

Top 10: EBM Updates From The Medical Literature

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PODCAST: Frankly Speaking About Family Medicine

Objectives:

By the end of this session, the learner will:

- Review a number of recent practice changing publications
- Understand Evidence Based Medicine are changing our methods of care
- Encourage a skeptical mindset toward the medical literature
- Remind (& Inspire): We have the BEST job in the world!

Predictors of Postpartum Depression

- 343 pregnant women w/Hx major depressive disorder tested @ 60 days before and 60 days after delivery
- 17 item Hamilton depression rating scale
- Pre-partum Dep → ↑ risk postpartum depression (24% vs 11%, P=0.013)
- Pregnant non-depressed women, predictors of PPD in 3rd trimester were: “Work Activities” (anhedonia/loss of interest activities, hobbies or work), Early insomnia (difficult falling asleep), and Suicidality (“life is not working”)
- Pre-partum antidepressants to non-depressed women in 3rd trimester did **not** prevent postpartum depression
- Conclusion: *assess women who have a history of depression in 3rd trimester*: working activity, sleep difficulty and suicidal thoughts, to identify those at highest risk for postpartum depression

Journal Clinical Psychology 2017





Infants to Pee with Quick Wee

- 344 infants (aged 1-12 months) required urine sample
- RCT Quick-Wee method (n=174) (gentle suprapubic cutaneous stimulation using gauze soaked in cold fluid) or clean catch urine with no stimulation (n=170) for five minutes
- **Results:** The Quick-Wee method had a higher rate of voiding within five minutes compared w/ standard clean catch urine (31% v 12%, $P < 0.001$), had a higher rate of successful urine sample collection (30% v 9%, $P < 0.001$) and greater parental and clinician satisfaction
- No difference in contamination (27% v 45%, $P = 0.29$)
- The number needed to PEE (NNP = 4.7 [95% CI: 3.4 to 7.7]) to successfully collect one additional urine sample within five minutes

Fig 1 Quick-Wee voiding stimulation method of gentle cutaneous suprapubic stimulation using gauze soaked in cold fluid.



Picky Eaters & Psychological Outcomes

- Cohort study of 900 children aged 2-6 years.
- Structured interview re: eating habits, psychiatric symptoms, functional status, and home environment.
- “Moderate/severe **selective eating**” (SE) on outcomes.
- Both: moderate and severe SE associated with anxiety, depression, ADHD, both concurrently and prospectively.
- Conditions worsened with severity of SE.
- SE ← Impaired family functioning
- Conclusion: SE associated with significant psychiatric disorders in young life and is an opportunity. Query child & parent and address dysfunction.



7%???? Really?

- *US Dairy Council: “7% of American adults believe chocolate milk comes from brown cows” = 16.4 mil Americans*



- Recommend Chocolate Milk
- DIY: Chocolate Syrup Recipes OR
- Yellow Pea Chocolate Milk or Nut Chocolate Milk
- A little commercial product
- “Quik” NOT Milk

Milk Does NOT Increase Adverse CV Outcomes



- Meta-analysis 29 observational studies 780,000 (Asia, Australia, US & Europe) x-mean of 13 years Milk consumption & CV outcomes
- Total milk intake was NOT associated with all-cause mortality, coronary heart disease or cardiovascular disease risk.
- High and low fat dairy showed NO association with mortality, coronary heart disease or cardiovascular disease.
- Fermented dairy intake found a slight reduction in risk for mortality but there was a high risk for heterogeneity.

Pediatric Cough and Cold Medication is Rarely Dangerous



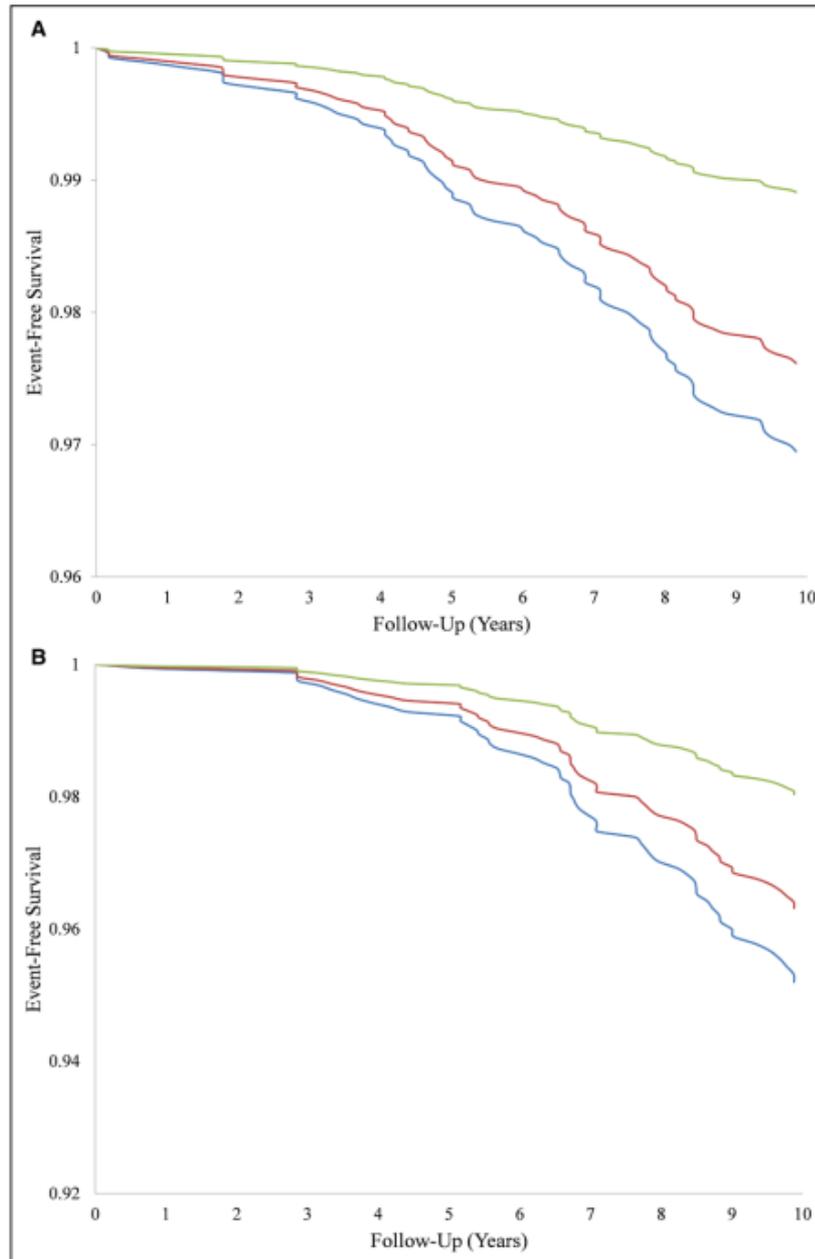
- Adverse event data on cough and cold medications for children age 12 (majority < 4) and under; 4,200 cases reviewed
 - Most: accidental, unsupervised ingestions (67%) & med errors (13%)
 - Adverse events: tachycardia, somnolence, hallucinations, ataxia, mydriasis, agitation.
 - 20 cases (0.6%) resulted in death, mostly < 2 Yrs; none associated with therapeutic dosage of the medicine.
 - Overall adverse event rate was 1 case per 1.75 million units.
 - Conclusion: Adverse events are very uncommon and rarely fatal.
- Pediatrics 2017; 139 (6): E20163070
- Phenylephrine: 2.5 mg/ 5ml; 4-5 Yr: 5 ml q 4 hr, \geq 6 Yr: 10 ml q 4

Diet Soda Increases Stroke Risk

- Framingham Heart Study → Beverage Intake Risk of Stroke & Dementia
- Adjusting: age, sex, education (dementia analysis), caloric intake, diet, physical activity, smoking, DM, HTN
- **Artificially sweetened drinks associated with an increased risk of ischemic stroke**
- Compared to 0 per week, Hazard Ratios were:
- Ischemic Stroke: 2.96 (95% CI, 1.26–6.97)
- **Without DM or HTN, increased risk all-cause Dementia, & Alzheimer's disease**
- Dementia: 2.89 (95% CI, 1.18–7.07)
- Sugar-sweetened beverages not associated w/stroke or dementia.



Stroke



0 Drinks

1-6/Wk

> 1/day

Dementia
(w/o DM
or HTN)

0 Drinks

1-6/Wk

> 1/day

Figure 2. Cumulative consumption of artificially sweetened soft drinks and event-free survival of incident (A) all stroke and (B) all-cause dementia. Green, red, and blue lines denote intake of 0/wk, >0 to 6/wk, and $\geq 1/d$, respectively. Incidence curves are adjusted for age, sex, and total caloric intake (as well as education for dementia as an outcome).

Diet Soda Makes You Fat



RCT of overweight/obese women:

- Replace **diet soda with water** in 24 week weight loss program;
- Goal: 7-10% weight loss + 60 min exercise 5 days/wk

Water Outcomes:

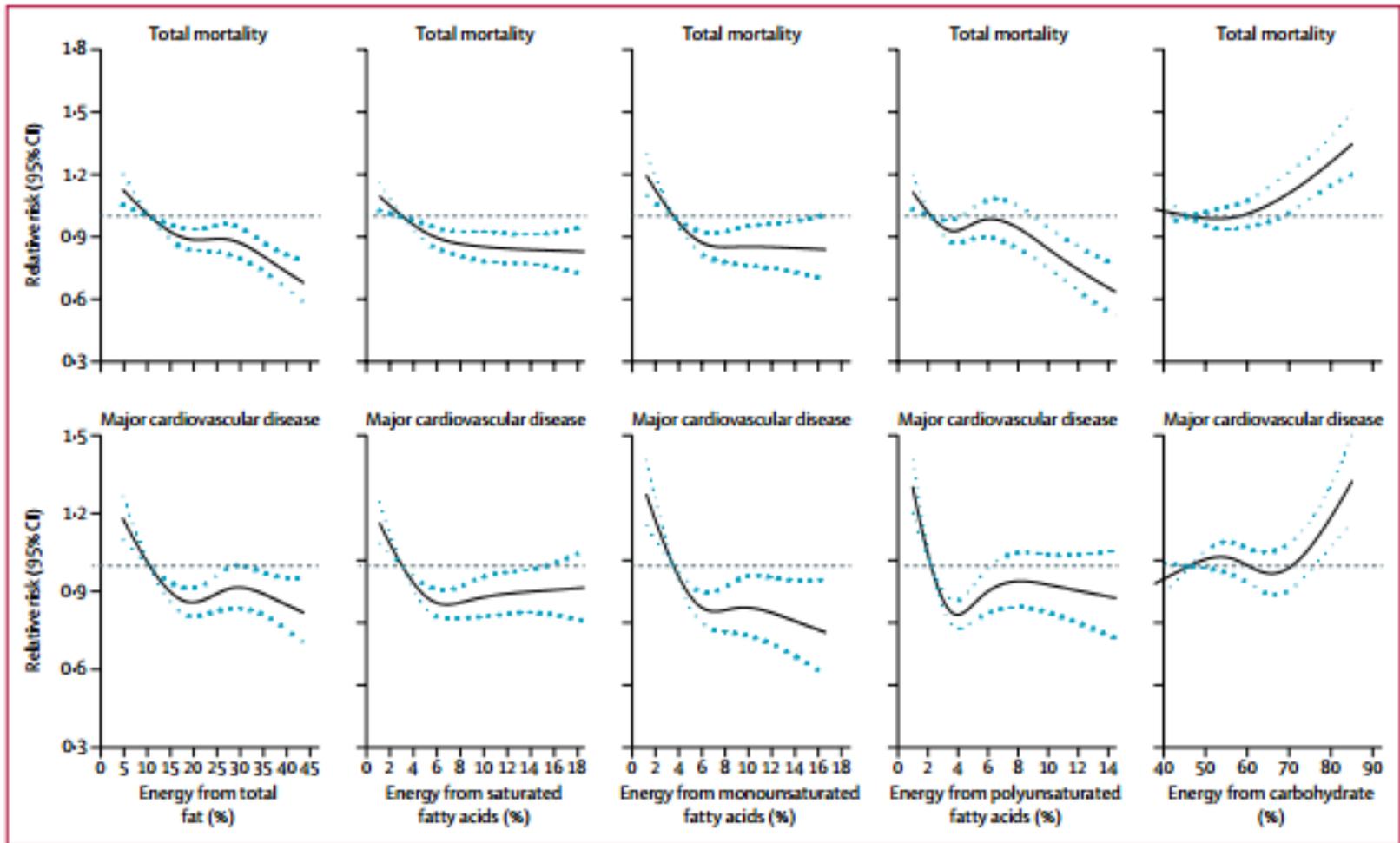
- Greater weight loss (8.8 kg versus 7.6 kg)
- ↓ Fasting insulin, HOMA levels, 2 hr pp glucose
- No difference: waist, fasting glucose or lipid profiles

- Highly controlled exercise/dietary program; ? control group would have done as well.

PURE: FAT (all types) are good

- The Prospective Urban Rural Epidemiology (PURE) study; Cohort 35–70 Yrs; F/U 7.4 years; Dietary intake of 135 335 using FFQ.
- Higher carbohydrate intake associated w/increased risk of total mortality (HR 1.28 [95% CI 1.12–1.46] not CV disease or CV disease mortality.
- Total fat and each type of fat associated with lower risk of total mortality (total fat: HR 0.77 [95% CI 0.67–0.87]; saturated fat, HR 0.86 [0.76–0.99]; monounsaturated fat: HR 0.81 [0.71–0.92]; and polyunsaturated fat: HR 0.80 [0.71–0.89]).
- High saturated fat → lower risk of stroke, HR 0.79 [95% CI 0.64–0.98]).
- Total fat (and fat types) NOT significantly associated with ↑ risk of MI or cardiovascular disease mortality.
- **Conclusion:**
- High carbohydrate → higher risk of total mortality, whereas total fat and individual types of fat were related to lower total mortality.

Y Axis
Risks



X Axis
FOODS

Figure 1: Association between estimated percentage energy from nutrients and total mortality and major cardiovascular disease (n=135335) Adjusted for age, sex, education, waist-to-hip ratio, smoking, physical activity, diabetes, urban or rural location, centre, geographical regions, and energy intake. Major cardiovascular disease=fatal cardiovascular disease+myocardial infarction+stroke+heart failure.

Microbiome: Bugs Among Us

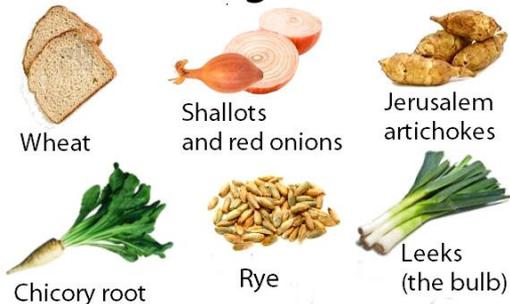
- Skin, Gut, Lung, GU, Vagina
- “Personalized” Microbiome analysis
- Obesity \leftarrow \downarrow Bacteroidetes and \uparrow Firmicutes
- Modulate gut microbiome: diet, pre- and probiotics, antibiotics, surgery, and fecal transplantation to treat obesity epidemic

[Curr Oncol Rep.](#) 2016 Jul;18(7):45

Fermentable Carbohydrates Decrease Appetite

- Mouse Models → **high fat diets plus inulin** (fermentable carbohydrate) protects against obesity and reduced adiposity.
- Humans: microbiome ferments non-digestible carbohydrates → short chain fatty acids → signal FFAR2 receptor in colon → ↓ Appetite
- Small studies inulin in obese and overweight patients altered glucose tolerance and appetite sensation
(*J Diabetes Complications*. 2015; 29(8): 1272-6; *Appl Physiol Nutr Metab*. 2015; 40(10): 980-9; *Nature's Review Endoc*. 11/25/16)

Foods High in Inulin



“I Hate to Exercise”

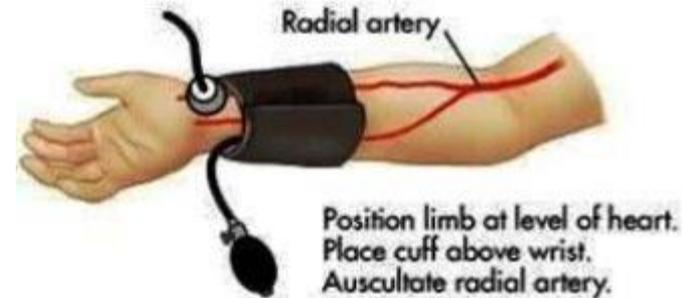
Weekend Warrior

- Cohort study x 18 years: Exercise types on CV & AC Mortality
- Inactive (no moderate or vigorous activities) vs
- Insufficiently active <150 minutes per week moderate intensity or < 75 minutes per week of rigorous activities 2 times per week
- Weekend warrior >150 minutes per week in moderate intensity or >75 minutes per week of vigorous intensity activities 1-2 x/week
- Regularly active >150 minutes per week of moderate intensity or > 75 minutes per week of vigorous intensity activities x 3 sessions
- Outcomes: Compared to Inactive: **Insufficiently active, Weekend warrior and Regularly active all similarly reduced CV disease, cancer & all cause mortality.**
- **Exercising 1 or 2 times per week may provide the same risk reduction benefits as more aggressive exercise pattern**



JAMA Intern Med. 2017 Mar 1;177(3):335-342

Forearm Blood Pressure Measurement for Severe Obesity

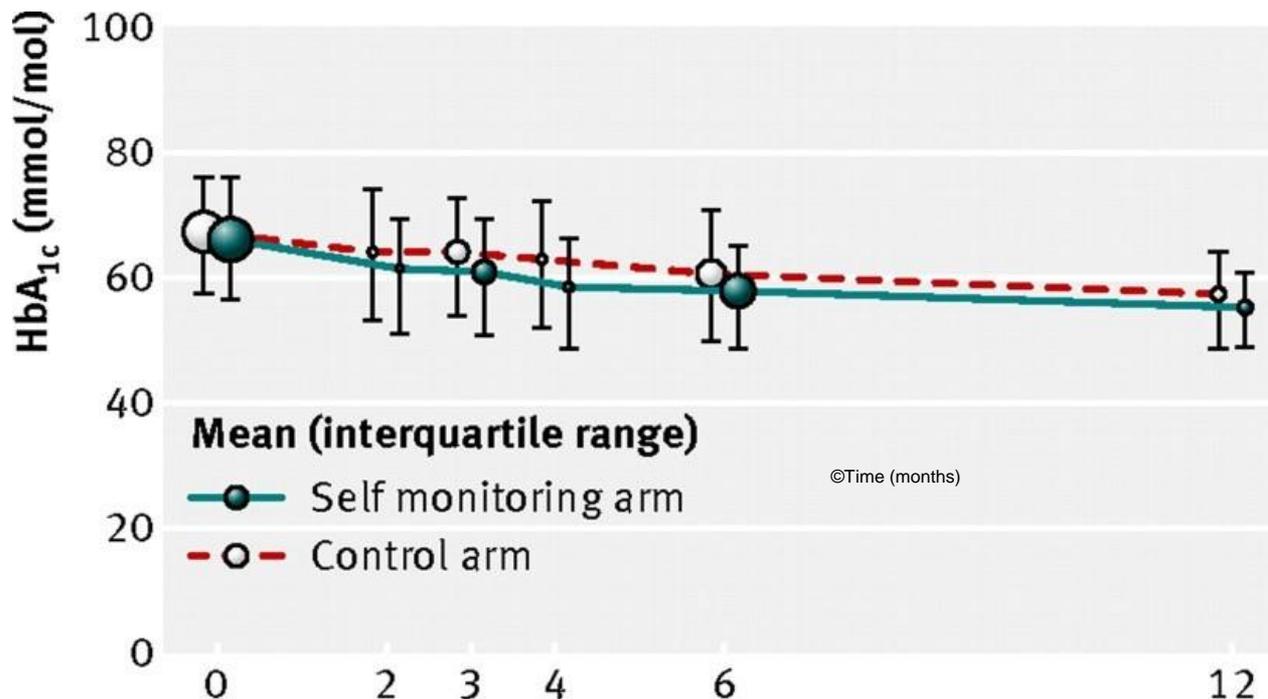


- RCT 51 Obese patients comparing using large BP cuff upper arm vs standard BP cuff on a forearm in vs Arterial line
- Outcome: Standard cuff on forearm blood pressure method (pressure readings taken 3 cm from above wrist) overestimated SBP by 6 mmHg and underestimated BPD by 2 mmHg compared to A line
- Upper arm w/large cuff underestimated SBP by 8 mmHg & overestimated diastolic BPD 9 mmHg
- Conclusion: Standard cuff on forearm blood pressure determination more accurate at determining patients at higher risk for hypertensive adverse outcomes in the morbidly obese

2012: Meta-analysis of RCTs on SGM

2552 patients/ 6 RCT: “Evidence from this meta-analysis of individual patient data was not convincing for a clinically meaningful effect of clinical management of **non-insulin** treated type 2 diabetes by self monitoring of blood glucose levels compared with management without self monitoring”

BMJ 2012;344:bmj.e486



Self Glucose Monitoring (SGM) Still Does Not Improve Outcomes in Type II Diabetes

- RCT 15 primary care practices, Type II diabetics older than 30 **NOT on insulin**; A1C: 6.5-9.5%
- Intervention: No self glucose monitoring vs once daily SGM vs once daily SGM with enhanced feedback by automated messages delivered via meter x 52 weeks
- Outcomes: **There were no significant differences in hemoglobin A1 levels across all three groups.**
- There were no significant differences in health related QOL scores and no differences in adverse events (hypoglycemia, healthcare utilization or insulin use)

JAMA Internal Medicine June 10 2017

What is Upper A1c Level that INCREASES Mortality?

- 7.5%
- 8.0%
- 8.5%
- 9.0%

US: HbA_{1c} and all-cause mortality risk among patients with type 2 diabetes

- Prospective 13,334 men /21,927 women wT2DM in US on influence of HbA_{1c} on all-cause mortality; x > 8 Yrs
- →J-shaped association of HbA_{1c} with all-cause mortality
- Both high and low levels of HbA_{1c} were associated with an increased risk of all-cause mortality.

Int J Cardiol. 2016 Jan 1; 202: 490–496

A1C	HR All Cause Mortality M/W
<6.0%	1.06 / 1.21
6.0-6.9%	1.00 / 1.00
7.0-7.9%	1.10 / 1.01
8.0-8.9%	0.93 / 1.08
9.0-9.9	1.26 / 1.30
10.0-10.9	1.18 / 1.30
>/= 11.0	1.31 / 1.74

<60	1.03 (0.89-1.19)	1.00	1.07 (0.91-1.26)	0.89 (0.73-1.07)	1.18 (0.97-1.43)	1.10 (0.89-1.36)	1.33 (1.13-1.56)
60-94	1.21 (1.04-1.40)	1.00	1.00 (0.83-1.21)	1.12 (0.87-1.44)	1.16 (0.86-1.57)	1.15 (0.81-1.65)	1.16 (0.83-1.63)
<i>Body mass index, kg/m²</i>							
<30	1.09 (0.93-1.27)	1.00	0.86 (0.71-1.05)	0.95 (0.75-1.19)	1.34 (1.05-1.71)	0.95 (0.70-1.27)	1.37 (1.12-1.68)

Table 3

Hazard ratio for all-cause mortality according to different levels of HbA_{1c} at baseline and during follow-up among various subpopulations

		HbA _{1c} (%) (mmol/mol)						
		<6.0(<42)	6.0-6.9(42-52)	7.0-7.9(53-63)	8.0-8.9(64-74)	9.0-9.9(75-85)	10.0-10.9(86-96)	≥11.0(≥97)
<i>Race</i>								
Race	African American	1.37 (1.17-1.61)	1.00	0.89 (0.75-1.06)	1.06 (0.87-1.29)	1.18 (0.95-1.47)	1.40 (1.09-1.79)	1.33 (1.03-1.71)
	White American	1.20 (1.04-1.38)	1.00	1.04 (0.89-1.22)	0.98 (0.80-1.20)	1.21 (0.94-1.55)	1.66 (1.26-2.20)	2.23 (1.63-3.06)
<i>Age groups, yr</i>								
Age	<60	1.27 (1.09-1.48)	1.00	1.07 (0.91-1.25)	0.95 (0.80-1.13)	1.15 (0.95-1.39)	1.32 (1.07-1.63)	1.33 (1.07-1.65)
	60-94	1.20 (1.03-1.40)	1.00	0.79 (0.66-0.95)	1.04 (0.82-1.32)	0.85 (0.59-1.23)	1.38 (0.86-2.21)	1.60 (0.92-2.80)
<i>Body mass index kg/m²</i>								
BMI	<30	1.23 (1.05-1.44)	1.00	0.95 (0.79-1.14)	1.03 (0.83-1.29)	1.24 (0.97-1.59)	1.04 (0.77-1.41)	1.51 (1.15-1.98)
	≥30	1.21 (1.04-1.40)	1.00	0.98 (0.84-1.14)	1.04 (0.87-1.25)	1.17 (0.94-1.45)	2.01 (1.59-2.55)	1.59 (1.20-2.12)
<i>Smoking status</i>								
Smoking	Never	1.32 (1.15-1.51)	1.00	1.00 (0.87-1.16)	1.00 (0.83-1.19)	1.29 (1.05-1.59)	1.69 (1.34-2.14)	1.65 (1.27-2.15)
	Ever	2.13 (1.33-3.41)	1.00	0.85 (0.51-1.40)	1.10 (0.64-1.92)	1.74 (0.97-3.15)	2.06 (0.97-4.38)	2.01 (0.88-4.61)
	Current	1.09 (0.90-1.33)	1.00	0.91 (0.73-1.14)	1.07 (0.84-1.37)	0.94 (0.70-1.26)	1.19 (0.85-1.67)	1.57 (1.14-2.16)
<i>Using glucose-lowering agents</i>								
Meds	No	1.09 (0.94-1.26)	1.00	1.19 (0.98-1.44)	1.16 (0.91-1.47)	1.23 (0.90-1.68)	1.93 (1.38-2.71)	2.05 (1.48-2.84)
	Oral hypoglycemic agents	1.60 (1.32-1.94)	1.00	1.03 (0.83-1.29)	1.01 (0.72-1.44)	1.38 (0.91-2.09)	1.32 (0.74-2.36)	0.69 (0.30-1.57)*
	Insulin	1.87 (1.40-2.50)	1.00	0.77 (0.63-0.94)	0.89 (0.72-1.10)	1.03 (0.82-1.31)	1.29 (0.99-1.67)	1.49 (1.13-1.98)

SR & MA:

Sulphonylureas → Mortality

- **82 randomized controlled trials (RCTs) and 26 observational studies.**
- Meta-analyses of RCT data showed an increased risk of all-cause mortality and cardiovascular-related mortality for SUs vs all other treatments combined (HR 1.26, 95% [CI] 1.10-1.44 and HR 1.46, 95% CI 1.21-1.77, respectively).
- Myocardial infarction was significantly higher for SUs compared with DPP-4i & SGLT-2i (HR 2.54, 95% CI 1.14-6.57, HR 41.80, 95% CI 1.64-360.4)
- Risk of stroke significantly higher for SUs vs DPP-4i, GLP-1 ag, TZD's & insulin.
- **Conclusions:**
SU therapy → higher risk of major cardiovascular disease-related events vs other glucose lowering drugs.

Prevention & Screening



Screening Pelvic Examination: US Preventive Services Task Force



- SR on outcomes from Bimanual Pelvic Exams
- No data → pelvic examinations reduce all-cause mortality, cancer- and disease-specific morbidity and mortality, or improve quality of life.
- Why do we do them if no symptoms?
- 4 ovarian cancer screening studies, PPV=0%-3.6%; NPV range, ≥99%
- No direct evidence for benefits and harms of the pelvic examination as a 1-time or periodic screening test

In the Gluten Free Craze, Should we Screen for Celiac?

- The U.S. Preventive Services Task Force evidence is insufficient to recommend for/against screening celiac disease in asymptomatic people.
- Editorialists: "*Recognizing most celiac disease is undetected and may present with diverse symptoms, it is reasonable that clinicians should have a low threshold for testing for celiac disease*"
- High-risk populations: + family Hx, type 1 diabetes mellitus, auto-immune
- Symptoms:
 - GI: Diarrhea, cramping, Steatorrhea, Flatulence, Abd. Pain/N/V, hemorrhoids, Recurrent aphthous stomatitis
 - Muscle cramps, Iron deficiency anemia, paresthesias (hands, feet)
 - CNS: Anxiety/depression, Weight loss, Weakness, Fatigue, Migraine, arthralgias/myalgias
- Delayed puberty

USPSTF: Prostate Cancer Screening

- U.S. Preventative Services Task Force considering changing D (Do not recommend) grade to a C grade (offer selectively based on professional judgment and patient preference). Net benefit is small for men age 55 to 69 and is not recommended for those 70 and older.
- Over-diagnosis - up to 50% of screening detected cancers were over-diagnosis.
- No difference in prostate cancer mortality between treatments
- DOCUMENT INFORMED CONSENT DISCUSSION
www.uspreventiveservicestaskforce.org
- No benefit for digital rectal exam: “during follow-up of 8 years after initial cancer... rectal exam did not influence the chance for detection of cancer”
European Urology 2009; 55 (1):139-146

Uromycitisis poisoning



- John H. McCool, founder/senior scientific editor of *Precision Scientific Editing; crusade to expose FAKE Research Journals*
- “*Urology & Nephrology Open Access Journal*” invited him to submit a paper
- “Case Report” about a man who suffers from “uromycitisis poisoning,” a fake condition from *Seinfeld* episode where Jerry caught by a security guard urinating on wall in a parking garage
- Mr. McCool submitted as *Dr. Martin van Nostrand* (alter-ego of Cosmo Kramer)
- All references were made up.
- *Urology & Nephrology Open Access Journal* informed him the report had been **sent out for peer review and was accepted** with requests for a few minor revisions. The journal also requested a “nominal” payment of \$799 plus tax



How Effective Is Lung Cancer Screening?

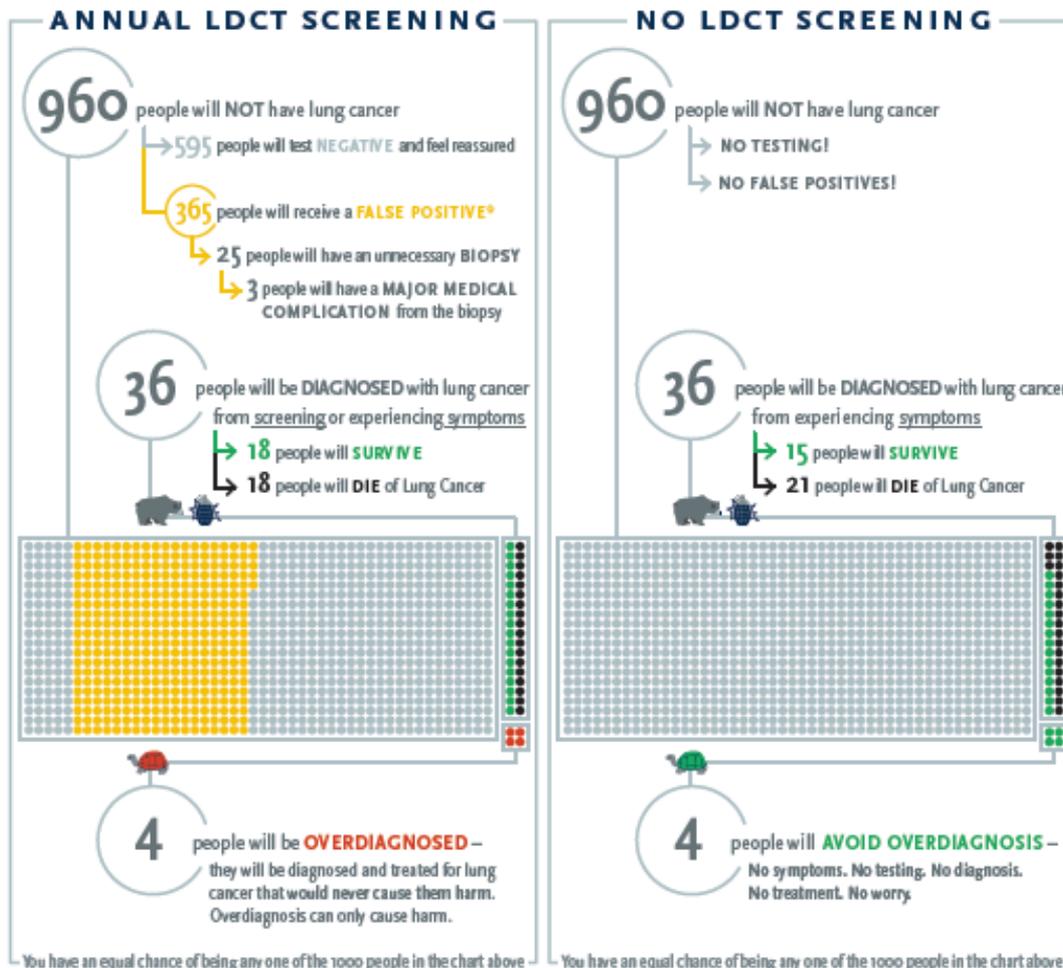
- The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.
- Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. [B]

Is Lung Cancer screening right for you?

IMAGINE COMPARING 2 GROUPS OF 1000 PEOPLE ELIGIBLE FOR LUNG CANCER SCREENING.

1 group chooses screening (annual LDCT scan for 3 years), while the other group chooses not to be screened.

All people are followed for 6.5 years. What happens?



Cancer Screening Decisions A Patient Centered Approach

A. Alder. MD

*A **FALSE POSITIVE** is a LDCT result that **SUGGESTS A PERSON HAS LUNG CANCER** – WHEN HE/SHE DOES NOT. This leads to additional testing: repeat CTs and/or biopsy.



See pages 8-11 to learn more about Turtles, Bears, and Grenades.

STRAIGHT FROM THE SHOULDER!

When tempted to over-indulge

"Reach for a Lucky instead"



Be moderate—be moderate in all things, even in smoking. Avoid that future shadow* by avoiding over-indulgence, if you would maintain that modern, ever-youthful figure. "Reach for a Lucky instead."

Lucky Strike is the finest Cigarette you ever smoked, made of the finest tobacco—The Cream of the Crop—"IT'S TOASTED." **Lucky Strike** has an extra, secret heating process. Everyone knows that heat purifies and so 20,679 physicians say that **Luckies** are less irritating to your throat.

"It's toasted"

Your Throat Protection—against irritation—against cough.

We do not say smoking **Luckies** reduces flesh. We do say when tempted to over-indulge, "Reach for a Lucky instead."

"...be moderate in all things, even smoking. Avoid that future shadow by avoiding overindulgence, if you would maintain that modern, ever-youthful figure"*

"Reach for a Lucky instead"

**We do not say smoking Luckies reduces flesh. We say when tempted to over-indulge, "Reach for a Lucky instead"*

Eat & Drink Carefully & Don't Smoke

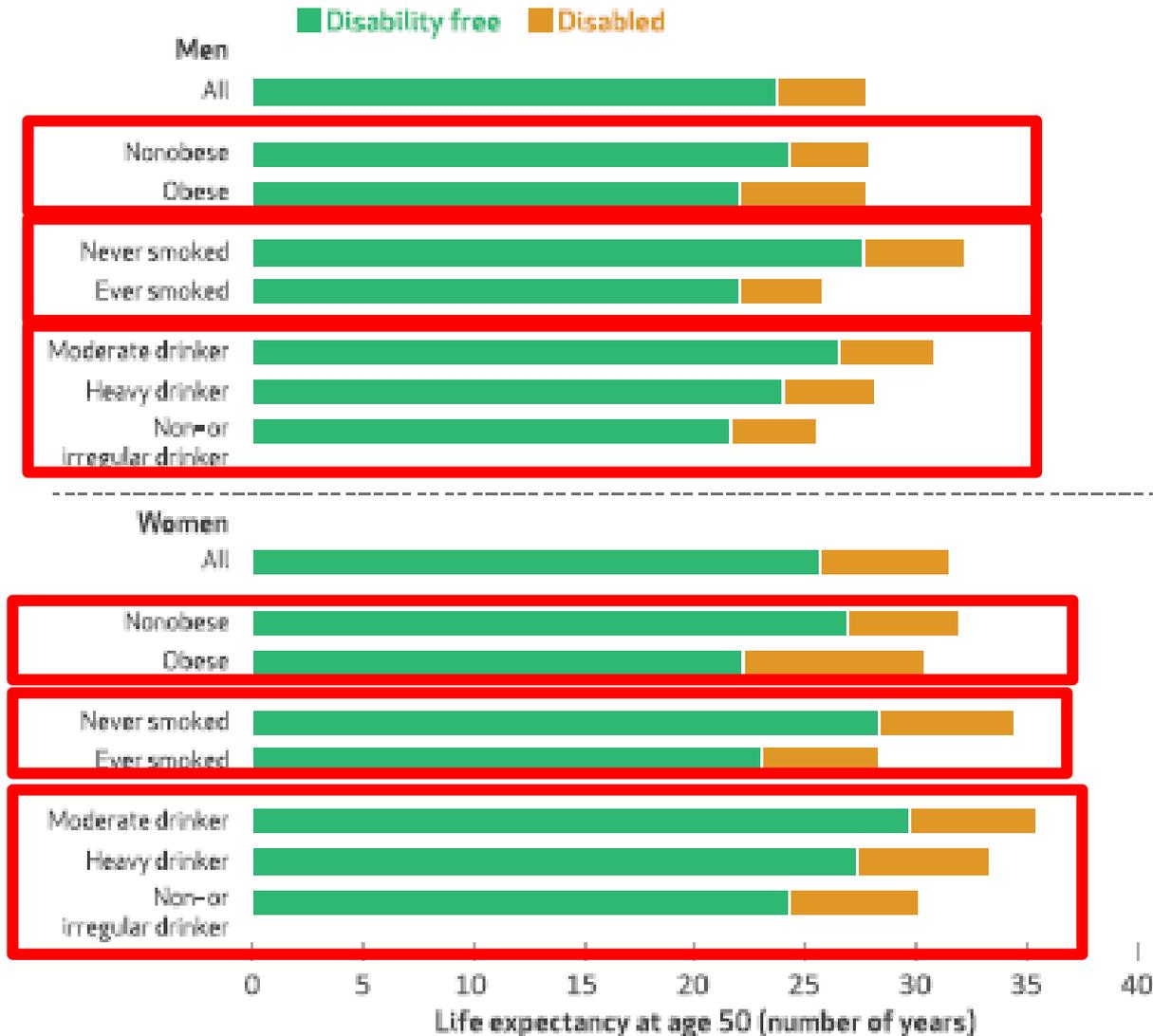
- Health and Retirement Study → influence of tobacco, obesity and alcohol on adults > age 50
- ~80 percent of Americans at 50 have smoked cigarettes, been obese, or both.
- Those with best behaviors at 50 lived 7 years longer, and experienced a delay in the onset of disability of up to six years.

Health Affairs 2017; 36(8)



EXHIBIT 3

Overall, disability-free, and disabled life expectancy at age 50, by behavioral risk factor



No EtOH
Had Worse
Outcome
than
Heavy
EtOH



SOURCE Authors' analysis of data for 1988–2012 from the Health and Retirement Study. **NOTES** Obesity, "ever smoked," "moderate drinkers," and "heavy drinkers" are defined in the Notes to Exhibit 2. Appendix 7 shows 95% confidence intervals; see Note 16 in text.

Alcohol Summary 2017



Light and moderate (21 ♂ , 14 ♀) alcohol intake → protective effect on all-cause and CVD-specific mortality in U.S. & heavy or binge drinking → ↑ risk of all-cause and cancer-specific mortality.

J Am Coll Cardiol 2017;70:913–22

- High EtOH → increased hippocampal atrophy and dementia risk; *BMJ* 2017;357:j2353 <http://dx.doi.org/10.1136/bmj.j2353>
- Danish Diabetes Cohort study: lowest risk of diabetes observed at 14 drinks/week in men (HR 0.57 [95% CI 0.47, 0.70]) and at 9 drinks/week in women (HR 0.42 [95% CI 0.35, 0.51 vs no EtOH.)

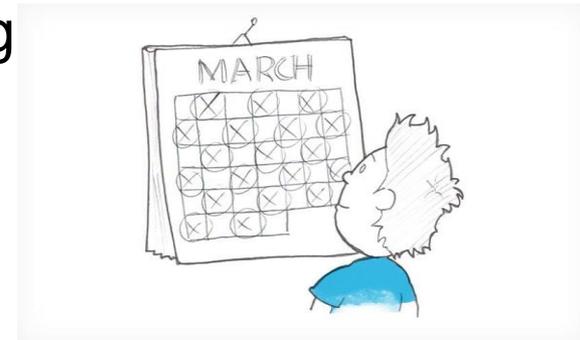
[Diabetologia](#). 2017 Jul 27. doi: 10.1007/s00125-017-4359-3

- SUMMARY: Men: 15-21 and Women 9-14 drinks per week

Non-Daily Statins

- Review Article: non-daily dosing of statins; 10 pub
- Non-daily dosing (from every other day to once a week)
- Outcomes:
- 70% previously unable to tolerate medication now could.
- LDL reductions → 12-38%.
- Majority of patients able to meet old NCEP LDL goals.
- Longer half life statins → Non daily dosing
- Save \$\$\$
- Any time of day dosing

[Ann Pharmacother.](#) 2013 Mar;47(3):398-404



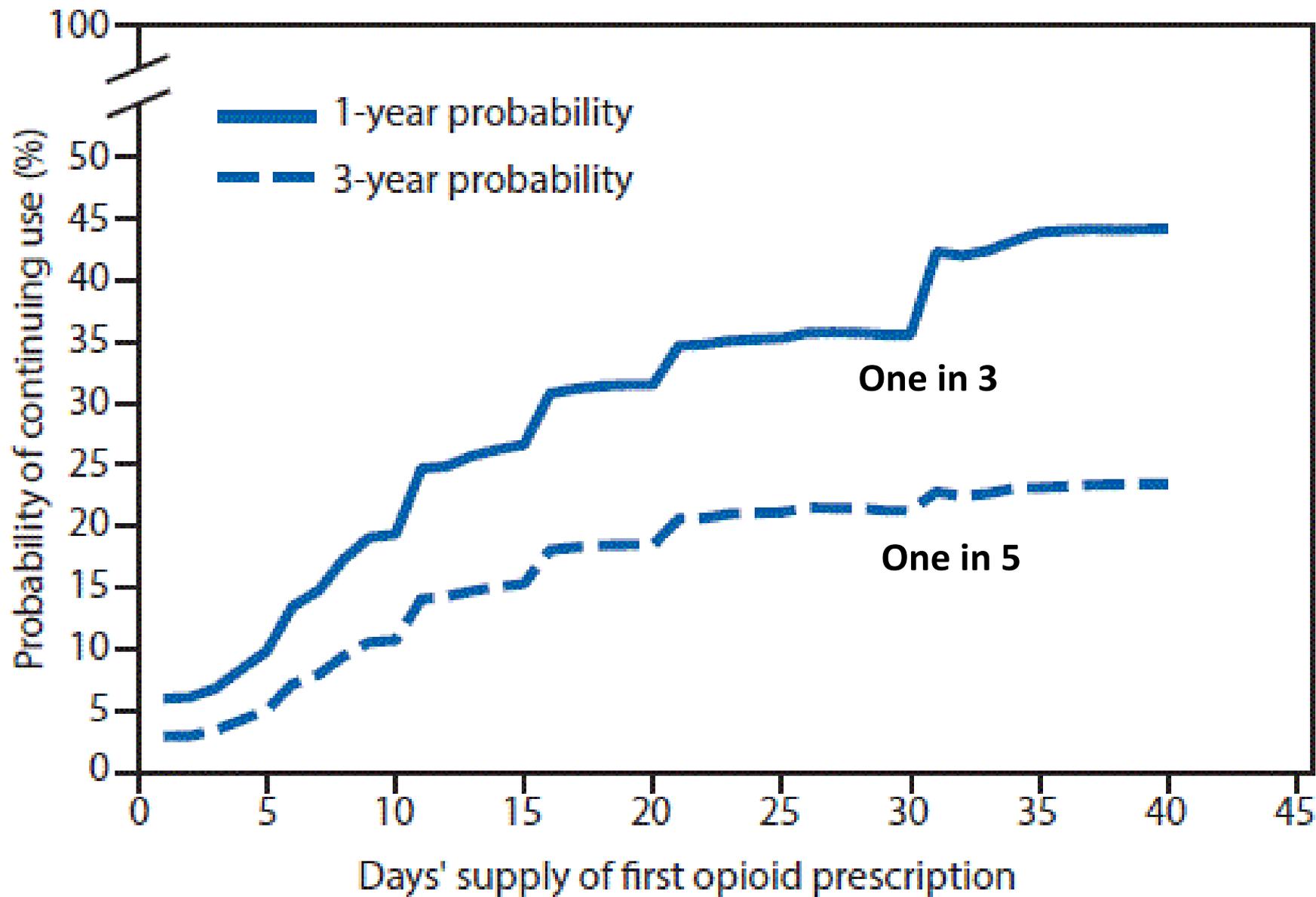
Statins Provide No Benefit For Seniors

- Secondary analysis of ALLHAT-Lipid Lowering Trial ≥ 65 without CV disease but with hyperlipidemia and HTN
- ~ 2900 Pts pravastatin (40 mg/d) or usual care
- At 6 years, no difference in all-cause mortality (actually higher in statin group vs usual care)
- There were also no significant differences in secondary outcomes, including coronary heart disease events.
- Statins in seniors without CV disease did not help
- Costs: \$, myalgias, “1 more pill”

JAMA Intern Med. Published online May 22, 2017

Opioids for Less Than 5 Days

- CDC review 2006-2015 patients without cancer or substance abuse history to determine influence of 1st opioid use on long term use (commercially insured, opioid naïve patients)
- Largest predictors of continued use:
 - Rx for >5 or 31 days
 - 2nd Rx was given (which doubles the risk for opioid use at 1 year)
 - Cumulative dose of 700 mg of morphine equivalence (6 days 10-325 acetaminophen-oxycodone; 2 QiD)
 - Long Action Agents → Highest probability of continued use at 1 and 3 years
- SAFEST: Short acting for less than 5 days



Sex in 2015

- 2015: Internet-based, U.S. probability survey of 2,021 adults (975 men, 1,046 women) on sexual behaviors; took 12 to 15 minutes.
- Romantic/affectionate behaviors common for bot men & women
- >80% reported: masturbation, vaginal sex, and oral sex
- Anal sex was reported by 43% of men (insertive) and 37% of women (receptive)
- Wearing sexy lingerie/underwear (75% women, 26% men)
- Public sex ($\geq 43\%$), role-playing ($\geq 22\%$), tying/being tied up ($\geq 20\%$), spanking ($\geq 30\%$), and watching sexually explicit videos/DVDs (60% women, 82% men)
- Threesomes (10% women, 18% men) and playful whipping ($\geq 13\%$)
- **Sending/receiving digital nude photos (54% women, 65% men)**



© Can Stock Photo

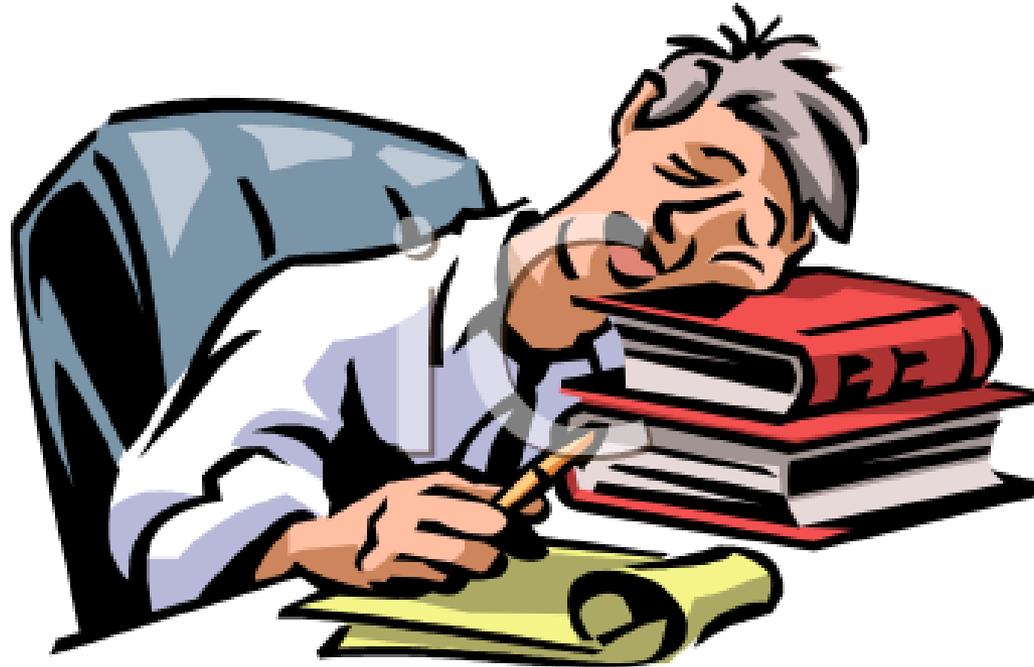
Sauna Bathing Lowers Risk of Dementia



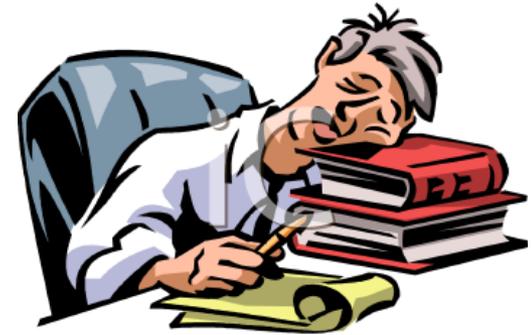
- Prospective observation study frequency of sauna bathing on healthy men and all cause dementia
- After 20 years and adjusting for age, alcohol, BMI, BP, tobacco, Type II diabetes, CV disease, heart rate and lipids
- Hazard ratio for dementia by sauna bathing 2 to 3 times per week (HR=0.78) and for 4-7 times per week (HR=0.34)
- Hazard ratio for Alzheimer's was 0.80 for 2-3 times per week and 0.35 for 4-7 times per week.

JAMA Internal Medicine 2015;175(4):542-8

Who Gets 7 or More Hours of Sleep per Night?



Burn Out: Sleep & Change YOUR Behavior



- **Sleep**: “Physicians sleep fewer hours than general population & not restful/ restorative.”
- **RISK FACTORS**: Depression, Insomnia or < 7 Hr/Nt Sleep, Female

6 RULES TO BEAT BURNOUT:

1. **Alter it**: direct communication, time mgmt;
2. **Avoid it**: Delegate, limit setting, or walk away;
3. *Change your perceptions*
4. SLEEP, Short breaks, vacation, exercise, hobbies, counseling, & ... **Buy a Bird Feeder**

Obstet Gyn ClinNorth America, 2017; 44 (2): 297

5. *Buy a Bird Feeder*



- Survey of 1000 adults living in the UK
- Neighborhoods w higher levels of vegetation cover and afternoon bird populations had reduced degrees of depression, anxiety and stress
- No relationship between varieties of birds and outcomes; just the bird's presence
- Conclusion: Visibility of birds and ground cover in urban settings can lower rates of depression and anxiety

6. Learn to Meditate

Brief Mindfulness for US



- SR of BRIEF (< 4 hrs training) Mindfulness Training in hospital based Physicians
- 15 studies met inclusion criteria; 7 RCTs.
- Openness, patience, and acceptance can to improve anxiety, burnout, and depression.
- Change in Well-being (stress) or Behavior (attention or errors)
- Outcomes: Meditation Improved stress, anxiety, mindfulness, resiliency, and burnout.
- No studies found an effect on provider behavior

Learn: Meditation & Mindfulness

You are the sum product of your choices;
Choose happiness

Happiness comes through taming the
mind; without taming the mind there is
no way to be happy.

Dalai Lama



Meditation Resources for US & Patients

- Jay Winner's: <http://stressremedy.com/> FREE
- Kaiser Permanente: Guided Imagery
<http://members.kaiserpermanente.org/redirects/listen/>
- Entire Course:
palousemindfulness.com/MBSR/ataglance.html
- Apps: Breath2relax (VA), White Noise (Timer), Calm, GPS for the Soul

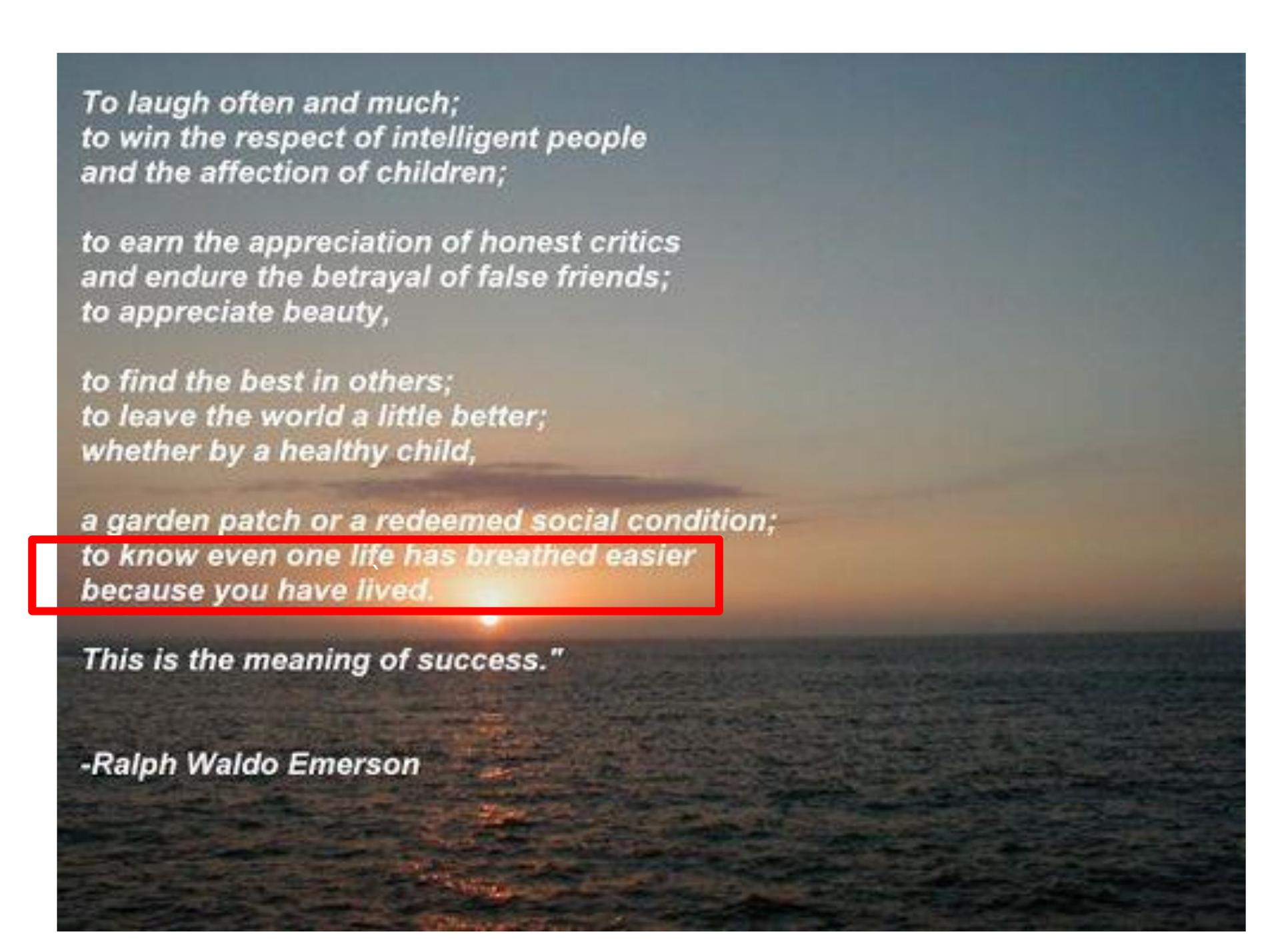


Summarize

1. Screen for Postpartum Depression/High Risk
2. Address Picky Eating; Milk is OK
3. Obesity: ? Inulin, Water, 2 days Exercise
4. T2DM: SGM No Benefit; Broaden Goals (6-9)
5. Screening: No Pelvic or Rectal Exams
6. Understand Prostate & Lung Ca Screening Outcomes
7. Statins: No ≥ 65 & Non Daily Dosing
8. Opioids: < 5 Days of Short Acting Agents
9. Do not Sext!
10. Sauna (for men, for now...)

Burnout & Us

1. Sleep & Exercise & Wine
2. Alter what you do; CHANGE (Einstein)
3. Delegate, Set Limits, Say “NO”
4. Change Your Perceptions & Get Birdfeeder
5. Learn to Meditate; everyone can
6. Post Emerson in your office!

A sunset over the ocean with a red box highlighting a quote. The sun is low on the horizon, casting a golden glow across the sky and reflecting on the water. The text is overlaid on the left side of the image.

*To laugh often and much;
to win the respect of intelligent people
and the affection of children;*

*to earn the appreciation of honest critics
and endure the betrayal of false friends;
to appreciate beauty,*

*to find the best in others;
to leave the world a little better;
whether by a healthy child,*

*a garden patch or a redeemed social condition;
to know even one life has breathed easier
because you have lived.*

This is the meaning of success."

-Ralph Waldo Emerson

Top 10: EBM Updates From The Medical Literature

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PODCAST: Frankly Speaking About Family Medicine