

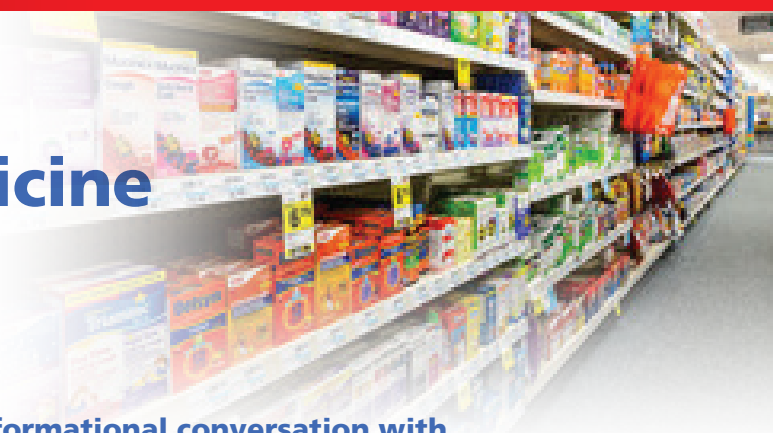
Insider

Winter 2022

COLD AND FLU SEASON

Your Guide to Over-The-Counter Medicine

Staying healthy this cold and flu season can start with a visit to your local pharmacy when symptoms arise. But navigating the shelves stocked with many different “over the counter” (OTC) products can often be overwhelming. Many brands have multiple different formulations. How can you ensure you select the one that’s right for you?



Following are highlights from an informational conversation with Brown Medicine Pharmacists Amy Rumanowski and Austin Faria, to help guide your use of non-prescription medications this season:

AMY: When you’re not feeling well, it’s best if your physician provides you with instructions on specific ingredients to look for in OTC medication that can help you manage specific symptoms vs. suggesting a general brand name OTC medication. If you need cough medicine, for example, there are so many different kinds available at your local pharmacy. Selecting the best product can be overwhelming. Always look at the ingredients on the drug facts label and feel comfortable enough to ask the pharmacist for advice - they are available to help!

AUSTIN: Depending on whether your cough is dry or wet, should you buy a mixture that is labeled “regular, CF, DM Max, DM, or D”? Do you purchase a soothing syrup, cough suppressant or expectorant? This is why looking at the ingredients is important. Be sure to purchase a product based on your doctor or pharmacist’s recommendation to treat the specific symptoms you are experiencing. Many people may not know that products with a “D” contain a decongestant, such as pseudoephedrine (brand name: Sudafed). Many combination cough and cold medications contain acetaminophen, so use caution if you are taking other pain relievers already, so as to prevent taking excess doses which can have potential side effects if used long enough or if the dose is too high.

AUSTIN: There’s generally not a need to take OTC medications as a seasonal preventive measure. Physicians treat symptoms in the moment when a patient is presenting with cold- or flu-like symptoms. Bronchitis, colds and flu are most often viral infections vs. bacterial infections which are treated with antibiotics. Antibiotics do not treat viral infections, therefore, viral infections need to take their course. The aim is to treat the symptoms vs. kill the virus.

AMY: There are many products that claim they may help with immune response as a preventive measure. Vitamin C can be taken to help boost the immune system however, for patients with diabetes that test their



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blood sugars using CGM (continuous glucose monitors), blood glucose readings may be altered if patients take high amounts. Sometimes supplements can cause more harm than benefit. Elderberry is a natural supplement that has potential anti-viral properties, but scientific data supports that its impact is mild, if any.

AUSTIN: A variety of prescribed medications interact with OTC meds in general, such as pain and sedative medications and blood thinners

(warfarin). Check with your healthcare provider or pharmacist for safer options for cold and flu medications if you are taking these. Decongestants are known to increase blood pressure and make people feel jittery because its active ingredient is a stimulant that causes increased heart rate, which can feel similar to drinking caffeinated coffee. If your blood pressure is well controlled on medications already, it may be safe for you to take a decongestant but be sure to check with your pharmacist or doctor. Note that certain foods and beverages can interact with medications as well, making them less effective or causing side effects.

AMY: Extended use of stimulants leads to cardiovascular issues. It’s important to treat only when you need to use the medication. For example, some nasal sprays are recommended for no longer than three days or you can have rebound congestion, or the medication could stop working and a person can end up reliant on it.

AUSTIN: A lot of OTC medication is used for short-term therapy. If you’re having symptoms of any kind that last more than one or two weeks, seek assistance from your medical provider to get to the root cause. OTC medications have instructions on what’s safe to use without supervision from a provider. For example, ibuprofen can be prescribed at higher doses than what you can get in the aisle. Higher doses require follow up with your provider to ensure safe use and are prescribed for more severe complications. Always let your provider and pharmacist know what

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NEWS



Employees of Brown Medicine’s Divisions of Gastroenterology and Endocrinology joined together in an Old West theme to win the annual Halloween costume contest. *Congratulations, all!*



Brown Medicine, along with our BPI affiliates, hosted a Food Drive for Operation Stand Down RI. Items collected helped restock the organization’s food pantry in Johnston serving local veterans in need and their families. Thanks to all who donated to make the project a success.



Congratulations to our latest Employee of the Quarter: Jesse Holland, Medical Assistant with Brown Medicine’s Division of Primary Care’s East Greenwich office.

SAVE THE DATE

For Dr. Tom Ollila’s
TOUR DE RHODY
 Cycling to support Rhode Island Cancer Research
September 18, 2022
tourderhody.com/

Pink Out!



Jodi Wagner
 Administration – Providence

Brown Medicine dedicates an annual “Pink Out Day” in October to spread awareness and express solidarity toward those who are dealing with breast cancer in any way.



Division of Primary Care - East Providence



Administration - Providence



Division of Primary Care – Smithfield



Division of Gastroenterology – East Providence

Division of Primary Care – East Providence

Arthritis Foundation Honors Dr. Stuart T. Schwartz



Dr. Stuart T. Schwartz

The Arthritis Foundation of RI had to make the difficult decision to postpone its Commitment to a Cure RI Gala for another year to protect the health of guests and honorees with the number of COVID-19 cases surging due to the Delta variant. The Arthritis Foundation chose to pivot to a letter campaign instead. During this vital letter writing campaign, The Arthritis Foundation was honored to recognize Brown Medicine Rheumatologist Dr. Stuart T. Schwartz with the Dr. Hal Horowitz Physician's Lifetime Achievement Award.

Dr. Schwartz has dedicated his life to providing outstanding care to people living with arthritis. He writes, "I have been practicing medicine in the State of Rhode Island since I relocated in 1984 for my residency in Internal Medicine at Rhode Island Hospital after meeting my wife, Mindy Rosenbloom, at Rutgers Medical School. I credit my interest in rheumatology to my outstanding mentors, Dr. Ted Lally, Dr. George Ho, and Dr. Barney Zimmermann.

From 1987-89, I was a rheumatology fellow with Brown University. Since 1989, I have been on the clinical faculty at Brown Medicine and have provided three decades of office- and hospital-based patient care as a rheumatologist.

As a respected rheumatologist by my colleagues, my competent care has earned me election by my physician peers as a RI Top Doc in Rheumatology every year since its inception in 1994. Being a rheumatologist has been extremely rewarding for me as I have been able to develop long term relationships with many of my patients. It's gratifying to be able to help relieve their pain and improve their physical function. I am honored to be recognized by the Arthritis Foundation with the Dr. Hal Horowitz Physician's Lifetime Achievement Award."

Nationwide, the Arthritis Foundation provides resources and programming to 54 million adults in the U.S. who suffer from one or more forms of arthritis every day. For the past year and a half, emotional and physical isolation has taken a daily toll on the well-being of many, especially those who live with arthritis. The Arthritis Foundation Insights survey taken by those who suffer from arthritis here in Rhode Island shows that 93% percent of people living with arthritis have reported that pain interferes with their day-to-day activities; 80% are having difficulty using stairs at a normal pace; 67% have felt depressed within the past 7 days; and 88% find problems with sleep due to their arthritis.

“
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with the Dr. Hal Horowitz
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”

Brown Medicine Rheumatologist
Dr. Stuart T. Schwartz

RECIPE

A hearty soup can be the perfect meal for those cold winter nights. Best of all, most are quick and easy to make. This Escarole and White Bean Soup can have many different twists. Have some extra spinach in the fridge? Throw it in! How about some carrots? Why not! The flexibility of this dish is sure to make it a repeat at your dinner table.

Escarole and White Bean Soup

Prep Time: 10 minutes

Cook time: 40 minutes

Servings: 4

INGREDIENTS

- 1 tbsp. extra-virgin olive oil
- 1/2 onion, finely chopped
- 2 stalks celery, finely chopped
- 1 large leek, cleaned and thinly sliced (white and pale green parts only)
- 3 cloves garlic, minced
- 2 tsp. freshly chopped thyme
- 1/2 tsp. red pepper flakes (optional)
- 1 head escarole, roughly chopped
- Kosher salt
- Freshly ground black pepper
- 4 c. low-sodium vegetable or chicken broth
- 2 c. water
- 2 (15-oz.) cans cannellini beans, drained and rinsed
- 1 Parmesan rind, or 1 (1-oz.) piece of Parmesan
- 2 bay leaves
- Juice of 1 lemon
- Freshly grated Parmesan, for serving



INSTRUCTIONS

- Heat oil in large pot over medium heat. Add onion, celery, and leek and cook until slightly soft, 5 minutes. Add garlic, thyme, and red pepper flakes (if using) and cook until fragrant, 1 minute more. Add escarole and stir until wilted completely. Season with salt and pepper.
- Add broth, water, beans, Parmesan rind and bay leaves and bring to a simmer. Stir occasionally, mashing some beans (about 1/3 of them) in the pot to thicken soup. Let simmer 15 minutes, then stir in lemon juice.
- Garnish with grated Parmesan before serving.

Source: <https://www.delish.com/cooking/recipe-ideas/a26471178/easy-escarole-beans-soup-recipe/>

Did you know?



Insulin, central to the treatment of diabetes, was discovered by Sir Frederick Banting in the early 1920s.

He was a Canadian medical scientist, physician, painter and Nobel laureate.

Sir Frederick Banting

Other scientists had tried to produce extracts from the pancreas that reduced blood sugar. The understanding of diabetes dates back to the ancient Greeks who knew about it and would diagnose diabetes by tasting urine! Before the 1920s, people with diabetes didn't live for more than three years.



Smallpox was a highly infectious and deadly disease that was endemic around the world.

During the 20th century, approximately 300 million people died worldwide from this disease. In 1796,

Edward Jenner

English physician and scientist Edward Jenner discovered that contracting cowpox provided immunity. He published his finding and called the procedure "vaccination" after the Latin word for cow which is "vacca." Smallpox was officially eradicated in 1980. The vaccine led to the development of many more life-saving vaccines.



Poliomyelitis (polio) was a huge public health issue in the late 19th century with major epidemics in the U.S. and Europe.

A breakthrough came in 1952 when Dr. Jonas Salk started working on the first

Dr. Jonas Salk

effective vaccine. In 1961, the oral polio vaccine was developed. Mass vaccination programs followed. Rotary International has been working to eradicate polio for more than 40 years and has made incredible progress to rid the world of it forever, leading global immunization programs. The organization has contributed more than \$2.1 billion to polio eradication, thanks to funding partners and generous members who volunteered to protect nearly 3 billion children in 122 countries from this paralyzing disease. Today, polio cases remain only in two countries: Pakistan and Afghanistan.

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nonprescription medications you are taking. Just because it's OTC doesn't mean it's completely safe.

AMY: That's a great point, and why Brown Medicine pharmacists recommend using the same local pharmacy or pharmacy chain, so your medication list is readily available. When I worked in a pharmacy in Newport, a daughter came in to get cough medicine for her mother. It turns out the mother was on a medication that interacted with a product the daughter picked out from the aisle. We were able to reference the mother's medication list in our system, with her mother's consent, and recommend the best treatment for her cough. It's a good idea to keep your own updated medication list at home and alert your pharmacy to any dosage changes, etc. It is so important to communicate any dose changes or discontinued medications to avoid duplicate treatments or side effects.

AMY: With the holiday party season upon us, it's important to note that if you're not feeling well or trying to fight off an infection, you're not doing your body a favor by drinking alcohol which is a toxin. It's not an old wives' tale! Some antibiotics are greatly affected by the use of alcohol. If taking metronidazole, for example, one sip or even using mouthwash with alcohol in it can immediately cause a person to be violently ill. All prescriptions should have a label and caution sticker right on the bottle alerting you to interactions with other substances.

AUSTIN: Another point to mention is that people often confuse acetaminophen (brand name Tylenol) with ibuprofen (brand name Advil or Motrin). Both are used for similar symptoms such as lowering fever, but acetaminophen is processed through the liver while ibuprofen goes through the kidneys. If you have kidney complications, avoid ibuprofen. If you have liver complications like cirrhosis, use extra caution with acetaminophen because you can potentially cause further damage to that

organ. Ibuprofen is considered an NSAID (non-steroidal anti-inflammatory) while acetaminophen doesn't have any anti-inflammatory properties. Regular use of ibuprofen can be linked to increased cardiovascular events like a heart attack, so it's important to let your healthcare provider know if you use these OTC medications on a regular basis or at high doses.

AMY: Some patients, when asked by their doctor or pharmacist, say they are taking aspirin when they are actually taking acetaminophen or ibuprofen. One of the first NSAIDs discovered was aspirin, made naturally from willow tree bark. Aspirin use carries a risk of bleeding, so if you have a choice, acetaminophen wins out for use of treating headaches or fevers. Regular use of aspirin is not for everyone, so it is important to consult your provider.

AUSTIN: Communication between the physician, patient and pharmacist is key to optimal treatment because it's important to know everything that a patient is taking. Extended-release formulations are designed to last longer in the body, generally up to a whole day, so the pill usually should not be split in two and needs to be swallowed whole. Some medications have a specific coating allowing it to be absorbed in a specific area of the body. The more we know, the more we can help both the patient and their physician to provide the very best and most comprehensive care possible.

Brown Medicine pharmacists work closely with the Primary Care and specialty practice physicians to help provide medication and chronic disease management. They are often called upon to chart comprehensive medicine reviews and provide assistance to physicians with dosing or drug questions. They interact directly with patients for medication refills and adjustments, insurance payment and authorization assistance, and for education and training on using new therapies such as an inhaler, insulin administration and blood sugar monitoring.



Holiday Greetings

Wishing you health, peace and joy this holiday season.
From your friends at Brown Medicine.



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