of doctor's visits and treatments.

To make matters worse, while out shopping with her 39-year-old daughter Christina last month, Indelicato fell and suffered a broken arm, a setback that further restricted her mobility and temporarily impaired her ability to drive.

"I could cry sometimes because all of this has been so overwhelming," Indelicato said.

Until her doctor recommended and signed her up to receive palliative care.

"Overall, palliative care is about providing comfort, and symptom management," said Loretta Spoltore, vice president of hospice and palliative care for Visiting Nurse Association of New Jersey (VNACJ). "We utilize the services of nurses and social workers trained in pain management and in the psycho-social impact of pain to help prevent and relieve symptoms and improve patients' quality of life."

For Indelicato, who is often tired as a result of a hectic schedule of doctor's appointments and low white blood cell counts, the range of support she has received from her

VNACJ palliative care team has been invaluable in helping her to organize her life, address her many needs, and clarify the often confusing issues and decisions associated with the treatment of multiple chronic illnesses.

"They check my vital signs, get me any equipment I need, manage and organize my medication schedule, recommend and administer changes in medications with my doctors, and help schedule and change my doctor's appointments," Indelicato said of the visiting nurse, home health aide, social worker and physical therapist who work with her.

"They also help me with a lot of personal things, like showering, getting dressed, making lunch and doing the laundry, which has been a big help since I broke my arm and can't drive. I really appreciate what a kind and caring organization they are."

Dr. Robert Chen, a family practitioner, geriatrician and co-director of the Centratate's Geriatric Fellowship Program in Freehold Township, highly recommends the concept and practice of palliative care.

"As opposed to hospice care, where patients and/or their families largely elect to forego medical treatment, palliative care allows patients suffering from serious and chronic illnesses to start their treatment earlier and to be more empowered and involved in decisions surrounding their own care while they're in a better

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Some diabetes Rx protect heart

HealthDay

The commonly used oral diabetes drug metformin helps stabilize blood sugar levels and may offer protection against heart disease, researchers say.

In a study that included more than 100,000 residents of Denmark taking metformin or another group of oral diabetes medications called insulin secretagogues (ISs), researchers found that metformin and the IS drugs gliclazide and repaglinide had the lowest risk of cardiovascular disease and death.

"Some medications, such as metformin, gliclazide and repaglinide, are more effective in reducing cardiovascular risk than the other medications," said Dr. Tina Ken Schramm, a senior resident at Copenhagen University Hospital in Denmark.

Dr. Darren McGuire, co-author of an editorial accompanying the study, agreed, and he said the findings likely are an indication that the drugs are protective.

In previous research, metformin has been shown to reduce the risk of major adverse cardiac events and death by about 40 percent compared to a placebo, he said. That means other drugs would have to offer a great deal of protection to compare favorably, he said.

"If you compare a good drug against

"Some medications ... are more effective in reducing cardiovascular risk than the other medications."

DR. TINA KEN SCHRAMM,
Copenhagen University
Hospital in Denmark

a great drug, the good drug doesn't necessarily look so good. But, if you compared the good drug to a placebo, the cardiovascular risk would probably be neutral," said McGuire, an associate professor in cardiology at the University of Texas Southwestern Medical Center at Dallas.

Both said metformin is the recommended first line of treatment for someone with type 2 diabetes, and this study supports that recommendation.

Study results were published online April 6 in the *European Heart Journal*.

The researchers reviewed data on 107,806 people age 20 and older in Denmark. All were taking an oral diabetes medication, such as metformin, glimepiride, gliclazide, glibenclamide (glyburide in the United States and Canada), glipizide, tolbutamide and repaglinide. Of this group, 9,607 people had experienced a previous heart attack or stroke.

Compared to metformin, four of the drugs were more likely to be associated with an increased risk of all-cause mortality in people who hadn't had a previous cardiovascular event. The risk for glimepiride was 32 percent higher. The risk was increased by 19 percent for glibenclamide. For glipizide, the risk was 27 percent higher, and the risk of death was 28 percent higher for people taking tolbutamide vs. metformin, according to the study. The risks were even higher in people taking these drugs who'd had a previous cardiovascular event.

The researchers also found the risk of heart attack, stroke and cardiovascular death was higher in the people taking these medications. The IS drugs gliclazide and repaglinide had risk profiles similar to metformin and didn't appear to be associated with an increased risk of death, heart attack or stroke.

McGuire cautioned that people shouldn't stop taking any type of diabetes medication on their own.

People's Pharmacy

By Joe Graedon & Teresa Graedon

Nasal spray relieves runny nose

Q. I read your article about the man who always gets a runny nose when he eats. I, too, suffered from this problem for many years. I finally saw an ear, nose and throat specialist who prescribed ipratropium nasal spray. I can guarantee you that this works.

I even eat hot Mexican food, and my nose does not run anymore. Before using this spray, every bite of food I ate made my nose start running. I would eat a bite and wipe my nose, eat another bite and wipe my nose again.

A. Ipratropium (Atrovent Nasal Spray) is considered the drug of choice for gustatory rhinitis, the medical terminology for your condition. Side effects of this medication may include nosebleeds, nasal dryness, dry mouth, sore throat, changes in taste and headaches.

Q. I was told that Zoloft (sertraline) was not addictive, but my experience suggests otherwise. I was on this antidepressant for nine years. I wanted to get off because it killed my sex drive.

One day after stopping this drug, I experienced unbearable dizziness. I could not walk across a room without holding on to a piece of furniture for stability. I called my daughter but was incoherent.

She discovered that my blood pressure was 190/105 and my heart rate was 165. She rushed me to the emergency room, where they thought I was having a heart attack. The tests came back negative.

I suffered headaches, dizziness and nausea for days. My daughter suggested I go back on the Zoloft. Shortly after taking it, my symptoms disappeared. I am angry that I was never told this drug is addictive. Getting off this drug can be a nightmare.

A. You are not the first person to report disastrous side effects when stopping drugs such as citalopram (Celexa), desvenlafaxine (Pristiq), duloxetine (Cymbalta), escitalopram (Lexapro), paroxetine (Paxil), sertraline (Zoloft) and venlafaxine (Effexor). Sudden discontinuation may trigger symptoms such as dizziness, nausea, vomiting, anxiety, headache, "brain zaps," irritability, insomnia, sweating and pain, numbness or tingling in hands or feet.

Q. What do doctors know about niacin?

Taking just one 500 mg niacin tablet daily (time-release type) has worked wonders for me in reducing my total cholesterol from more than 250 to 145 in just four weeks.

Of course, I also have been watching my diet and exercising a little. I've lost about 8 pounds (about 5 percent of my original body mass).

Why do doctors prefer costly statins over niacin for people with high cholesterol?

A. Niacin is a time-honored drug for lowering cholesterol, but you have had an exceptionally good response. Not everyone can lower his cholesterol that much with such a low dose.

Doctors sometimes assume that patients will experience flushing and tingling and refuse to take niacin. Your time-release formulation reduces that reaction, but does not protect the liver from possible harm. Make sure your doctor is monitoring your liver enzymes as well as your cholesterol.

Contact the Graedons via their website, www.peoplespharmacy.com.