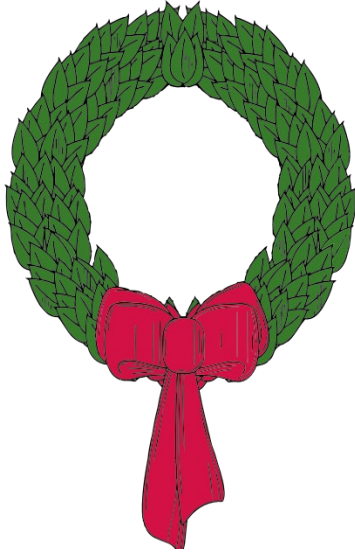


December 2020

# CCM NEWSLETTER

By Dr. Jorge Duchicela & Dr. Ima Duchicela Tanner



## Season's Greetings!

Who is ready to turn the page on 2020? The unexpected curveball that this year has thrown probably didn't help us stay on track with our New Year's resolutions. That's okay! A new year gives us all a chance to start over; to imagine a life different and better than the last year. Start to think about ways your life can be different than last year. Hopefully this year has allowed you to realize how important your health is and will encourage you to take steps to improve your health and well-being. This month's newsletter addresses some lifestyle changes that can help you kickstart the new, healthier you!

### Caffeine Consumption: Do I Have a Problem?

If you wake up and find yourself reaching for a cup of hot coffee or popping the tab of a jolt-inducing energy drink- you are not alone! Millions of people every day rely on the effects of caffeine to stay awake and improve their concentration. Up to 400mg a day is the safe limit for caffeine consumption.<sup>1</sup> That is roughly 4 cups of brewed coffee or 10 cans of soda or 2 energy drink "shots". It's important to note that the caffeine content can vary quite drastically between the different types of beverages- especially energy drinks. Caffeine in moderation is relatively safe for adults, but should be avoided in children. However, heavy caffeine use can cause some unwanted side effects. Ask yourself the following questions:

Do I drink more than 4 cups a day? Do I get headaches? Muscle tremors? Insomnia? Irritability? Frequent urination? Fast heartbeat?

Do I feel jittery sometimes?

Am I taking certain medications that could interact with my caffeine use- like ephedrine or echinacea?

---

<sup>1</sup> 2015-2020 Dietary Guidelines for Americans. U.S. Department of Health and Human Services and U.S. Department of Agriculture. <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines/guidelines>. Accessed Feb. 1, 2020.

---

If you answered “yes” to any of these- you may want to start curbing your habit. Like all habits, cutting back on caffeine can be hard. If you stop cold turkey- you could experience some pretty unpleasant withdrawal symptoms like headaches, fatigue, irritability etc. Fortunately, these symptoms are mild and will go away with time. Here are some tips to help you reduce your caffeine consumption:

- Keep track of how much caffeine you are taking in during the day
- Cut back gradually. Start with one less cup or one less soda/energy drink per day. Alternatively, you can avoid caffeine after a certain time of the day. This is a gentler way of getting your body used to a lower level of caffeine.
- Switch to decaf!
- Choose your coffee wisely. The longer the beans are roasted- the more time the caffeine has to get burned off. A darker roast will have less caffeine than a lighter roast coffee. Longer brew times also equate with more caffeine. A traditional drip method with a filter will have more caffeine than a French press given the length of “brew time”.<sup>2</sup>
- Go herbal. Green tea has less caffeine content than your regular coffee.

Changing a habit can be hard, but if this year has taught us one thing, it’s that we absolutely can change habits. Around this time a year ago, most of us did not check to make sure we had a mask before leaving the house, nor did we wash our hands so fastidiously. Over time, wearing a mask, frequent hand washing and physical distancing have become almost second nature. You can apply the behavior changing principles to your new year’s resolutions.

## Sleepless in Texas

You may have noticed that you don’t wake up as rested as you used to. The siren song of sleep still calls to you, but when it comes time for bed you just can’t go to sleep. You are not alone. As we get older, the quality of our sleep begins to degrade. It is not unusual for older individuals to have trouble going to sleep or staying asleep. Fortunately, there are ways to help improve your sleep to allow you to feel more rested and energized in the morning. Poor sleep can contribute to chronic illnesses like diabetes and can also be the result of other underlying medical problems like sleep apnea or restless legs syndrome. Putting aside any alternative medical diagnosis for poor sleep, let’s focus on the things that you can do to improve your sleep for the new year.

---

<sup>2</sup> Pure and highly concentrated caffeine. U.S. Food and Drug Administration. <https://www.fda.gov/food/dietary-supplement-products-ingredients/pure-and-highly-concentrated-caffeine>.

---

Sleep hygiene is a very popular buzz phrase in sleep medicine. Just like we adhere to conventional dental hygiene rules of brushing and flossing for good dental health- there are a handful of rules for good sleep health aka sleep hygiene.

- Exercise regularly. Tai Chi and low impact aerobic exercise have been proven to decrease daytime sleepiness and improve sleep quality. Just try not to exercise within 4 hours of your bedtime.
- Avoid large meals and limit what you drink in the evenings.
- Limit caffeine, tobacco and alcohol 4-6 hours prior to bedtime.
- Maintain a regular sleep- wake cycle. This means set an alarm to wake up the same time every morning...regardless of how many hours you slept the night before. Also- NO daytime napping!
- Avoid distracting stimuli at bedtime. This means no loud noises, bright lights or extremes in temperature.

Now that the basics have been covered, here are some helpful tricks that you can use to train your body to go to sleep.

- Lie down to sleep ONLY when you are feeling sleepy.
- Avoid doing any activities that you would normally do during the day in your bed. This means watching TV, talking on the phone, eating etc.
- Get up and out of bed if you are unable to fall asleep within 20 minutes of hitting the pillow. Go sit in a chair in the living room or at the kitchen table to read a book. When you feel sleepy again- return to your bed.
- Relaxing imagery can also help. Google “sleep relaxation techniques” and you will find many breathing exercises or relaxation recordings that you can listen to as you fall asleep.

But what if you are still doing all of the above and nothing seems to be working? Medications may be used to help in the short term, but long-term use of sleep medications are not advised.<sup>3</sup> Hypnotics and benzodiazepines like Ambien are not first line treatment for sleep disorders. Most insomnia medications only increase sleep by 15-30 minutes, but there are risks associated with these medications such as sleepwalking or sleep driving. Evidence has been limited to their overall effectiveness in sleep improvement. However, they may be used for limited periods of time. Melatonin is a supplement you can get over the counter and is touted for its sleep benefits. It *may* help you fall asleep, but some studies have shown that melatonin has minimal effect on total sleep time, including falling asleep. There are no risks with taking 3-6 mg of melatonin nightly, so it may be an option worth exploring.<sup>4</sup>

---

<sup>3</sup> Clinical Resource, *Comparison of Insomnia Treatments. Pharmacist's Letter/Prescriber's Letter.* May 2020.

<sup>4</sup> Ferracioli-Oda E, Qawasmi A, Bloch MH. Meta-analysis: melatonin for the treatment of primary sleep disorders.

---

The foundation for better sleep lies with strict adherence to sleep hygiene recommendations. Commit to start this new year.

## Smoking Cessation

The New Year is a popular time to kick the tobacco habit. Tobacco use is to blame for 480,000 deaths in the US each year. Here are some stats for you: On average, people who smoke die 10 years earlier than nonsmokers. 16 million people are currently living with serious medical conditions that are a result of smoking.<sup>5</sup> Cigarette smoking is well known for its serious health risks. The risk of lung cancer is 25 times greater in smokers than nonsmokers; cardiovascular disease is also up by 4 times compared to non-smokers, and the risk of death from COPD increases by 12-13 times. The good news is that these risks are reduced when you stop smoking. The risk of a heart attack drops significantly after 1 year of nonsmoking and the risk of a stroke reduces to that of a nonsmoker after about 2-5 years.<sup>6</sup>

It's important to remember that tobacco dependence is a chronic disease, and it often takes multiple attempts to actually stop smoking. If this is your 2nd or 3rd try- don't get discouraged! In fact, your prior attempts can really help you and your physician make an even better plan this time around.

Triggers are events that your mind associates with smoking. For some people they smoke when drinking a cup of coffee in the morning, or when they are watching TV. It's good to identify these triggers and plan for alternative behavior. So instead of smoking while you are watching TV- maybe you can work on a crossword puzzle, learn to knit, or even better- borrow some of your grandkids' Lego and build something! Share your triggers with your friends and families so they can be aware of them and help you avoid them or replace them with other activities!

In addition to behavior change techniques, there are many approved medications to assist you. Unless you have other health conditions that would prevent you from using these options, the use of these medications are highly recommended. Below are the medications approved by the US Food and Drug Administration for smoking cessation:

---

<sup>5</sup> U.S. Department of Health and Human Services. [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General](#). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014

<sup>6</sup> Clinical Resource, *Smoking Cessation: Helping Patients Who Use Tobacco. Pharmacist's Letter/Prescriber's Letter*. September 2020.

Nicotine Replacement Therapy <sup>7</sup>		
<b>Patch (NicoDerm CQ)</b>	Available over the counter (OTC)	<ul style="list-style-type: none"> <li>● Long acting with consistent nicotine levels throughout the day</li> <li>● Easiest to use</li> <li>● Generally used for 10-12 weeks</li> </ul>
<b>Lozenge (Nicorette)</b>	Available OTC	<ul style="list-style-type: none"> <li>● Short acting</li> <li>● Good for those who need to replace the cigarette with something else in their mouth</li> <li>● Can be used for 3+ months</li> </ul>
<b>Gum (Nicorette)</b>	Available OTC	<ul style="list-style-type: none"> <li>● Short acting</li> <li>● Good oral substitute</li> <li>● Can be used for more 3+ months</li> </ul>
<b>Inhaler or Nasal Spray</b>	Rx only	<ul style="list-style-type: none"> <li>● Short acting</li> <li>● Has the most side effects</li> <li>● Can be used for 3+ months</li> </ul>
Non- Nicotine Replacement Therapy		
<b>Varenicline (Chantix)</b>	Rx only	<ul style="list-style-type: none"> <li>● Start BEFORE your quit date</li> <li>● Helps with withdrawal and blocks the “reward” feeling that smoking gives</li> <li>● Can use if you have heart disease</li> </ul>
<b>Sustained Release Bupropion (Zyban)</b> <u><i>This Is BEST</i></u>	Rx Only	<ul style="list-style-type: none"> <li>● Start BEFORE your quit date</li> <li>● Blocks the reward of smoking</li> <li>● Reduces weight gain associated with smoking cessation</li> <li>● Can use if you have heart disease</li> </ul>

Getting the right support is crucial for your success. The CDC has free quitline services at 1-800-QUITNOW. This line is open 7 days a week and when you call you will have access to a trained counselor who can also help you create a quit plan based on your past experiences and current situation.

<sup>7</sup> Clinical Resource, *Smoking Cessation Drug Therapy. Pharmacist's Letter/Prescriber's Letter. September 2020.*

---

Your medical team at the YD Clinic have appreciated your understanding and support as we have strived to keep your medical care safe, seamless and convenient. May your new year be filled with health, happiness and hope.