



Spinalguy Chiropractic

Relief & Wellness Newsletter

JANUARY 2, 2019

DR. TOM KELLY

MAY THRU OCTOBER

Mon: 8am-12noon, 3pm-7pm
Tues: 3pm-7pm
Wed: 8am-12noon, 3pm-7pm
Thurs: 3pm-7pm
Fri: 8am-12noon
Sat: 9am-12noon (twice per month in May, Sept and Oct, please phone)

NOVEMBER THRU APRIL

Mon: 8am-12noon, 3pm-7pm
Tues: 3pm-7pm
Wed: 8am-12noon, 3pm-7pm
Thurs: Closed
Fri: 8am-12noon, 3pm-7pm
Sat: 9am-12noon (twice per month, please phone)

Spinalguy Chiropractic

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We're on the Web!
www.spinalguy.com

Starting January 2019 there will be a fee increase of \$2 for adjustments. Also, starting in January we will be direct billing all major insurance companies 😊

Are you taking these medicines for too long?

The January Reports on Health claims that one-third of Americans over the age of 55 take too many medications.

A study by Brummett, published in the Journal of the American Medical Association Surgery, says, "six percent of patients prescribed an opioid drug after surgery for minor procedures are still taking them six months later." And according to the Centers for Disease Control and Prevention, taking an opioid for longer than three months increases addiction risk 15 times. Experts say opioids should be the last resort for chronic or minor pain, but if prescribed, it should be a low dose for a short period of time. And that doctors should suggest other pain options such as Advil, Motrin and Aleve.

It's also hard to believe that 14% of those between 65 to 80 years of age use either prescription or over-the-counter sleeping aids. Dr. Raj Dasgupta, assistant professor of medicine at the University of Southern California, reports these medications have greater effect on older people making them more susceptible to confusion and memory problems. They also double the risk of falls and hip fractures in the elderly.

Society also needs a wake-up call when 17 million North Americans require daily heartburn drugs such as Nexium, Prevacid and Prilosec. Dr. Nicholas Shaheen, chief of gastroenterology at the University of North Carolina, reports "doctors start patients on these drugs and do not advise stopping them even when symptoms get better." Taking these drugs for a year or more increases the risk of heart attack, dementia and bone fractures. Moreover, a study published in the Journal of the American Society of Nephrology in 2016 showed that patients on heartburn drugs for five years had a 28% higher risk of developing chronic kidney disease. Namely, it's prudent to take the lowest effective dose for the shortest period of time. This means tapering off slowly when symptoms subside. Or switch to a less potent drug at this time, such as Tums, Pepcid or Zantac.

Are you feeling congested and using an over-the-counter decongestant spray? Sprays shrink nasal tissue quickly, and are less likely than oral decongestants to increase blood pressure. But they should be used for only three days in a row. Studies show many people use them daily for a year. This can result in dependency on them which can also increase heart rate.

Did you know...

- ***We offer laser therapy for soft tissue injuries involving shoulders, hips, knees, elbows or feet?***
- ***Hydromassage is massage therapy without the therapist. All you have to do is take off your shoes!***

"The greatest discovery of any generation is that human beings can alter their lives by altering the attitudes of their minds."
~ Albert Schweitzer

New Mammography Guidelines

In a departure from past recommendations on breast cancer screening, new expert advice says that most women should not start mammograms before age 50, and it's best for the tests to come every two years. These new recommendations come from the U.S. Preventive Services Task Force. This is the most influential group that provides preventive care guidelines for doctors. The new guidelines are the first that this group has issued on breast cancer screening since 2002.

For more than five years, the American Cancer Society and the National Cancer Institute have endorsed a mammogram every one to two years for women ages 40 to 49. They have the same advice for women 50 and older. But the American College of Physicians issued a different guideline two years ago. It said mammograms should be optional for women ages 40 to 49. It advised women to talk to their doctors about the pros and cons of screening.

Limited benefit for women in their 40s

Now the U.S. Preventive Services Task Force has concluded that screening women in their 40s offers limited benefits and may do more harm than good. This opinion is based on a thorough review of the latest research.

By one estimate, in order to save six women from dying of cancer, about 10,000 women in their 40s need to get mammograms every one to two years. So what's the problem? Mammograms are harder to read in young women. For this reason, almost half of women under age 50 who have mammograms are called back for repeat films or biopsies because their test results look suspicious. Most often, these areas of concern turn out to be "false positive," that is, not cancer. While that is good news, it is important to remember that additional tests and procedures are needed to determine for certain whether these suspicious results are cancer or not. Those tests and procedures carry their own risks and for some women, these include what will prove to be unnecessary risk from biopsy procedures.

What changes can I make now?

Most primary care doctors will probably work by the task-force guidelines. The task force did not find a big difference in benefit between having mammograms done every year and every two years. This is why the group strongly recommends a two-year wait between tests.

The benefit of office exams by your doctor to feel for breast lumps is hard to calculate. It may not be an important part of our breast-cancer screening plan.

*If you wear
out your
body...*

*Where will
you live?*



*“A person without a
sense of humor is like a
wagon without
springs. It’s jolted by
every pebble on the
road.”*

~ Henry Ward Beecher

Here are the task-force recommendations, by age group:

Most women under age 50 don't need mammograms. Women who are at high risk for breast cancer are a special case. They should discuss a screening schedule with their doctor. Women who are at highest risk for breast cancer include those who have:

-Two first- or second-degree relatives who developed breast cancer before the age of 50

-Three first- or second-degree relatives who got breast cancer at any age

-A known gene mutation that is linked with breast cancer.

A first-degree relative is a mother, daughter, or sister. Second-degree relatives include aunts and grandmothers.

Women aged 50 to 74 should get a mammogram every two years. The task force did not find enough information to make a strong statement about more tests — such as MRI — for women at high risk.

For women over 74, there is not enough evidence to recommend for or against having mammograms. Although mammograms do detect more early cancers, overall survival is not improved by screening mammography.

