

SAFE HEALTH REPORT

Scientific Data ... Informed Choice ... Actionable

May 2024

Official Newsletter for MrGineaPig

Issue 22

Please repeat once before proceeding: **He Can Do It, She Can Do It, I Can Do It!**

Inside ...

Page 1-3

Best Practice for Low-Dose Aspirin for CVD

Page 3-4

Antibiotics Will Not Ease Your Cough

Page 5

Protect Your Health by Protecting Your Wealth

Page 5

Recent FDA Recalls

Page 9-12

Case 17: 58-year-old male with BPH or prostatitis. Could This Be You?

Best Practice Guideline for Baby Aspirin Use

Your Ticket to Exuberant Health for the Next 5 Years

New Evidence on Baby Aspirin Discontinuation:

A recent meta-analysis by Campbell et al. (2023) investigated the effects of stopping aspirin in individuals who were already taking it for primary cardiovascular disease (CVD) prevention. The study sheds light on the nuanced approach needed when considering aspirin therapy.

Key Findings:

Patients who discontinued aspirin had a significantly higher risk of CVD events (including heart attack and stroke) compared to those who continued aspirin (hazard ratio [HR] 1.21, 95% confidence interval [CI] 1.05 to 1.39) or patients who were on aspirin before the trials and then stopped had a higher risk of heart disease or stroke (12.5%) compared to those who continued



Ike Kim
Editor

taking the drug (10.4%). Importantly, there was no significant difference in major bleeding events between the two groups.

Shifting Guidelines

Since the landmark study published in 1988 in the New England Journal of Medicine reported a 44% drop in the number of heart attacks among US male physicians aged 40-84 years who took aspirin, baby aspirin became daily

medication for a quarter of Americans who did not have cardiovascular disease since then. However, three major studies in 2018 (ASCEND, ARRIVE, and ASPREE) only showed aspirin decreased the risk of heart attack by only 11% while patients taking low-dose aspirin had a 58% increased risk for gastrointestinal bleeding and 31% risk for intracranial bleeding. Yes,



the pendulum has swung against recommending baby aspirin for the primary prevention of heart attacks and strokes except for a select group of patients. Based on this new evidence, guidelines have become more cautious.

Consider the following recommendations:

USPSTF: For individuals aged 40-59 with a 10% or greater cardiovascular disease (CVD) risk, the US Preventive Services Task Force (USPSTF) recommends considering aspirin use only based on professional judgment and individual

patient preference. However, they advise against its use for those over 60.

American College of Cardiology and American Heart Association: low-dose aspirin might be considered for primary prevention of Atherosclerotic Cardiovascular Disease (ASCVD) among select adults 40-70 years of age rather than previously strong recommendations on low-dose aspirin for ASCVD.

Individualized Decision-Making

Clinicians should take several factors into account when deciding on aspirin use:

Age: Consider the patient's age and individual risk profile.

CVD Risk Factors: Assess risk factors such as smoking, hypertension, and cholesterol levels.

Risk of Bleeding: Evaluate the patient's bleeding risk.

Patient Preferences: Involve the patient in shared decision-making.

Alternative Approaches

Beyond aspirin, other strategies play a crucial role in CVD prevention:

Smoking Cessation: Encourage patients to quit smoking.

Healthy Diet and Exercise: Promote lifestyle changes to improve overall cardiovascular health.

Blood Pressure Control: Manage hypertension effectively.

Statins: Consider statin therapy for high cholesterol.

Aspirin for Established CVD

Aspirin remains recommended for individuals who have already experienced a heart attack, stroke, or other CVD event. In this context, the benefits often outweigh the risks.

Key Takeaways

Personalized Approach: Aspirin use for primary CVD prevention requires an individualized approach. Not everyone will benefit equally. For example, for a 60-year-old who is at high risk for ASCVD, but is not likely to quit smoking and is not at risk of gastrointestinal bleeding, a clinician might recommend low-dose aspirin, especially with elevated coronary artery calcium, i.e. Agatston score >100).

Lifestyle and Medications: Lifestyle modifications and other medications are essential components of CVD risk reduction.

Future Research

Further research is needed to understand the long-term effects of aspirin discontinuation and to identify optimal candidates for continued aspirin use.

References:

Campbell, R., et al. (2023). Outcomes After Aspirin Discontinuation Among Baseline Users in

Contemporary Primary Prevention Aspirin Trials: A Meta-Analysis. *Circulation*, 149(9), 722. [Link](#)

Antibiotics are not effective for cough treatment in lower respiratory tract infections (LRTI)

Antibiotics and Acute Lower Respiratory Tract Infection: A Closer Look

Introduction

Acute lower respiratory tract infections



(LRTIs), such as bronchitis and pneumonia, are common reasons for patient visits to primary care and urgent care settings. Clinicians often face the decision of whether to prescribe antibiotics to patients presenting with symptoms like cough, fever, and chest congestion. The study by Merenstein and colleagues sheds light on the impact of antibiotic use in these cases.

Study Overview

Objective: To evaluate whether antibiotics influence the duration and severity of acute LRTI symptoms.

Participants: The study included adult patients who visited primary care or urgent care sites in the United States with a chief complaint of cough and symptoms consistent with LRTI.

Antibiotic Prescription: Among the 718 patients with baseline data, 29% received antibiotics. Commonly prescribed antibiotics included amoxicillin-clavulanate, azithromycin, doxycycline, and amoxicillin.

Key Finding 1: No Effect on Duration or Severity: Surprisingly, the provision of antibiotics did not significantly impact the duration or overall severity of cough due to acute LRTI. This held true even for patients with viral, bacterial, or mixed infections.

Key Finding 2: Reduced Follow-Up Visits: Patients who received antibiotics were less likely to have a follow-up visit (14.1% vs. 8.2%). The adjusted odds ratio was 0.47 (95% CI 0.26–0.84).

Patient Expectations: Interestingly, patients believed that receiving an antibiotic would reduce the duration of their illness by nearly 4 days.

Clinical Relevance

Antibiotic Stewardship: The study highlights the need for realistic patient education regarding the natural course of

LRTIs. Unrealistic expectations contribute to unnecessary antibiotic prescriptions.

Real-World Practice: Conducted in primary and urgent care settings, this research reflects the challenges faced by clinicians in managing acute LRTIs.

Methodology Assessment

Data Collection: Demographics, comorbidities, symptoms, and respiratory pathogens were collected using PCR.

Severity Tracking: Participants reported signs and symptoms for up to 28 days using diaries and text messages.

Interpolation: The study used interpolation for missing data.

Conclusion

The study emphasizes that antibiotics do not significantly alter the course of acute LRTI symptoms. Clinicians should engage in evidence-based discussions with patients to manage expectations and promote judicious antibiotic use.

References:

Merenstein, D. J., et al. (2024). Antibiotics Not Associated with Shorter Duration or Reduced Severity of Acute Lower Respiratory Tract Infection. *Journal of General Internal Medicine*. [PubMed]

Protect Your Health by Protecting Your Wealth

Hide behind the US Treasury-only Money Market Fund or 1-2 Year Treasuries yielding > 5% and stay safe! If you can sleep soundly at night, you are ok at your investment and for your health

Recent FDA Medication/Supplement Recall

Recall Date	Brand Name	Product Description	Recall Reason Description	Company Name
4/1/2024	AVpak	Atovaquone Oral Suspension, USP 750mg/5mL	Potential Bacillus cereus contamination	AvKARE, LLC
4/5/2024	Fendall 2000	Non-Sterile Eyewash Cartridge	Non-compliance with current good manufacturing practice (cGMP) requirements	Honeywell Safety Products USA
4/8/2024	Medline and Centurion	Convenience kits	The potential for a lack of sterility	Medline Industries, LP
4/18/2024	Sammy's Milk	Goat Milk Toddler Formula	Product does not provide sufficient nutrition when used as an infant formula	Sammy's Milk
4/19/2024	Melissa's Infinite Herbs	Fresh organic basil	Potential to be contaminated with Salmonella.	Infinite Herbs LLC
4/23/2024	Dr. Reddy's	Sapropterin Dihydrochloride Powder for Oral Solution 100 mg	Potential interference with certain medical implants	Dr. Reddy's Laboratories Inc
4/26/2024	PAISA	Queso de Mano PAISA	Potential to be contaminated with Listeria monocytogenes	TAMA Corporation
4/29/2024	H-E-B	Creamy Creations ice cream	Potential presence of metal fragments	H-E-B
4/30/2024	Gibson Farms	California Shelled Walnuts, Organic Light Halves and Pieces	Due to potential Escherichia coli 0157:H7 (E. coli) contamination	Gibson Farms

What's the probability of 5-year survival for this 58-year-old male with benign prostate hypertrophy?

The following real-life case examples are hypothetical stories in the palliative or hospice care settings, imagined by the author with the help of artificial intelligence. Frailty scores are commonly used not only to decide if a patient should be placed in palliative or hospice care but also to assess whether the patient is a suitable candidate for major surgery in the case of surgical intervention. Unfortunately, patients with low frailty scores often do not survive five years after a major health crisis. No one is no exception since everybody eventually succumbs to the law of gravity.

Patient Profile: TD Nguyen Klem, a 58-year-old Asian male who was adopted, received a



diagnosis of benign prostate hypertrophy (BPH)-associated lower urinary tract symptoms (LUTS) several years ago. His symptoms encompass both voiding and storage issues, including daytime urinary frequency, urgency, and nocturia. Additionally, he experiences voiding (obstructive) symptoms such as straining, weak stream, intermittent flow, and incomplete bladder emptying, as well as postmicturition symptoms like postmicturition dribbling.

Initial Treatment Approach

Initially, Mr. Klem's LUTS were relatively mild. He was prescribed an alpha-adrenergic antagonist and dutasteride (a 5-alpha-reductase inhibitor) for the first year. However, despite this treatment, his urinary frequency worsened, occurring every 1 to

TD Klem

*All patient data is fictional and imagined by the author with AI assistance. Safe Health Report complies fully with US HIPPA regulations.

Age:58

Sex:male

Weight:160 pounds

Height:5 feet 5 inches

Activities of Daily Living (ADL) components: transfer, bed mobility, toileting, and eating

- 0 – Independent: If the resident completed the activity with no help or oversight every time during the 7-day prior period.
- 1 – Supervision: If oversight, encouragement, or cueing was provided three or more times during prior 7 days.
- 2 – Limited Assistance: If resident was highly involved in the activity and received physical help in guided maneuvering of limb(s) or other non-weight-bearing assistance three or more times during the last seven days.
- 3 – Extensive Assistance: If resident performed part of the activity over the prior 7 days, help of the following type(s) was provided three or more times:
 - Weight-bearing support provided three or more times.
 - Full staff performance of activity during part, but not all, of the prior 7 days.
- 4 – Total Dependence: If there was full staff performance of an activity with no participation by the resident for any aspect of the ADL activity. The resident must be unwilling or unable to perform any part of the activity over the entire prior 7-day period.
- 7 – Activity occurred only once or twice: If the activity occurred but not 3 times or more.
- 8 – Activity did not occur: If, over the prior 7-day period, the ADL (or any part of the ADL) was not performed by the resident or staff at all. ADL support measures the most support provided by staff over the prior 7 days.

*Adapted from Minnesota Department of Health Guideline

TD's ADL Score 0

1.5 hours, accompanied by urgency and straining.

Consideration of TURP

At this juncture, Mr. Klem should have sought advice from his urologist. Transurethral resection of the prostate (TURP) is widely accepted as the standard

therapy for relieving bladder outlet obstruction secondary to BPH. TURP involves removing excess prostate tissue to alleviate urinary symptoms.

Lack of Histologic Assessment

Interestingly, there was no histologic assessment of Mr. Klem's prostate. He asserts that his prostate was not enlarged during the digital exam conducted by his primary care physician. Additionally, his prostate-specific antigen (PSA) level fell within the normal range.

Exploring Lifestyle Changes

Today, Mr. Klem seeks potential lifestyle modifications to optimize his outcome. In addition to the prescribed medications (tamsulosin and dutasteride), he has experimented with various supplements:

Prostate Plus Health Complex: Contains 320 mg of saw palmetto per capsule.

Prostagenix: Provides 1050 mg of a sterol blend per three capsules.

Graminex: Contains 500 mg of Graminex flower pollen per capsule.

Trunature Cranberry: Offers 650 mg per capsule.

D-Mannose: Taken at 500 mg dosage.

Despite self-titrating these supplements at triple the recommended dose over 3-4 months, Mr. Klem reports no noticeable benefits.

In summary, Mr. Klem's case underscores the complexity of managing BPH-related LUTS. While TURP remains a viable option, exploring lifestyle adjustments alongside medical therapy may hold promise for improving his symptoms.

Prescribed medications:

Tamsulosin 0.8 mg daily

Dutasteride 0.5 mg daily

Rosuvastatin 10 mg daily

Fenofibrate 160 mg daily

Urinary Tract Symptoms (LUTS) Secondary to Benign Prostatic Hyperplasia (BPH)

Lower urinary tract symptoms (LUTS) become increasingly common in men as they age, often accompanied by a histological diagnosis of prostatic hyperplasia (BPH). The incidence of BPH rises linearly with age. BPH occurs due to the proliferation of smooth muscle and epithelial cells within the prostate gland. As the prostate enlarges over time, LUTS manifest with increasing frequency.

Epidemiology:

BPH Prevalence: Approximately 40% of men aged 51 to 60 years exhibit BPH.

LUTS Incidence: Nearly 90% of men aged 45 to 80 years experience LUTS.

Age and Ethnicity: The occurrence of LUTS increases with age across various racial and ethnic groups.

Clinical Approach:

Monitoring Mild Symptoms: Initially, patients with mild BPH-associated LUTS, who are not significantly bothered by their symptoms, undergo careful monitoring without immediate medical therapy. Annual assessments track symptom progression.

Seeking Medical Attention: When symptoms disrupt quality of life, patients tend to seek medical attention. Therapy

options for BPH have evolved significantly, including the development of first-line receptor-specific alpha-blockers and alpha-reductase inhibitors.

TURP Recommendation: The American Urological Association guidelines specify situations where transurethral resection of the prostate (TURP) is recommended for LUTS/BPH.

Metabolic Syndrome Connection:

Prevalence and Severity: Metabolic syndrome is associated with a higher prevalence and greater severity of BPH.

Lifestyle Interventions: Proper lifestyle changes, such as improving insulin resistance (even in the absence of diabetic symptoms) and reducing inflammation, may help delay BPH progression.

Eye of the Tiger Test for TD Klem

*All patient data is fictional. Safe Health Report complies fully with US HIPPA regulations.

Clinical Frailty Score

- 1 – Very Fit: Very fit for their age with no disease symptoms, very active, and exercise regularly- 5 days a week
- 2 – Fit: Still no active disease as in 1 but exercise only occasionally – three times a week or only seasonally
- 3 – Managing Ok: Disease symptoms are well managed. Not able to exercise at all other than walking.
- 4 – Very Mild Frailty: Symptomatic disease. Not dependent on others for daily activities but disease symptoms slow down their activities. May need a cane for walking occasionally for example
- 5 – Mild Frailty: Symptomatic disease limits daily activities. Needs walkers. Needs help with walking and shopping.
- 6 – Moderate Frailty: Needs help with walking, shopping, climbing stairs, and bathing with disease progression.
- 7 – Severe Frailty: Completely dependent for personal care and daily activities but seem stable and at risk of death within the next 6 months.
- 8 – Very Severe Frailty: Same as 7 but unstable and even mild illness is likely to cause death.
- 9 – Terminally Ill: As in 8 but not likely to live next 3-6 month.

*Adapted from [Rockwood & Theou 2020](#)

TD's Frailty Score 2

In summary, understanding the interplay between BPH, LUTS, and metabolic factors is

crucial for effective management. Lifestyle modifications play a key role in optimizing outcomes.

Lifestyle Modifications for Mr. Klem

Regular Exercise: Walking Twice a Day

Mr. Klem should engage in brisk walking at least twice a day, with each session lasting 30 minutes. Walking promotes cardiovascular health and helps manage weight.

Meal Timing and Composition

Breakfast and Lunch: Mr. Klem should have larger, well-balanced breakfast and lunch meals. These meals provide essential nutrients and energy.

Early and Light Dinner: To aid digestion and prevent discomfort, Mr. Klem should aim for an early dinner, ideally before 6 pm. Lighter evening meals can improve sleep quality.

Calorie Control

Mr. Klem should monitor daily caloric intake. Excess calories should not exceed 250 kcal per day. Calorie counting helps maintain a healthy weight.

Dietary Restrictions

Avoid:

Carbonated beverages with fructose.

Fruits sweeter than table sugar.

Saturated fats, including chicken fat.

Fried foods (ideally avoid frying altogether).

Prefer:

Soup, baked goods, and steamed food.

Additional Note

Mr. Klem should avoid oral sex due to the possibility of bacterial prostatitis.

Recommended Supplements

Zinc: 50 mg every other day (\$4.99 per 200 tablets).

Lycopene: 20 mg twice a day (<\$6.00 per 60 capsules).

Magnesium Citrate Solution: 15 ml twice a day (<\$2 per bottle).

Important Message

Mr. Klem must follow up with his urologist promptly. Urinary reflux or obstruction could lead to kidney failure if left untreated.

Magnesium and Cholesterol Metabolism

Magnesium in our body is found in circulation (0.3%), bone tissue (60%), and inside cells (40%), and participates in around 300 enzymatic processes, including the metabolism of lipoprotein lipase (LPL), HMG-CoA reductase, and lecithin-cholesterol acyl transferase (LCAT), as well as the attenuation of Na-K ATPase and the breakdown of glycogen from the liver.

Mg²⁺-ATP is the regulating factor for the rate-limiting enzyme in the cholesterol production sequence that the statin drugs target. The enzymatic conversion of HMG-CoA to mevalonate via HMG-CoA reductase is the rate-limiting pathway in cholesterol production. Statins have a higher affinity for HMG CoA reductase (enzyme) than HMG-CoA (substrate). Mg is a modulator of the enzyme that inactivates HMG-CoA reductase. Magnesium would be

beneficial in Mr. Klem's case due to the synergistic effect between his cholesterol drug, rosuvastatin, and magnesium. Straining during voiding was resolved when magnesium citrate was added two weeks after starting the other recommended regimen.

Lycopene

Trans-lycopene is found in tomatoes and heating the tomatoes transforms all trans-lycopene into cis-lycopene. Cis-lycopene isomers are more soluble and better absorbed from the human intestine. Once absorbed, the half-life of lycopene is 5 days.

While lycopene has been studied first in prostate cancer, it provides an important role in suppressing the inflammatory response. It is the reason why it's effective in mild joint pain. In addition, its mechanism of action is more related to the inhibition of ROS production, and the synthesis and expression of pro-inflammatory cytokines, including IL-1, IL-1 β , IL-6, and TNF- α . Therefore, it is a reasonable supplement for both men and women although this has helped in urine storage in Mr. Klem's case providing decreased urinary urgency

Conclusion:

Two weeks later, Mr. Klem reports his urgency is gone and urinary frequency is every 3-4 hours. Once again, he needs to follow up with his primary care physician and urologist. Urinary outlet obstruction may potentially result in renal failure. The most important supplement may be lycopene which is consumed in the form of tomatoes or tomato-derived sauce in the Mediterranean diet. The second most important point is that most Americans are

deficient in magnesium and magnesium plays an important role in the various cells of prostate tissue. While we end up spending hundreds of dollars on widely touted BPH supplements, these relatively inexpensive nutritional supplements proved to be more effective for Mr. Klem, potentially delaying the need to remove his prostate. However, as stated in the beginning, this may not be a case of BPH but rather a case of complicated prostatitis-related LUTS. If so, he may need a course of antibiotic therapy with one of the fluoroquinolones (i.e. levofloxacin). Once again, a visit to one of the urologists or at least a follow-up with his PCP is strongly recommended. His 5-year survival probability looks good as long as prostate cancer is ruled out.

Reference:

Ross AB et al. Lycopene bioavailability and metabolism in humans: an accelerator mass spectrometry study. *Am J Clin Nutr.* 2011 Jun;93(6):1263-73.

Nartea R et al. The Link between Magnesium Supplements and Statin Medication in Dyslipidemia Patients. *Current Issues in Molecular Biology.* 2023; 45(4):3146-3167. <https://doi.org/10.3390/cimb45040205>

MrGineaPig's Core Long-Term Trial

LONG-TERM TRIAL	SUPPLEMENT	START DATE	
Muscle Weakness	Hyaluronic Acid	07/01/2019	50 mg-1 capsule daily
Back Pain	Pantothenic acid	09/1/2022	500 mg 1 capsule daily
	Pantethine	09/01/2022	450 mg 1 capsule daily
Mealtimes	Breakfast 09:00 -Lunner (13:00)	01/07/2023	+Salad with Balsamic Vinegar Lunner = Lunch + Dinner
BPH Prevention	Lycopene	01/31/2024	20 mg daily
BPH LUTS	Lycopene	04/27/2024	20 mg three times a day (<\$6 per 60 gelcaps)
	Magnesium Citrate Solution	04/27/2024	1 tablespoonful mixed in water twice a day (<\$2 /per bottle)
	Zinc 50 mg	04/27/2024	1 tablet every other day (\$4.99 per 200 tablets)

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Risk Factors for Premature or Unexpected Death

Immediate Risks	Internal Threat	External Threat	Other Topics
<ol style="list-style-type: none"> COVID-19 RSV Flu Fentanyl death Drug shortages Gun violence 	<ol style="list-style-type: none"> Poor diet Smoking High blood pressure Obesity Sedentary Lifestyle Suicide 	<ol style="list-style-type: none"> War Microplastics FDA recalls Meat preservatives Trans fatty acid Pesticides Heavy metals 	<ol style="list-style-type: none"> Shortness of breath Back pain Hemorrhoids Incontinence Joint swelling Fibromyalgia Health Insurance

Topics Chosen: Covid-19 update, Clostridium difficile, Search of Best Diet Series

Format of Safe Health Report

Section 1: Conditions or internal environment that increases the risk of premature death or pose an immediate danger to your health (both mental and physical) as in an avalanche.

Section 2: External environment that increases premature death, FDA recalls.

Section 3: Case examples of premature death. If you are in a similar situation, remove yourself out of harm's way! Can we extend **our expiration dates** when in the eye of the storm before disease strikes at a tissue level. Remember epigenome is what activates a specific set of genes.



Purpose of Safe Health Report

If you feel you are being used by someone or somebody or institution or institutionalized philosophy or even by your parents or siblings or your coworkers or even your boss, you are a GuineaPig. This newsletter is designed to empower GuineaPigs in the area of human health and possibly decrease the risk of **premature death**.

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