



A publication of the Brown Medicine
Geriatrics Department 401-649-4010

Did you know?

Brown Medicine-Geriatrics offers after hours access to on-call physicians, same day sick visits and weekend appointments for urgent issues.

Please call the office for more information and/or to schedule an appointment.

Weekend Urgent Care Visits for Primary Care Patients

Avoid going to the Hospital
Emergency Room or another
Urgent Care Facility.

Hours:

Saturday: 9:00 a.m. - 3:00 p.m.

Sunday: 9:00 a.m. - 12:00 p.m.

Brown Physicians Patient Center
375 Wampanoag Trail
East Providence, RI 02915

Call Geriatrics Primary Care to
schedule an appointment: 401-649-4010

2 ways to get the Geriatrics Newsletter:

1. Available at our
Geriatrics office in
East Providence

2. Online at:
Brownmed.org/division-of-geriatrics-and-palliative-medicine

What You Need to Know About Pain Treatment

Pain is one of the most common reasons people see a medical provider. Pain treatment is a hot topic as our nation struggles with the tragedy of death from drugs used to treat pain. Let's cover a few facts and give a little extra attention to back pain. Remember: don't suffer quietly, just ask us for help.

Pain is not normal. It is very common, however. It can be a sign of something serious, like a severe pain in the abdomen. It can just be a nuisance like feeling stiff when you first get out of bed. It can cause people to limit social activities, disturb sleep and cause depression. The treatments can have side effects.

What kind of pain is it? Everyone knows there are lots of different kinds of pain and some are a real problem and others we live with while using simple ways to stay active. Sometimes the cause is obvious (a finger burned on a hot pan) and sometimes it is a real puzzle (nerve-related pain that comes and goes for no clear reason). It can be new or something that has been there a long time. It helps your medical team if you can tell us whether it is new or old. What brings it on or makes it better. What it feels like. Where it is. How long it lasts. Seek attention for new pain that is severe or limits activity. Cancer-related pain is handled differently, so we will not cover it in this article.

Do you just have to live with it? Yes and no. It depends on the cause and the risk and benefit of treatment. The goal is to make sure function continues despite the pain. Treatments like acetaminophen/Tylenol, hot and cold packs, massage, chiropractic manipulation, staying active/exercises, physical therapy, eating right and getting normal amounts of sleep are good and essentially risk-free. Medications come with harm and benefit. Anti-inflammatory medications like Motrin/Ibuprofen or Aleve/Naproxen can cause internal bleeding or worsen heart failure or kidney problems. Opioids like oxycodone can cause drowsiness, confusion, constipation and falls and can be addicting for anyone. If taken improperly with alcohol or sedatives, death can result. Muscle relaxants rarely work and can make you drowsy. Joint surgery is a major procedure. Antidepressants (for pain, not depression) and medicine used to treat seizures and pain such as like gabapentin/Neurontin can work. Medicine applied to the skin can be safe and effective, like lidocaine patches or anti-inflammatory gels. Mind over matter type therapy really does work. It is realistic to minimize pain and help you function normally.

Back to the back. Let's just say that unless there is an acute injury, fevers, cancer that could have spread to the bone or neurological findings, imaging like X-rays, CT scans or MRIs are not generally useful. An MRI will always show "degenerative changes" and usually bulging discs on an older adult. These images are useful when it seems the problem may require a cortisone injection near the nerve or a surgical procedure. Surgery is rarely advised as most conditions resolve over time.

Sources: National Institute on Aging: nia.nih.gov, Health in Aging Foundation: healthinaging.org/health-aging-foundation

Author: Peter Hollmann, MD, Brown Medicine Chief Medical Officer and Board Member of the American Geriatrics Society.



Facts about the flu

What's the difference between a cold and the flu?

Cold symptoms usually come on gradually beginning with a sore throat followed by runny or stuffed nose, congestion and cough. A slight fever is possible. Symptoms last for about a week and during the first three days you are contagious. Rest is the best way to treat a cold. Staying well hydrated also helps. Over-the-counter supplements such as daily vitamin C (500 mg) may shorten the duration of a cold. Flu symptoms are more severe and come on quickly. They include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people may also have vomiting and diarrhea, and may not have a fever, however the most common difference between cold and flu is a higher temperature, usually in the 100-102 degree range.



Your hands carry germs.

The best way to prevent colds and flu is frequent hand washing with warm, soapy water for at least 20 seconds. Hand sanitizer can be effective. Don't touch your eyes, mouth or nose with your hands without scrubbing first with soap. Wipe down germier areas on surfaces and objects you touch.

A strong body is a strong defense. Eat healthy foods such as low-fat proteins, fruits and vegetables with nutrients. Exercise and stay hydrated by drinking a lot of water to boost your immune response.

Get a flu vaccine.

Vaccination can reduce illness, doctor visits and missed work and school, and prevent hospitalizations.

Avoid spreading germs.

Stay home while sick for at least 24 hours after your fever is gone except to get medical care or other necessities. Cover your nose and mouth with a tissue when you cough or sneeze (throw it away after), and sneeze into your elbow and not your hand. Disinfect surfaces and objects you may have contaminated with your germs.

Author: Dr. Tony C. Wu specializes in Primary Care, Internal Medicine and General Practice at Brown Medicine

10 Warning Signs of Alzheimer's Disease:

Seminar is free and open to the public.

Date: October 28, 2019

Time: 11:00 a.m. - 12:00 p.m.

Location: 375 Wampanoag Trail, East Providence, RI

Please register by calling Kerri Kelley LICSW (401) 649-4010 ext. 1004. Seating is limited, so register early. Gift bags will be provided to all participants/attendees.

Staff Spotlight:

Dr. Nadia Mujahid is the co-director of the Geriatric Fracture Program at Rhode Island Hospital. She developed this program in 2011, after she completed her Geriatric Medicine Fellowship at Brown. She is nationally known for her work with the Geriatric Fracture Program at Brown. Nadia received the Elise Coletta Education Leadership award in 2010 and was awarded the "40 under 40 award" by the Providence Business News in 2014. Other than being a busy physician, she is also a mom to a 4-year-old son and a 2-year-old daughter. She loves going on hikes and doing outdoor activities with her young children.



Take Control of Your Heart Failure

Please join us for one or both sessions

• October 8, 2019 5:30 to 6:30 p.m.

Medication Management - Marco DelBove, Pharm.D., BCPS

Advanced Care Planning- Jay M. Elias, Esq.

• October 22, 2019 5:30 to 6:30 p.m.

Stress Reduction - Maria Calzado, MSW

Exercise - Nicolette Bastien, BSN, RN, Cert. Yoga Instructor

Seating is limited so register early. Call Kay at (401) 649-4010 x 1007



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Division of Geriatrics &
Palliative Medicine

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