

December 2015



Functional and  
Integrative Medicine  
of Idaho, P.A.  
Gail Eberharter, MD  
Persis Hope, FNP  
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Dear friends and patients,

Holidays are great times to spend with friends and family. While you are enjoying, it is not always easy to say "NO". No to overeating, drinking, or no to putting more tasks on your plate than you can do. All of which can take a toll on your physical and emotional self. Our hope is that you can find that balance over the next few weeks to take care of yourself and your families while finding some fun and joy during the holidays.

One option to find that balance in December is to make time for a meditation class (listed below). Or, you may consider spending time getting a massage or finding fifteen minutes a day for yourself to relax. Look for upcoming classes in 2016 at the clinic that may also offer you some other options for relaxing and adding some much needed "ME" time. For further details regarding all of our classes in the clinic, please reference our website at clinic events.

*Effective in January, we will be closing the clinic on Fridays. Please see details below.*

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We wish you and your family the best in the coming holidays and a healthy and prosperous 2016.

Be Well!

## Boost Your Brain for New Years! December 8th

Tired of feeling guilty when you fail at your new years resolution a few weeks into January? Believe it or not but changing a habit successfully is rarely about willpower and self discipline. There are some simple tweaks you can make to drastically increase your chances of long term success.

On Tuesday, December 8th, Ben Schoeffler, the certified medical hypnotist of Thrive Hypnotherapy will be teaching a class about habits, change, and how you can rewire your brain for health.

The class will focus on the things you can do to make your new years resolutions last. The first part of the class will go into how the brain works and give you actionable tips based on the latest neuroscience. The last half of it will include a group hypnosis session to prime you for the changes you will be making.

Space is limited, so register now at: <http://www.boiseworkshop.com/>. ***Because you are a valued patient at Idaho Functional and Integrative Medicine and it's the giving season, if you type in the promo code 'gift' on the ticket page, you will gain free admission when you register! It's our gift to you.***

Date: 12-8-2015

Time: 6:30pm-8:00pm

Cost: \$10 (Don't forget to use the promo code, 'gift' if you want in for free!)

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Ben Schoeffler, C.Ht

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## Latest Guidelines on Pap Smears

It's Not Your Mother's Pap Smear.

There have been new recommendations for the pap smear for almost 3 years and the coordination of insurance changes, lab offerings and our ability to change long established practices is finally happening.

The US Preventive Task Force recommends screening with cytology (looking at cells or a traditional Pap Smear) every 3 years for women AGED 21 - 29, and screening with cytology alone or cytology with HPV (human papilloma virus) every 5 years for women aged 30 - 65. they recommended against using HPV screening in women younger than 30.

The American Cancer Society, the American Society for Clinical pathology and the American Society for Colposcopy and Cervical pathology recommend cytology (Pap) every 3 years for women aged 21 - 29 years with HPV testing only if needed after an abnormal Pap. they recommended both a Pap and HPV testing every 5 years for women 30 - 65 years. Women over age 65 who have been screened regularly with normal results do not require screening but those over 65 with cervical precancer should continue to be screened.

There was also agreement that paps are not needed after hysterectomy with removal of the cervix as long as there is no history of high grade pre-cancer or actual cervical cancer.

These recommendations raise several questions from a functional perspective. Certainly it is good to have clarity that cervical cancer is caused by the HPV virus. Those advocating not checking for HPV under age 30 argue that most women become immune to the virus and should not undergo biopsies etc. prematurely. I am all for avoiding unnecessary biopsies but I think there is a great advantage in knowing if you have contracted this virus and it is persistent. It helps us know that your immune system may not be functioning up to par and there are protocols using herbs, antioxidants such as green tea extract and vitamin A that have helped several of our patients eradicate long standing HPV. It opens the door to a broader discussion of overall health and immune status as well. These recommendations are based on research from Dr. Tori Hudson, well known naturopathic physician in Portland OR.

Fortunately the recommendations are not cast in stone and can be adapted to the individual patient as they should be. A change in sexual partner or a change in health are both good reasons to recheck HPV status. Underlying immune dysfunction such as coeliac disease, leaky gut or ongoing dysbiosis would be good criteria for closer screening.

At this time I am recommending HPV screening with cytology every 2-3 years for ages 21 - 65 and applying the above criteria for screening after hysterectomy or age 65. We may mutually decide to screen more or less frequently based on your history. We are happy to do cytology only for women under 30 per the official guidelines. We will continue to recommend an annual exam that includes a gynecologic exam to check on all the other parts. This gives us the time to look at truly preventive options for you.

I hope this helps us move into a new era of cervical cancer screening.

Stay tuned for information on oral HPV screening via an oral rinse test that will help us look for HPV cancer risk in men that is causing a new epidemic of throat cancer. This test is due out in a year.

To Your Health,  
Gail Eberharter MD

### 3 Things to Know About the Sprint Blood Pressure Trial *excerpt from Harlan Krumholz M.D., New York Times*

Some of you may have read about a major study called Spring. The following is a summary taken from the the New York Times and written by Harlan Krumholz, a cardiologist and the Harold H. Hines, Jr. professor of medicine, director of the Yale-New Haven Hospital Center for Outcomes Research and Evaluation and a director of the Robert Wood Johnson Foundation Clinical Scholars Program at Yale University School of Medicine.

Sprint has shaken some of the basic assumptions about the treatment of high blood pressure. The trial found that lowering systolic blood pressure from currently recommended levels of 140 to 150 to below 120 could prevent heart attacks and strokes and potentially save many lives.

Here are three things that you should know about it:

**1. the results should not be considered a mandate for people to run out and get treated so their blood pressures are below 120.**

The Sprint trial included people 50 and older who had a systolic blood pressure - the higher number - between 130 and 180. Those under 75 needed to have evidence of heart disease, kidney disease or other risk factors. The study excluded people with diabetes or those who had experienced a stroke.

So the results apply only to a fraction of the people already being treated for high blood pressure and a smaller group of others. Over all, about one in 12 Americans would have been considered eligible for the study, or about 17 million adults. Of those already being treated for high blood pressure, one in six would have been eligible. What that also means is that five of six people already being treated for

high blood pressure would not have fit into this study - making this evidence less relevant to them.

If you are age 50 or older, with a top blood pressure number between 130 and 180 (measured as in the study), and are either age 75 or older or have a high risk of stroke or heart or kidney disease, then you have a new option to consider.

## **2. The potential benefits of lowering blood pressure must be weighed against harms.**

The study found potentially lifesaving benefits: There was one bad health event avoided, including heart attack or stroke, for about every 200 people treated per year, and the results suggested one death was avoided for every 300 people treated per year.

The benefit, however, was offset a bit by some increased risk. As expected, treating people with more medications to achieve a lower blood pressure caused some harm. People who were treated more intensively also experienced more fatal or life-threatening events, including very low blood pressure and fainting. A surprise of this study was that intensive treatment could also increase the risk of kidney failure.

The study opens a new option for treatment, but it is not a slam dunk that everyone who fits the eligibility criteria of the study ought to be treated. It is a choice that is worthy of thought and reflection.

## **3. We need more information about the balance of risks and benefits for each person so that the choice can be personalized.**

The study's findings should lead to a discussion before resulting in a prescription for new drugs. The data can inform discussions so that you can understand whether it is worth it to you. It may also depend on how easily you can reduce your blood pressure, as some people required quite a few drugs to achieve the lower levels.

It is essential that people be told of the trade-offs and make the decision that is right for them with regard to a target blood pressure, rather than just be told that there was a new study and now we need to increase your medications. Some people

might have a lower likelihood of benefit and a higher risk of adverse effects from adding more medications, especially when it takes four or more medications, or if they are older. It will be important to do more studies that help us inform decisions even more.

High blood pressure is responsible for much preventable suffering. Too many people with dangerously high blood pressure levels remain undiagnosed, untreated or inadequately treated. The Sprint study will have an additional positive effect if it gets people everywhere to know their blood pressure and start the dialogue about whether anything needs to be done to reduce their risk.

## Clinic Closing on Fridays Effective January 2016

Beginning in January, the clinic will no longer be open for patient visits with the practitioners. We will hold some early morning blood draws but there will be no other patient appointments on Fridays. In addition, we will not be selling supplements on Fridays.

If you have any questions, please let us know.

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