

## Parents Are Hard To Raise S03 Episode 116 Transcript

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**Announcer** [00:00:37] This week on Parents Are Hard To Raise health and wellness expert Dr. Felice Gersh is back with more great advice to keep our aging parents and us living our lives to the fullest.

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**Diane Berardi** [00:01:08] Welcome to Parents Are Hard To Raise. Helping families grow older together without losing their minds. I'm eldercare expert Diane Berardi.

[00:01:18] Longtime listeners will definitely recognize my next guest. Mostly because she's among my favorite guest medical experts. Dr. Felice Gersh is a true pioneer in her field. A rare combination of an award winning physician, double board certified both in OB GYN and integrative medicine, and a tireless champion of women's health. She holds degrees from Princeton University, the University of Southern California School of Medicine and the University of Arizona School of Medicine. Dr. Gersh serves as medical director of the integrative medical group of Irvine California. She also writes and speaks internationally on integrative medicine and women's health. You can hear her weekly broadcast a healthy perspective on KRLA radio AM 870 in Los Angeles.

[00:02:08] Felice... Welcome back to Parents Are Hard To Raise.

**Felice Gersh, MD** [00:02:12] Well thanks for inviting me. It's always such great fun to be here with you.

**Diane Berardi** [00:02:16] Oh well we love having you and you're always an amazing wealth of cutting edge information. So tell us... What do you have for us this week?

**Felice Gersh, MD** [00:02:26] Well I want to talk about the overmedication of the elderly. Of course it's not just the elderly, it could be the parents have their kids have a very high array of medications that they're taking as well. But the elderly are especially vulnerable to what we call poly pharmacy- being on many many medications at the same time. And it's really an epidemic going on right now.

**Diane Berardi** [00:02:50] Really?

**Felice Gersh, MD** [00:02:52] Absolutely. In fact the elderly make up a very large percentage of the hospitalized patients. And they're often prescribed medications while they're in the hospital. Often such things as acid blockers and sleeping pills and even like tranquilizers. And when they leave they're often prescribed the medications to go home with and their doctors at home just continue them. So they end up on a lot of medications that they maybe didn't even need in the first place. They certainly don't need them after they're discharged. And then many patients when they're elderly have many different doctors that they go to see and each doctor prescribes a couple of medications. And before you know it there are like a dozen or more. In fact I was reading an article recently

where they looked at patients coming into the hospital and then while they're in the hospital when they look at all the medications it's in the 30s. Can you imagine?

**Diane Berardi** [00:03:44] Oh my gosh.

**Felice Gersh, MD** [00:03:46] And then they go home and they have this great array of pills and they don't even know what to do with them. And the incidence of medication complications with overdoses and side effects actually often sadly or even terminal fatal kinds of complications from medications is really on the rise. So I want everyone to really think about what medications their elderly parents are taking and really what is the point of them and how they interact.

**Diane Berardi** [00:04:16] Right. Exactly. We had talked about this with Dr. Doug Oliver from Canada. So it's not just a U.S. problem.

**Felice Gersh, MD** [00:04:25] Actually it's interesting that one of the wonderful countries that keeps track of this is New Zealand.

**Diane Berardi** [00:04:31] Really...

**Felice Gersh, MD** [00:04:31] And they have actually a data registry where they keep track of the drugs that everyone is on because of their national health system and especially the elderly. And they do scans of this on a regular basis and they're finding atrocious findings really. So it's it's really a worldwide problem. Anywhere where you have will say a very upscale health care system. And then of course in some countries people can buy all kinds of things over the counter. So it's an additive problem from what's prescribed officially to what people are self prescribing. And of course in this country too, look at the vast array of medications that you can go to your local pharmacy and just buy over-the-counter with no advice given.

**Diane Berardi** [00:05:15] Yeah it's very true. You know, I even look at with my.. My mother keeps saying to me, and she's really not on a lot of medications, but different things are being added to try to control different problems she's having right now, and she just keeps saying me, Too many pills. Too many pills. You know.

[00:05:32] And then she'll just not take anything, because she's like, I'm not taking them. Im like, oh my gosh.

[00:05:38] So it really can create havoc. Either way.

**Felice Gersh, MD** [00:05:43] Oh absolutely. So sometimes people they just throw their hands up and say I can't handle these pills so I'm not going to take any or they look and they'll say you know I'll take that one today. And I'll take that one tomorrow. And they don't really understand some of these medications if you stop taking them abruptly can have serious withdrawal effects as well, so it is complicated.

[00:06:06] And then on top of the prescription medications the over-the-counter medications then you have your supplements. Right?

[00:06:13] And so I mean you could have... There's no pill case that's big enough. You end up having to have like 20 pill cases and trying to label them and keep track of them. And it's really... It's funny and it's a disaster all at once.

**Diane Berardi** [00:06:28] And it's such a common problem no matter where we live.

**Felice Gersh, MD** [00:06:32] Absolutely. It doesn't matter. Even the socioeconomic level. In the U.S., anyone who has access to a pharmacy or has access to a doctor or multiple doctors is typically getting prescribed medication. And it sadly goes back to the underlying medical education system in the country, where doctors are really taught "the pill to the ill" philosophy.

**Diane Berardi** [00:06:57] Yeah.

**Felice Gersh, MD** [00:06:58] Which I speak against all the time. I mean there are some definitely life saving medications out there. Pharmaceuticals that have changed the entire course of what could be terminal diseases or chronic diseases with great suffering. So there certainly are some amazing pharmaceuticals but there is also a tremendous overuse of pharmaceuticals for lifestyle problems.

[00:07:23] So it's like you've seen the advertisements on television where, Oh, you know, eat all this horrible food and get heartburn. Well you can prevent it. Just take these pills and it's like wait a minute stop eating all that horrible food.

**Diane Berardi** [00:07:34] Right.

**Felice Gersh, MD** [00:07:35] And eat healthy food and then your G.I. tract will start functioning so much better.

[00:07:40] So we have a system that's really pushing even the doctors to think, What pill shall I prescribe for this patient when people come in for appointments?

[00:07:49] Yeah.

[00:07:50] And patients often expect a pill.

**Diane Berardi** [00:07:52] Yeah. Exactly.

**Felice Gersh, MD** [00:07:53] They expect a prescription and if a doctor says, Well let's talk about your lifestyle. What are your stressors? And what time do you go to bed? And what kind of environment do you have in your bedroom? And what food are you eating and what times are you eating? And like going really. What about your movement, Are you sitting all day or are you exercising? And really sitting there and going over these very critical lifestyle pieces of the puzzle of what make people sick or well they're not really doing that. And if they did, the patient might say, Can you just please give me a pill.

**Diane Berardi** [00:08:26] You're right.

**Felice Gersh, MD** [00:08:26] I don't want to change any of these things. And so we have to really change the whole way we approach health and wellness and illness as well.

[00:08:35] And also when a medication is prescribed, maybe a really needed medication, It doesn't mean it's prescribed for life. But sometimes doctors just you know some other doctor that the patient may have seen prescribed something and the doctor doesn't really want to change what somebody else prescribed. So they just keep prescribing it.

[00:08:53] I can give you an example. I had this really lovely woman patient who moved because she she didn't really want to but she was getting elderly. I mean elderly she was about 95. She was living on her own in New York and her family lived in California. And they finally convinced her that it was time to give up her home and move into assisted living. And she did. And when she came, she came with all the medications that the many doctors were prescribing for her back in New York. And then she came to me as a patient. And here she is ninety five and now she's over 100 isn't doing amazingly well. Basically little by little I just took her off almost all of the medications. I think she's left on about two medications and about six supplements.

**Diane Berardi** [00:09:39] Wow.

**Felice Gersh, MD** [00:09:40] That's because she's elderly and has more digestive issues and we can treat a lot of that just with certain vitamins and digestive enzymes and so on. And so she's she's doing remarkably well. But I got her off of about 12 different pharmaceuticals.

**Diane Berardi** [00:09:55] Wow.

**Felice Gersh, MD** [00:09:56] It made her feel so much better. And there are actually geriatricians out there doctors who specialize in the care of the elderly and what they spend most of their time doing when they first get to know a patient is weaning them off of all the pharmaceuticals that they're on.

**Diane Berardi** [00:10:12] Yeah. You know we took my dad to Dr. Jacobs who we had on the show and that's what she started to do. And my father said, Oh, she wants to take me off my asthma medication. Maybe I don't have asthma anymore. or maybe... But you know I don't think I do anyway. You know and it's true. I mean he's been on these medications probably for 30 years. And no one kind of evaluates, I guess. You know he goes to so many different doctors.

**Felice Gersh, MD** [00:10:43] Exactly.

[00:10:43] And it's funny that you brought up the asthma medication. There was just a study about a week ago... I think this is a little disappointing. That said that the inhaler type, the combinations with the steroids. That they actually are no better than placebo.

[00:10:59] So it's like... What? And how many people are on them? And many of these drugs, the way that they're tested it's sometimes a little iffy as well.

[00:11:09] So definitely time to take a look at every single pill that your elderly parents are taking and review it with maybe more than one doctor to say... Really. And not just, Do I need to have this be on the list of drugs but how about the dose? That's the other thing.

**Diane Berardi** [00:11:26] OK.

**Felice Gersh, MD** [00:11:26] Like many many elderly patients are on blood pressure drugs.

**Diane Berardi** [00:11:30] Right.

**Felice Gersh, MD** [00:11:31] Of course. That's so common. And one of the common ones that's prescribed which is also for helping with a very rapid heartbeat. For example many elderly people have atrial fibrillation as well, and so many are on drugs called beta blockers.

**Diane Berardi** [00:11:46] OK.

**Felice Gersh, MD** [00:11:46] And these drugs can be given in much higher doses in younger people, but often the dose doesn't get changed as the people are getting older, more and more elderly, and they're having more difficulty metabolizing these medications. And they're very clearly associated with hypotension. When the patient stands up they get their blood pressure doesn't adjust and it gets too low. They get lightheaded and fall. And we all know what happens when elderly people fall and break bones. The statistics are so really gruesome. The high percentage that do not survive at one year after fractures occur. Here it's about a third do not even survive one year. And about 50 percent never never get back the mobility and the independence that they had prior to the fracture.

**Diane Berardi** [00:12:35] Right. You're right. And also like I'd look at my mom now she's on... She probably is on a I believe a high blood pressure medication, but that was also probably her dosage prescribed when she was 30 pounds heavier. Right? Her weight...

**Felice Gersh, MD** [00:12:49] That too. Right. Right.

[00:12:51] So every time a patient comes into the doctor really their entire medication list needs to be reviewed.

[00:12:59] So we have a policy in my office that every patient needs to either with them by themselves or have a family member help them to go on the computer and make a list of every medication and every supplements that they take. And the dose that they're taking it. Because how else can I evaluate it? Though sometimes that's a real problem for doctors. The patients come in and say, I'm on a medication that somebody else is prescribing and I don't know what it is.

**Diane Berardi** [00:13:23] Right.

**Felice Gersh, MD** [00:13:24] Well now this is really interesting. How am I going to... or you know sometimes one step better, they say I'm on this medication but I have no idea what my dose is. Which you know becomes another challenge for me as a doctor trying to help them when I have no idea exactly what they're taking.

[00:13:41] So it's really important for patients and their family members to be advocates for them by making these lists and then saying, you know Doctor please like let's just do a quick review maybe I don't need to take where she or my dad does it need to take all these medications or maybe the dose needs to be adjusted.

**Diane Berardi** [00:14:01] Definitely.

[00:14:03] And we're going to continue talking with Dr. Felice Gersh. But first, if you're a woman or there's a woman in your life, there's something you absolutely need to know.

[00:14:13] I want to tell you about my friend Katie. Katie is a nurse and she was attacked on her way home from work. She was totally taken by surprise. And although Katie is only

5 feet tall and 106 pounds she was easily able to drop her 6 foot 4, 250-pound attacker to his knees and get away unharmed.

Katie wasn't just lucky that day. She was prepared.

In her pocketbook, a harmless looking lipstick, which really contained a powerful man stopping aerosol propellant.

It's not like it was in our grandmother's day. Today just going to and from work or to the mall can have tragic consequences. The FBI says a violent crime is committed every 15 seconds in the United States. And a forcible rape happens every five minutes. And chances are when something happens, no one will be around to help.

It looks just like a lipstick. So no one will suspect a thing. Which is important since experts say, getting the jump on your attacker is all about the element of surprise.

Inside this innocent looking lipstick is the same powerful stuff used by police and the military to disarm even the most powerful, armed aggressor. In fact, National Park rangers used the very same formula that's inside this little lipstick to stop two-thousand pound vicious grizzly bears dead in their tracks. It's like carrying a personal bodyguard with you in your purse or your pocket.

Darkness brings danger. Murderers and rapists use darkness to their advantage. We all know what it's like to be walking at night and hear footsteps coming at us from behind. Who's there? If it's somebody bad, will you be protected? Your life may depend on it.

My friend Katie's close call needs to be a wake up call for all of us. Myself included. Pick up a Lipstick Bodyguard and keep it with you always.

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[00:17:35] Felice, I found it interesting... My father, I was saying, he went to Dr. Jacobs and in her paperwork, you could list your supplements that you take, but she asked you to bring your medication bottles with you. And you know my father was like no one ever told me to do that before. [laughing]

**Felice Gersh, MD** [00:17:53] Well, that's not a bad idea, actually. Because sometimes if you look at the fine print they're expired.

**Diane Berardi** [00:18:01] Right. Exactly. [laughing].

**Felice Gersh, MD** [00:18:02] Or somebody actually accidentally took from one bottle and put to another and it's like, How come you have like three different colors in this one? [laughing]

[00:18:10] So that's not a bad idea especially as people may have more and more bottles and may you know get mixed up with them and not actually look at expiration dates and such.

**Diane Berardi** [00:18:21] Yeah. So you suggest obviously a family member every time they go to the doctor either I guess bring their parents medication with them or have a list.

**Felice Gersh, MD** [00:18:30] Exactly.

**Diane Berardi** [00:18:31] And should they say to the doctor, Can we review my mom's meds?

**Felice Gersh, MD** [00:18:35] I believe so. And if you know if you were just there a very brief time ago maybe you could do it if you know like quarterly, something like that. But we'll say certainly if a patient goes in every three months, I think every three months is a reasonable time to take a look at it because obviously things change.

**Diane Berardi** [00:18:53] Right.

**Felice Gersh, MD** [00:18:53] And one of the things I thought we could do is maybe talk about some of the specific types of medications that you should be looking at.

[00:19:02] I mentioned the beta blockers. And beta blockers can be very very important but you've got to look at the dose. And at a certain age it may be best to even eliminate them altogether.

[00:19:12] Another are the class of medications that they called diuretics that are so prevalent in use. And they can also create a lot of problems, because they're washing out a lot of the Critical Minerals of the body. And a lot of people know potassium if they have a medication such as hydrochlorothiazide is prescribed, that it can deplete the body of potassium. But it's not just potassium. It's actually magnesium and zinc and other critical minerals that the body needs. So maybe that's not really necessary. Sometimes those medications are prescribed for something that isn't exactly a serious medical problem like someone will say my ankles get a little swollen. Maybe that's not really a justification for taking a medication that can have really serious side effects as well as hypotension as well. So like really talk to the doctors about diuretics.

[00:20:05] The other would be like the acid blockers that I touched on because they're so commonly prescribed. And actually as people age the acid production in their stomach goes down, not up. And then acid reflux does go up quite significantly.

[00:20:22] So we have to we don't want people to get ulcers or be uncomfortable but we have to look at maybe if they need something they could take something that's a little bit safer actually in the long run like Zantac. Right? So that, it works on a different way than it completely blocks the stomach acid. And then looking at the time of eating and how much is being eaten in the food choices can also make a very big difference in terms of helping with acid reflux. Because the reality is that blocking all of stomach acid is really not changing the reflux. That's why about one third of people taking these medications don't really have much relief because it's not blocking reflux it's just blocking acid production. And the remaining materials in the fluid can be irritating in and of themselves. So we want to look at other ways to try to deal with it. And there are some supplements that can help. Even chewing on a special form of licorice can actually help. And drinking teas like ginger tea and chamomile tea can be very beneficial. So we have to look at each individual case. But definitely bring that one up with the doctors as well.

[00:21:34] And then, pain pills. Because so many elderly people have had fractures of course which may be a chronic pain and osteoarthritis. And these are very significant issues of course because pain is a problem. But we know there's also an opioid addiction problem. And That is actually involving the elderly as well. And many elderly are given codeine products, just constantly. And that of course can increase falls and changed the G.I. tract in such huge and negative ways. Now they have drugs for opioid induced constipation. And we know constipation is such a problem for the elderly. So the constant prescribing of opioids really has to stop. But then what's happened is sometimes the doctors say OK we won't give that to you anymore. But then they replace it with very significant amounts of NSAIDs, non steroidal anti inflammatories like, Aleve and Advil and Mobic. And those medications have very negative effects on the G.I. tract as well and can induce ulcers. And also, in just three days can triple the risk of getting a heart attack or a stroke. So those medications have a lot of serious problems as well and they're prescribed like to very elderly people and sometimes very high quantities.

[00:22:51] So we have to look at other ways for pain control. And often just getting on a higher dose of Omega 3 which can be very anti inflammatory and curcumin can be very helpful. And Boswellia as well. So there are these anti inflammatory herbals that can be very helpful as well.

[00:23:09] And then a new class of supplement there are called, specific pro resolving mediators which are actually derived from fatty acids but also help. And then the one that a lot of people are self prescribing, and I'm not against it but I'd like everything to be sort of cleared and overseen by a medical professional and that's using hemp based cannabis. Right?

**Diane Berardi** [00:23:33] Right. Right.

**Felice Gersh, MD** [00:23:34] But that can be, and that's the government itself wants to help get people off of opioids and elderly people off of all the NSAIDs. And it's actually better and safer. And I say hemp because it doesn't have any significant amount of the THC which can be mind altering component. And so you have to really think of these as very different.

[00:23:56] But once again it really should be supervised by a medical professional who knows what to do and how to dose it. Because you know everything has its potential. The medical hemp based cannabis can be very sedating. So, and that's why I can help with sleep and that's the other kind of category of sleeping pills.

[00:24:17] So but we really want to be very cautious in using these and hopefully have someone who can really supervise and help to wean off of some of the the pain medications that make changes and include herbals and plant based and fatty acids such as omega 3s that can really help and making sure that every person has an adequate amount of vitamin D which also helps with pain control.

**Diane Berardi** [00:24:43] Ah. Right. OK. So yeah. These are things that... And also people don't think, you know when you're talking about acid reflux, lifestyle changes, the time of eating or different things like that. We just kind of look for a pill.

**Felice Gersh, MD** [00:24:57] Right? That seems to be the go to for just about everything. And as I mentioned sleep and the sleeping pills.

[00:25:04] I've had patients and it breaks my heart, because something happened like you know a spouse died or had some other very major event in their lives and they were very anxious. You know anxiety is a huge problem. At every age I know and especially in the elderly. And so then they were given a combination of a sleeping pill and a tranquilizer or just higher amounts of tranquilizers to be used as sleeping pills which is actually not a good thing at all. And tranquilizers in the elderly actually, especially Xanax, I want to mention, they have a very short half life. So people can get, elderly can actually get withdrawal to it. And that makes them feel more anxious. And then they're given more. So you can see this is like the spiral downward.

**Diane Berardi** [00:25:52] Right.

**Felice Gersh, MD** [00:25:52] When they're given more because they're actually having withdrawal and of course none of the underlying reasons for the anxiety are really being addressed. And maybe it's they're lonely. Or maybe they really don't know about something they're a little confused and they need some help in some other area. But there are a lot of elderly people on tranquilizers. And also what are called atypical antipsychotics.

[00:26:18] And the FDA came down on this saying, Don't do this.

**Diane Berardi** [00:26:20] Right.

**Felice Gersh, MD** [00:26:20] And stop giving Seroquel for example and Resperdal to the elderly because it really alters their mind. It makes them very unstable on their feet. And yet it's given all the time for trying to calm down their agitation and such. And with very terrible effects. And also using like Trazodone for sleep which is not an atypical antipsychotic it's a type of what's called a tri cyclic antidepressant. But it's used off label for sleep in the elderly all the time. And it also has a lot of potential side effects like constipation and increasing cardio vascular events. And it's really not approved for a sleep, but it's use a lot.

[00:27:04] So we have to look for other ways to help people to sleep. Like making the room dark but maybe having a red light as a nightlight. A lot of elderly they're afraid

because they get up during the day and they have bright white lights on in the room. And then they can't possibly get proper sleep. And so we have to light the room. Look for tripping hazards. And making sure maybe a little red light in the bathroom or a motion sensor light you know so that it only goes down with certain forms of motion that will help trigger them. Because so many elderly and I know my mom did this, because she would just get worried and think about things during the night. So she had the television playing all night long while she was sleeping. And you know I don't actually have a problem with sort of like noise in the background. Sometimes that's very soothing for people. But the light coming off of a television screen is especially harmful for sleep. And the people can't get the proper melatonin production even as the light comes through the eyelids. It actually affects the quality of sleep. And then we know that anyone who is chronically tired is going to start having anxiety and agitation and confusion. And so this is a very very common problem, is leaving lights on, leaving televisions on and then giving sleeping pills on top of that. So right now these are all the things that really need to be explored with the doctors for the elderly parents.

**Diane Berardi** [00:28:32] No this is perfect because we as children we don't know what we should do. So this was very enlightening for all of us.

**Felice Gersh, MD** [00:28:42] Well it's a universal problem. And one that we can all tackle and make a big dent in.

**Diane Berardi** [00:28:48] Perfect. Thank you so much, Felice. And could you tell us how people can find you.

**Felice Gersh, MD** [00:28:53] Well sure. I have a practice in Irvine, California, called the integrative medical group of Irvine. And it's easy to Google and find me. And my Web site is [integrativeMGI.com](http://integrativeMGI.com) for my practice. And [FeliceLGershMD.com](http://FeliceLGershMD.com) is where I post a lot of articles and blogs and videos that I've done.

**Diane Berardi** [00:29:16] Thank you so much.

[00:29:16] Parents Are Hard To Raise family... I love getting your e-mails and questions so please keep sending them. You can reach me at Diane at Parents Are Hard To Raise dot org or just click the green button on our home page. Parents Are Hard To Raise is a CounterThink Media production. The music used in this broadcast was managed by Cosmo Music, New York, New York. Our New York producer is Josh Green. Our broadcast engineer is Well Gambino. And from our London studios, the melodic voice of our announcer Miss Dolly D.

[00:29:44] We love our parents, but parents sure are hard to raise. Thank you so much for listening.

[00:29:50] Till next time... May you forget everything you don't want to remember and remember everything you don't want to forget.

[00:29:57] See you again next week!