

Monthly Newsletter for Woodlands' CCM Program



Will taking a vitamin help my eyesight?

By Mark M. Ryan MD

Not a week goes by when a patient will ask me whether they should take a vitamin, AREDS2, recommended by their ophthalmologist. I was admittedly poorly informed about the reasoning behind this recommendation and, therefore, consistently deferred to the judgment of the ophthalmologist. What I discovered in researching this article was a story of public-private partnership that has advanced health and prevented progressive vision loss in older adults.

In 1992, the National Eye Institute, part of the National Institutes of Health (NIH), launched the Age-Related Eye Disease Study (AREDS). This series of experiments, studies, and clinical trials aimed to evaluate:

1. The progression, risk factors, and prognosis of age-related macular degeneration (AMD) and cataracts.
2. The impact of nutrients on the development of these conditions.

4,757 participants aged 55-80 with age-related macular degeneration (AMD), cataract, or both were included in the [study](#) and followed for five years. Participants were randomly assigned an antioxidant formulation + zinc and copper, zinc and copper alone, antioxidant formula, or placebo. Bausch + Lomb collaborated on the study by manufacturing the various formulas.

The results showed that none of the formulations could prevent AMD. However, people with intermediate AMD or advanced AMD in one eye only saw a 25% reduction in their risk of severe vision loss when taking the final AREDS formula, which combined antioxidants, zinc, and copper.

Central vision loss was reduced by 19% in this group. Unfortunately, none of the formulas reduced the risk of cataracts.

Due to the significant decrease in risk of severe vision loss, investigators followed the patients for an additional five years and [found](#) that the risk reduction increased to 30% reduction of severe vision loss in patients taking AREDS compared to placebo.

In 2006, a follow-up [study](#) i called AREDS2 tested modifications to the original formula. While adding omega-3 fatty acids didn't provide any additional benefits, removing beta-carotene and adding lutein and zeaxanthin improved the effectiveness. This AREDS2 formula proved incrementally better at reducing AMD progression than the original AREDS formula.

A recent [study](#) published in 2022 showed the persistent benefits of AREDS2 compared to AREDS; hence, the consistent recommendation of ophthalmologists that certain patients take AREDS2.

Important points to remember:

1. Neither AREDS nor AREDS2 prevents the onset of age-related macular degeneration (AMD)
2. Taking AREDS or AREDS2 reduces the risk of progression from intermediate to advanced age-related macular degeneration (AMD) by 25%.
3. AREDS2 is incrementally more effective than AREDS in preventing progression of AMD.
4. AREDS and AREDS2 do not have any effect on cataract
5. Omega-3 fatty acid supplements do not have an effect on cataract or AMD



>>> IN THE NEWS

Does my arm's position affect my blood pressure reading?

This [study](#) showed that commonly used, nonstandard arm positions during BP measurements substantially overestimate blood pressure, reinforcing the need to educate providers and patients about standard positioning during BP measurements.

If you have ever checked your blood pressure at home, you may notice that it is drastically different from the blood pressure in the doctor's office.

Researchers from Johns Hopkins School of Public Health looked further into a possible reason for this finding by examining the effect of arm position on blood pressure reading.

They recruited 133 patients between the ages of 18 and 80 from the Baltimore, Maryland area. These participants were randomly assigned to BP measurements with the arm positioned in three ways: (1) supported on a desk, (2) hand supported on lap, (3) arm unsupported at the side. In every position, patients had three readings taken, with each reading two minutes apart. Everyone then had their blood pressure measured a fourth time with the arm supported on a desk, the standard position.

Measuring blood pressure in the lap and unsupported side position resulted in significantly higher blood pressure readings than desk positions. The elevated blood pressure was the same in all patients regardless of age, weight, or smoking status; however, when the patients had their blood pressure measured with their arm resting on a desk, the systolic blood pressure decreased on average by 6.5mmHg and the diastolic blood pressure decreased by 4.4mmHg.

This demonstrated that commonly used arm positions (lap or side) result in substantial overestimation of BP readings and may lead to misdiagnosis or overestimation of hypertension.

Most people have had the experience of going to a doctor's office and seeing their initial blood pressure reading be elevated. The medical assistant may then ask you to reposition yourself or simply wait several minutes and then a second blood pressure reading was significantly lower.

Other patients will experiment at home and find that their blood pressure significantly changes in certain positions. This naturally invites the question - what is my true blood pressure?

I like to refocus the question by saying that it is perfectly natural and normal that your blood pressure changes with different positions and different activities.

If you want to check your blood pressure when you are running on a treadmill or flexing your biceps, it will and should be extremely elevated. When you check your blood pressure in a "standard fashion", however, your blood pressure should be within the normal range. If your blood pressure is consistently elevated despite measuring it in the "standard fashion", you should discuss the need for treatment with your physician.





>>> THIS MONTH

October is Breast Cancer Awareness Month

October is Breast Cancer awareness month. There have been changes to the technology in mammogram machines over the past year. Some points to consider:

|1|

3D mammogram machines (also called breast tomosynthesis) [find more breast cancer and have lower false-positive rates](#) than 2D mammogram machines.

|2|

3D mammogram machines [detect breast cancer in people with dense breast tissue](#) because the 3D image allows doctors to see beyond areas of density.

|3|

Because the image quality is superior in a 3D mammogram, it reduces, but not eliminates, the need for follow-up imaging like ultrasound.

|4|

[Fewer than half](#) of all accredited mammogram machines being used in the USA are 3D capable. Check with your mammogram facility to ensure you are being screened with a 3D machine.

Call Us First 

Have sinus pressure after recent COVID infection and not sure what to do?

Cases of COVID are on the rise again, and the new variant can cause a lingering sinus pressure that creates uncertainty among patients. Not sure what is causing your headache or what you can or should take to treat your symptoms?. Please know that our physicians are on-call 24/7 and available to assess your symptoms and treat you when you need treatment. Please call us before going to the emergency room or urgent care so that we can advise you on the best course of action.

Call **850-696-4000** and ask the operator for the Woodlands primary care physician on-call. We can set up a telemedicine visit or simply speak to you by phone to review your symptoms and make sure you receive the best care in the most appropriate setting.

