

DEDICATED CARE

Newsletter

Volume 2 | Spring 2007

Improving
the way you experience *medicine.*

OFFICE INFORMATION

Phone numbers:

After hours line

(757) 388-1080

New patient enrollment

(757) 388-1085

Dr. Bethea 388-1851
Dr. Clifford 388-1889, 388-1083
Dr. Lisner 388-1871, 388-1084
Dr. Weisman 388-1846, 388-1082

The Executive Evaluation Center
(757) 388-1870

Location:

229 West Bute Street
Norfolk, VA 23510
Wainwright Building
Suites 700 and 910

Visit us on the web at

www.dedicatedcarecenter.com and
www.eecva.com

What's Inside...

- A Guide To Taking Cholesterol Medication
- The Benefits Of Carotid Artery Imaging
- Meet The Nurses Of The Dedicated Care Center

REAP THE BENEFITS OF LOWERING LDL CHOLESTEROL BELOW 70

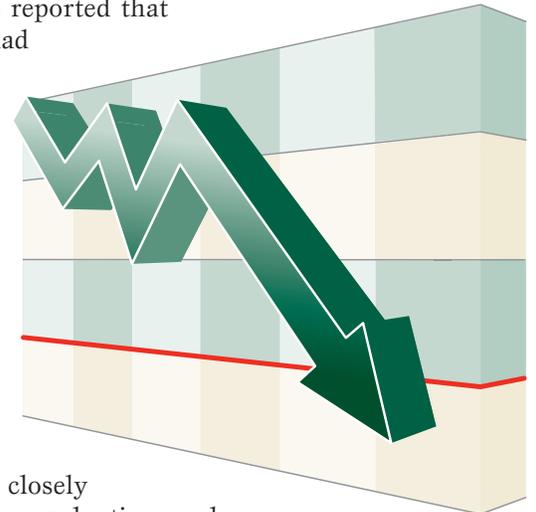
Over 50 percent of the U.S. population have cholesterol levels that are considered to be too high. High blood cholesterol, also called hypercholesterolemia, is known to significantly lead to heart disease and stroke. Sometimes, no matter how much a person controls their diet, weight, exercise and medical conditions, it just isn't enough.

There are numerous medications on the market that help you to lower cholesterol levels. We have the ability to prevent or slow down cholesterol buildup in arteries, but what's even more amazing is that new studies have shown that drug therapy can actually reduce buildup. Finally, doctors can tell their patients about the unclogging of arteries – a doctor's version of Drano!

Typical Drug Therapy: The Traditional Way

Early studies showed that the use of "statin" drugs slowed down the progression of plaque build up in the arteries. In the past, standard drug therapy was an option limited to high-risk patients with LDL (bad) cholesterol levels above 130 mg/dL. In 2003, it was reported that more than 76 million American adults had LDL levels at 130 mg/dL or higher. Less than half of those who qualified for treatment actually received it. Even worse, less than half of those who qualified and had the highest risk received treatment. Of those who did receive treatment, only about one-third achieved their LDL goal. In 2004, the National Heart, Lung and Blood Institute (NHLBI) updated their recommendations to include high-risk patients with LDL levels from 100 and higher.

Today, the typical medical practice closely follows NHLBI standards for detection, evaluation and treatment of high cholesterol levels. For patients with high cholesterol, physicians loosely aim for LDL levels of 100. But does this have enough punch when it comes to fighting heart disease and preventing heart attacks and strokes caused by high LDL cholesterol?



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INSIGHT TO YOUR HEALTH



Tips to start losing weight.

1. Set an obtainable goal (10% of current weight).
2. No matter which way you look at it, 3,500 calories cut is one pound lost. Whether you take in 500 fewer or burn 500 more calories a day, by the end of the week you'll be one pound lighter!
3. You won't stick to a diet that is comprised of foods you do not like.
4. You need to plan alternative strategies to cope with emotional eating.
5. Your weight will fluctuate from day to day. Resist the urge to weigh yourself on a daily basis, as doing so will discourage you.

BON VOYAGE!

Please join us in congratulating Dr. Bethea on setting sail toward some much needed rest and relaxation! Dr. Bethea has decided to take a leave of absence and we are looking forward to seeing him back to work at the Dedicated Care Center.

If you are a patient of Dr. Bethea's, please continue to call 757-388-1851 and a Patient Services Coordinator will be happy to direct your care to one of our other Dedicated Care Physicians.

Aggressive Drug Therapy: Our Way

A new study, called ASTEROID (A Study To Evaluate the Effect of Rosuvastatin On Intravascular Ultrasound-Derived Coronary Atheroma Burden), shows that the use of intensive "statin" drug therapy not only slows down the progression of plaque, but also strips away the "bad" cholesterol.

Doctors at the Dedicated Care Center believe that a more aggressive approach will help patients prevent heart attacks, congestive heart failure, crippling strokes and loss of cognitive function. Our medical practice uses intensive drug therapy aiming for cholesterol levels that are 30 points lower than NHLBI recommendations. A LDL cholesterol level of 70 is a typical goal for our patients. This is an aggressive approach to lipid management, but we know it provides the best chance of preventing heart disease, heart attack and stroke.

The Dedicated Care Center and The Executive Evaluation Center provide cutting-edge screening and treatment strategies designed to give you the best possible care available today.

Utilizing screening tools such as carotid artery PVL's (see accompanying article on stroke prevention) and CAT scan coronary calcium scoring, we can assess for early blockages long before they produce dangerous symptoms. We encourage you to take advantage of the latest technology and medications to optimize your health care experience.

A GUIDE TO TAKING CHOLESTEROL MEDICATION

- Starting doses can typically lower cholesterol 25-35%, depending on the medication and on individual factors. Higher doses can achieve 50% reductions or greater.
- Cholesterol medication must be taken on a regular basis to work well.
- A low fat diet should be continued.
- Lipitor and Crestor can be taken at any time of day. Most of the others should be taken at night.
- Generic versions of Mevacor, Zocor, and Pravachol are available.

Side effects

- Most side effects are mild and transient.
- The most common side effects are muscle aches (about 3%). The muscle aches can vary from mild to severe and should be brought to our attention. If they are mild, stop the medication for 1 week and then restart it. If the muscle aches continue with the medication, then we need to change to a different one or lower the dose. For severe muscle aches, STOP THE MEDICATION and come in for an appointment.
- A blood test called CPK can be ordered to check for muscle breakdown. It is not done routinely, but can be added to your lab tests if you have concerns.
- Liver test abnormalities are also possible (about 3%). We need to monitor your liver tests every 3 months for the first year and then every 3-6 months thereafter. If your liver tests elevate to a significant degree, we will stop or reduce the medication and watch them return to normal. Sometimes we need to switch brands to find a medication that does not cause significant liver enzyme elevation.
- Some medications interact poorly with "statin" medications. These include protease inhibitors (used in treating HIV), erythromycin, itraconazole (anti-fungal), immunosuppressants, clarithromycin, diltiazem, verapamil, and large amounts of grapefruit juice. Lescol, Pravachol, and Crestor do not have the interaction with grapefruit juice.



A story of a stroke prevented: THE BENEFITS OF CAROTID ARTERY IMAGING

Mrs. Smith felt fine. She played tennis on a regular basis and stayed active chasing the grandchildren around. At 58 years old, she enjoyed her life and with her early retirement, she looked forward to spending more time with her family. She had no clue that her ability to walk, talk, and feed herself was threatened with every passing moment.

Mrs. Smith had over a 90% blockage in her carotid artery, the main blood supply line to the brain. Had a significant piece of that blockage broken off before it was detected, it would have traveled into the brain and caused a massive stroke.



Fortunately, she decided to take a closer look at her arteries with a painless non-invasive test BEFORE she developed any warning symptoms or suffered a devastating stroke. A special ultrasound study (called a carotid PVL) done in the office identified the blockage and we immediately arranged for an intervention that completely cleared the problem away.

Could this blockage have been found by any other means? Mrs. Smith had a routine examination 5 months before the blockage was found that included an examination

of the neck arteries with a stethoscope. The blockage was not detected, but this is not an unusual occurrence! Over one third of high-grade blockages CANNOT be detected by routine stethoscope exam. The stethoscope is a tool that is nearly 200 years old and certainly is not capable of bringing the best we have to offer for this situation.

In the world of insurance, if you don't have symptoms of the disease you don't need to worry about it. That clearly doesn't always work. Suffering a stroke certainly is a steep price to pay for blissful ignorance. This relatively inexpensive test is available now to our members of the Dedicated Care Center. Ask your doctor or any member of our staff if this test is right for you.

MEET THE NURSES OF THE DEDICATED CARE CENTER

The Dedicated Care Center nursing staff is an intricate part of the care team for our patients. Our nurses provide our patients with the highest level of care and attention. They strive to promptly answer medical questions, coordinate ancillary care, and educate our patients on preventative measures concerning their general health and well being. Our nursing staff is comprised of educated, experienced, caring professionals that are happy to help you meet your goals of living a healthier life.



Denise



Regina



Sabrina

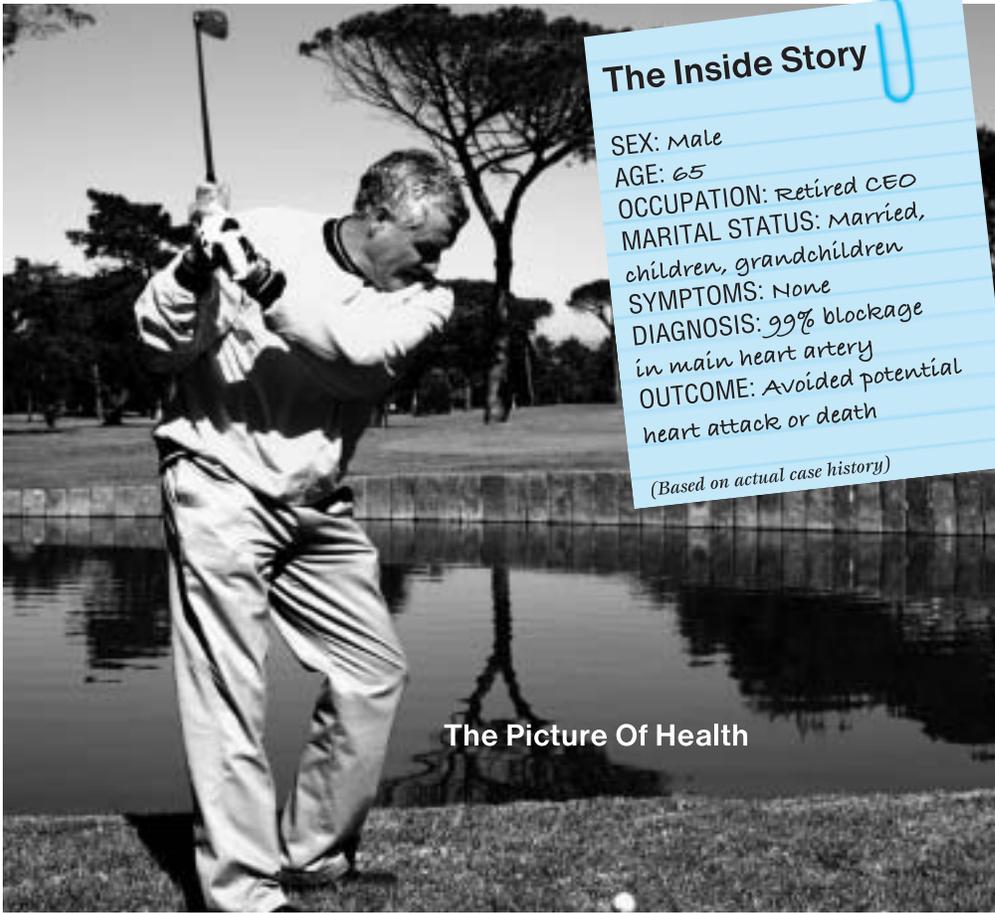
THE EXERCISE CORNER

Look at what diet and exercise did for Mr. John B. He was recently diagnosed with high cholesterol with a total cholesterol of 220 mg/dl, his HDL's were 35, LDL's were 151, and triglycerides were measured at 170. We told him that exercise and changing his diet would help him with the preventable component of his elevated cholesterol.

Working with our colleagues at Fitness Together, a one-on-one personal training studio, he began exercising 3 times a week with a trainer and once on his own. After 8 weeks of training and diet it was time for a re-evaluation. He lost 5 pounds and his total cholesterol dropped to 195 mg/dl, his HDL's were measured at 43, his LDL's were now 122, and his triglycerides were 150. Later with medication, Mr. John B. reached his target.

John's changes were a good start and show the potential that a dedicated diet and exercise plan can bring to help combat health problems.





The Inside Story

SEX: Male
 AGE: 65
 OCCUPATION: Retired CEO
 MARITAL STATUS: Married,
 children, grandchildren
 SYMPTOMS: None
 DIAGNOSIS: 99% blockage
 in main heart artery
 OUTCOME: Avoided potential
 heart attack or death

(Based on actual case history)

The Picture Of Health

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This retired executive plays 18 holes of golf three times a week. But like many men, he thought that no health symptoms meant no problems. You should have seen the look on his face when we told him about the potentially fatal arterial blockage and suggested he go directly to the hospital. His decision to undergo a serious look at his health probably saved his life. What about you? Are you as healthy as you think you are? Make an appointment and find out. You'll be glad you did.

The **EXECUTIVE**
 EVALUATION CENTER
 A division of SMG Innovations, Inc.

What you don't know *can* hurt you.

Improving the way you experience medicine.

Wainwright Building, Suites 700 & 910
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