

Lorain County Medical Society 2021

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The Lorain County Medical Society Seeks Your Opinion

By: The Lorain County Medical Society

The Lorain County Medical Society has existed in Ohio for longer than almost any other County Medical Society in the nation. We have always remained focused on engaging the community to ensure that our valued provider members are meeting the needs of the public.

This year, we want to hear from you! We live in a world where misinformation is so easily accessible, and technology can overwhelm us with the amount of

data about our health and wellness. We also know how difficult it can be to schedule time with your health care providers to ask a simple question or get general health advice.

We invite the public to submit questions regarding general health, mental health, COVID, public health and safety, and more so that we can understand what issues are most pressing to our community.

We will be compiling all questions and will gather answers and information from our trusted

provider members to provide public information back to the community.

Responses will be general in nature and do not constitute professional medical advice or diagnoses. In case of emergency, please dial 911 or visit your nearest Emergency Department.

Please submit your inquiries via email to: Questions@lcmembersociety.com or by mail to:

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ATTN: Q&A
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Lorain County Medical Society Remains Strong During Unprecedented Times

Dr. Maher Kodsy, President | Susannah Selnick, Executive Director

In these uncertain times surrounding the health of our nation, the Lorain County Medical Society continues to be a pillar of not just the medical community, but the community of Lorain County as a whole. We have served the health interests of Lorain County since 1896, and continue our tradition of being an organization that serves the providers and patients throughout our community. Our members span all specialties and health systems and come together to ensure that each patient gets the right treatment at the right time for the right reason.

During this time of a national

and global pandemic, let us remember that we have each other for support and guidance to get through our days of uncertainty. The Lorain County Medical Society is here to provide our community with accurate information and resources to help you throughout this health crisis, and to support our providers as our healthcare system is put to the test.

We know now more than ever, that the future of medicine is our most valued asset, and the Lorain County Medical Society is proud to more than \$20,000 in academic scholarships to Lorain County Students who are pursuing a career in the medical field.

The Lorain County Medical Society Foundation continues to provide charitable funds to a variety of Lorain County organizations that serve the needs of our community.

We look forward to the days when we can return to business as usual, and when that happens, we invite you to celebrate with us at one of our community events!

Our providers are here to serve you, the patient. When looking for care, look for a provider from the Lorain County Medical Society. For more information about the Lorain County Medical Society, visit our website at www.lcmembersociety.com.

The Mission of the Lorain County Medical Society is to serve its members by:

- Acting as a strong physician advocate within the boundaries of professional integrity, while recognizing and representing the diversity within the medical community;
- Recognizing the health care needs of the community and acting as a patient advocate in response to those needs;
- Providing services that meet the professional needs and interests of the physician community;
- Promoting the positions of the profession and the Society to the public;
- Taking a leadership role in informing the community about health issues;
- Preserving the professionalism in medicine;
- Promoting American ideals of the patient-physician relationship;
- Upholding the Principles of Medical Ethics of the American Medical Association.

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UPDATE: There are now 25 qualifying conditions for medical cannabis in Ohio!



The State Medical Board of Ohio (SMBO) met virtually on June 9 and discussed the petitions to add new qualifying conditions to the Ohio Medical Marijuana Control Program (OMMCP). After the discussion, the full board voted to add Huntington's disease, terminal illness, and spasticity as qualifying conditions, effective immediately. The board also voted to reject the petitions for autism spectrum disorder, restless leg syndrome, panic disorder with agoraphobia and spasms.

Under Ohio law, the following are qualifying medical conditions:

AIDS, amyotrophic lateral sclerosis, Alzheimer's disease, cachexia, cancer, chronic traumatic encephalopathy, Crohn's disease, epilepsy or another seizure disorder,

fibromyalgia, glaucoma, hepatitis C, Huntington's disease, inflammatory bowel disease, multiple sclerosis, pain that is either chronic and severe or intractable, Parkinson's disease, positive status for HIV, post-traumatic stress disorder, sickle cell anemia, spasticity, spinal cord disease or injury, terminal illness, Tourette's syndrome, traumatic brain injury, and ulcerative colitis.

The board has also accepted diagnoses of arthritis, migraine headaches, and complex regional pain syndrome (CRPS) to qualify under chronic pain, severe or intractable.

The next submission period is scheduled for Nov. 1 – Dec. 31, 2021. Anyone may submit a petition requesting a condition be added to the OMMCP. If a condition has been previously rejected by the board, the new petition must contain new scientific information that supports the request.

What is Fibromyalgia

Fibromyalgia is a disease affecting the nervous and musculoskeletal systems characterized by sleep disturbances, fatigue, and diffuse pain across the muscles. While the exact cause of fibromyalgia is unknown at this time, it is fairly common affecting 2-4% of the general population¹.

Patients with fibromyalgia generally begin to notice symptoms between 20 and 55 years of age, and the disease occurs 4 to 7 times more frequently in women compared to men³.

The American College of Rheumatology updated its criteria for diagnosis in 2010; at present, patients will be diagnosed with fibromyalgia if they have a widespread pain index (WPI) of seven or higher and symptom severity scale of 5 or higher².

WPI is an exam conducted by healthcare professionals evaluating a history of pain in 19 areas of the

body over the past 7 days, while SS measures the degree to which this pain affects your life².

These symptoms need to be present for at least 3 months, and not be explainable by another condition².

Many other health conditions such as lupus, lyme disease, degenerative diseases of the spine, and hypothyroidism can have symptoms similar to fibromyalgia, make sure to tell your healthcare provider if you have a personal or family history of any of these or other conditions.

Your doctor may order other tests to rule out these conditions such as blood tests, x rays, CT scans, MRI scans, tissue samples, sleep studies, or psychological exams².

Given the uncertain cause of fibromyalgia as well as its impact on a patient's physical and emotional

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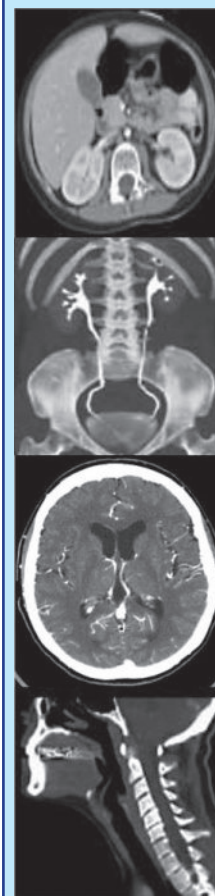
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Remain Vigilant and Proactive this Flu Season

More than eighteen months have passed since the mass onset of COVID-19 in March 2020, and so much of our public health awareness has been focused on the mitigation of its spread through social distancing, mask-wearing, and vaccinations.

Last winter, we were largely isolated from friends, families, classmates, and colleagues, which not only slowed the spread of COVID-19, but also of the flu. This year, we are returning to our regular activities, which means we can expect to also see an increase in flu cases over the coming season, as compared to last year.

While we still navigate the landscape of COVID-19 vaccinations and boosters, don't forget to also get your flu shot this year. Not only does getting the vaccine keep you healthy, but it can reduce your chances of needing to go to the doctor. The Centers for Disease Control reports that getting



the flu vaccine can reduce the risk of having to go to the doctor with flu by 40 percent to 60 percent.

If you are one of the millions of Americans managing chronic health

conditions such as heart disease, lung disease, or diabetes, getting a flu vaccine can be beneficial to your health during flu season. Also from the Centers for Disease Control, we

know that getting vaccinated against the flu is associated with lower rates of some cardiac events among people with heart disease, reduced risk of a flu-related worsening of chronic lung disease (for example, chronic obstructive pulmonary disease (COPD) requiring hospitalization, and reduced hospitalizations for people with diabetes and chronic lung disease, from a worsening of their chronic condition.

Flu shots are available at most pharmacies, and beginning November 1, 2021, will be available at no charge to the public from the Lorain County Public Health Department. Lorain County Public Health advises that receiving a flu shot in November offers the best protection through the peak flu season in Northeast Ohio, and a reminder that it is possible to get infected with both flu and COVID-19 at the same time, and have symptoms of both flu and COVID-19.



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Using Cannabis in the Treatment of Inflammatory Bowel Disease

Submitted by Rachel Walsh, PA Student, Case Western Reserve University and Corie Kovach, MD, FACOG, MBA at Ohio Holistic Healthcare in Amherst, Ohio

The use of cannabis, most commonly referred to as marijuana, is increasing in popularity in North America, roughly 47.5% of people from age 26 and older used in 2017. In the United States, cannabis remains a schedule I substance and its use for recreational or medical means is illegal according to federal law. However, individual state laws have allowed for medical use of marijuana in 33 states and recreational use in 11 states. The marijuana plant *Cannabis sativa* has been used in medical practice for thousands of years.

Cannabis has also grown increasingly popular in the treatment of inflammatory bowel disease, among other chronic ailments. The pharmacologically active constituents of the plant are termed cannabinoids, which act on the endocannabinoid system. This system regulates various functions in the body, including gastrointestinal and immunity function.

Among the phytocannabinoids, delta-9-tetra-hydrocannabinol (THC) is thought to be the most pharmacologically active. Studies reveal THC also plays roles as a relaxant, appetite stimulant, and analgesic. Another commonly studied phytocannabinoid within the cannabis plant is cannabidiol, which is known to be an anti-inflammatory, anti-convulsant, antioxidant, anti-psychotic, and anti-neoplastic. Studies suggest the combination of CBD and THC have a strong anti-inflammatory and analgesic effect.

Inflammatory bowel disease (IBD) is a chronic inflammatory condition comprised of Ulcerative colitis and Crohn's disease. IBD is characterized by relapsing and remitting episodes of inflammation primarily involving the gastrointestinal tract, although the pathophysiology of IBD is not yet fully understood. Conventional therapies aimed at induction and remission of IBD mainly work through immune suppression which consists of aminosalicylates, antibiotics, corticosteroids, and immunomodulators (immune suppressors). The use of medi-

cal marijuana for IBD has gained great attention in the press and the medical field; and there is growing recognition of a fraction of IBD patients who are using cannabis for symptomatic control of their IBD. These patients are reporting successful management of abdominal pain, joint pain, cramping, diarrhea, poor appetite, weight loss, and nausea. How can this be? Research has shown endocannabinoid CB1 and CB2 receptors are found in all layers of intestinal sections and immune cells that regulate inflammation. Endocannabinoids, found in cannabis, thereby act on CB1 and CB2 receptors in the gut and immune cells, which then quiets inflammation and allows normal digestion to occur.

Taking a closer look into human studies, a 2014 Canadian population study of 319 IBD patients, 91% of patients reported an improvement of symptoms with cannabis use. 83.9% reported improved abdominal pain, 76.8% reported improved abdominal cramping, and 26% reported resolved diarrhea. 37.5% reported that cannabis worked better than corticosteroids and 87.9% would recommend cannabis use to other IBD patients. In short, cannabis has the ability to entirely change a severely afflicted IBD patient's well-being. Patients and clinicians are starving for additional research and information; however, research has been made somewhat difficult and limited secondary to the changing political status of the drug and amid threats of federal prosecution.

If you are afflicted by an inflammatory bowel disease, such as Crohn's Disease or Ulcerative Colitis, then your diagnosis qualifies you for medical marijuana in the state of Ohio. In order to become a certified Ohio medical marijuana card holder, call 440-340-1970, email ohhc2018@gmail.com, or visit our website at www.ohioholistichealthcare.com.



FIBROMYALGIA FROM PAGE 3

wellbeing, healthcare practitioners generally adopt a holistic approach to managing the condition. Patients self report improvement in overall wellness after having started a moderate effort cardiovascular exercise program³.

Traditionally patients have been advised to take NSAID drugs, such as ibuprofen as needed, while also starting on cognitive behavioral therapy and tricyclic antidepressants³.

Research indicates that group therapy has noted benefits for patients with fibromyalgia by providing peer support, a sense of shared experience, and opportunity to learn from others dealing with the condition⁴.

Patients who participate in group therapy reported improved quality of life and decreased episodes of pain when compared to patients using prescription drugs alone⁵.

Medical cannabis has shown promise in the management of fibromyalgia. One 2018 study indicated that 50% of all participants using medical cannabis via inhalation were able to cease all other medications while 46% of other patients were able to reduce the dose/number of their other medications by at least half¹.

Patients self-reported dramatic improvements in energy levels, and 46% of participants reported either an improvement in energy capacity or increased capacity to either work or return to work¹.

If you are considering using medical cannabis to treat your fibromyalgia talk with your doctor about a specific plan that works best for you.

Works Cited

- Habib G, Subeil A. Medical Cannabis for the treatment of fibromyalgia. JCR. 2018; 24(5) 255-258.*
Rogers G. Fibromyalgia Diagnosis. Healthline. . <https://www.healthline.com/health/fibromyalgia-diagnosis#takeaway>.
Published December 19, 2017. Accessed May 19, 2021.
Skrabek, RQ et al. Nabilone for the treatment of pain in fibromyalgia. Journal of pain 2009 9(2) 164-173
Temeloğlu Şen E, Hocaoğlu A, Sertel Berk Ö. Group Psychotherapy With Fibromyalgia Patients: A Systematic Review. Arch Rheumatol. 2019;34(4):476-491. Published 2019 Jul 31. doi:10.5606/ArchRheumatol.2019.6801
Luciano JV et al. Effectiveness of group acceptance and commitment therapy for fibromyalgia: A 6-month randomized controlled trial (EFFIGACT study). PAIN, Volume 155, Issue 4, 2014, 693-702, <https://doi.org/10.1016/j.pain.2013.12.029>. (<https://www.sciencedirect.com/science/article/pii/S0304395913006921>)

Cachexia Explained

submitted by Corie Kovach, MD, FACOG, MBA

Cachexia is a complex metabolic syndrome that is associated with an underlying illness, and can be characterized by loss of muscle with or without loss of fat¹.

Cachexia causes you to experience extreme fatigue, weight loss that cannot be reversed by nutritional demands, and muscle and fat depletion. Cachexia can often be seen in older adults, but is also related to diseases such as AIDS, COPD and cancer. Cachexia is more prevalent in cancer patients, affecting around 80%, but is also prevalent in heart failure patients, those with COPD and end stage renal disease. The pathology of cachexia may be different depending on the patient's chronic illness, however, the presentation between patients is very similar.

Cachexia is the result of imbalanced energy levels in your body leading to

muscle breakdown and weight loss. Factors contributing to this imbalance include changes in metabolism and caloric intake, aging, disuse atrophy (muscle wasting), tissue hypoxia (inadequate oxygen levels), and certain medications².

In order to diagnose cachexia, certain criteria need to be present. Three of the following five criteria must be met to make a diagnosis, which includes: decreased muscle strength, fatigue, anorexia (loss of appetite), low fat-free muscle index, and chronic inflammation in the body as seen by increased levels of cytokines and interleukins².

In addition, a consensus definition incorporates a weight loss greater than 5% in the last 12 months².

Patients with cachexia and their caregivers often suffer from psychosocial distress, especially in end of life



care. In addition, it has been shown that caregivers feel inadequate in providing hydration and nutritional intake in end of life care².

It is extremely difficult to treat patients' illnesses when the body is already breaking down. This puts an extra toll on both the patient and loved ones because it is a visual representation of how sick the patient is.

Cachexia is a very concerning factor and one that needs to be addressed immediately if the patient is to improve. Since cachexia is multifaceted and essentially affects the entire body, it largely increases the risk of morbidity and mortality of the patient. Due to poor prognosis, every patient with an incurable disease should be screened for weight loss and nutritional status².

In certain situations, cachexia is addressed by treating the underlying illness. However, there are certain medications and supplements that can be given in order to improve weight gain and functional status.

While there are some drugs available to treat side effects of cachexia, medical cannabis is a safe, reliable and effective way to treat the underlying side effects. There are many different strains of cannabis which contain a multitude of cannabinoids in each

strain. These cannabinoids differ in what symptoms they treat. Appetite, vomiting, pain and general malaise are the major symptoms of cachexia that medical marijuana can treat. The strains of cannabis that are used to stimulate a person's appetite are Sonoma coma, orange skunk, and caramel. The strains used to treat nausea and vomiting are Durban poison, sour diesel, and mango kush. The strains that are shown to improve mood are blue dream, granddaddy purple, and choco-lope. The strains of cannabis to increase overall energy are jack's cleaner, super silver haze, and og kush. Also, the different ways to consume the cannabis should be taken into consideration as well. Those who are cachexic are already extremely sick, so it might be best if they do not combust any cannabis. However, tinctures, vaping, edibles and oils are all safe methods of using medical cannabis.

References:

Evans WJ, Morley JE, Argiles J, et al. Cachexia: a new definition. *Clin Nutr* 2008; 27:793.

Uptodate.

Assessment and Management of anorexia and cachexia in palliative care. Last updated Jul 15, 2020. Evans WJ, Morley JE, Argiles J, et al. Cachexia: a new definition. Clin Nutr 2008; 27:793.

Cachexia and Marijuana. Updated on Apr 1, 2020. MarijuanaDoctors.com

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SAMHSA. (2018). Opioid Overdose Prevention Toolkit. <https://bit.ly/2X3ffQ5>

NIDA. (2017). Naloxone for Opioid Overdose: Life-Saving Science.
<https://bit.ly/2YxPQ1v>

Huntington's Disease and Cannabinoids

submitted by Corie Kovach MD FACOG MBA

Huntington's disease (HD) is a hereditary neurodegenerative disease in which a mutated protein attacks the nerve cells of the brain. The disease is a progressive disorder in which patients will gradually lose functioning until death, usually from disease complications.¹

The symptoms of HD fall under three main categories: movement, cognitive and psychiatric. Symptoms begin with subtle difficulties in coordination to involuntary movements known as chorea and involuntary muscle rigidity and contracture, or dystonia. With disease progression, patients have impaired gait, posture, balance and difficulty with speech or swallowing. Cognitive impairments include lack of impulse control or awareness, slowness in processing thoughts, difficulty organizing or focusing on tasks.¹

Most common psychiatric disorder with HD is depression, but also include fatigue, loss of energy and irritability. Currently, there is no cure for HD and treatment is aimed towards symptom management. The activity on the body's endocannabinoid system and the anti-inflammatory effect of cannabis suggest the use of medical marijuana not only as a natural alternative treatment for patients but also for protective mechanisms against disease progression.

Recent studies have demonstrated

a loss of cannabinoid (CB1) receptors in postmortem basal ganglia of HD patients.²

A study was conducted on rats with degeneration of striatal efferent GABA-ergic neurons and loss of CB1 receptors in the basal ganglia, similar to findings in HD patients.²

In this study, administration of substances that increased endocannabinoid activity activated the remaining population of CB1 receptors, resulting in significant improvement of motor disturbances and neurochemical deficits.²

This suggested that substances increasing the endocannabinoid uptake or metabolism may be useful for treating hyperkinetic symptoms of HD. Moreover, researchers at the University of Cordoba developed a cannabinoid compound to test the neuroprotective effects of cannabinoids.³

The compound, cannabigerol (CBG), and its effects were observed in vitro and in mice, and in both exerted an anti-inflammatory and neuroprotective effect.³

CBG also increased the ability to promote survival of the affected neuronal precursors, suggesting the possibility of long term neuron repair.³

Although limited by the regulations of medical marijuana, specific studies have also been conducted evaluating the effects of CBD in human patients with Huntington's disease for chorea

severity and other therapeutic outcome variables. The results concluded that CBD at an average daily dose of 700mg/day for 6 weeks were neither symptomatically effective nor toxic in neuroleptic free patients with HD.⁴

However, medical cannabis and its tension reducing effects, as well as reduction of anxiety and restlessness, have been proven from numerous studies and may offer relief for HD patients suffering from decreased quality of life.^{4,5}

A systematic literature review was conducted on the effects of medical cannabis on the movement disorder symptoms of HD such as tremors, spasms, spasticity, chorea and sleep quality.⁵

Outcomes were measured using changes in psychomotor and sleep related symptoms.⁵

A total of 22 studies were reviewed and showed strong evidence of reported significant improvement in the neurologic symptoms of spasms, tremors, spasticity, chorea and quality of sleep following treatment with medical cannabis.⁵

Analysis of specific motor symptoms recorded significant improvement after cannabis treatment for tremors and rigidity and an increase in average number of hours slept by HD patients.⁵

Huntington's disease is a devastating condition with no known cure

and often, patients suffer from unsatisfactory symptom management of the disease. Medical cannabis provides an alternate natural treatment option for patients who suffer from side effects of prescription drugs. Growing research suggests that medical cannabis can not only relieve patients of symptoms and provide an improved quality of life but may also offer potential neuroprotective properties at the pathophysiological level of the disease.

References

Huntington's disease: Hope through research. National Institute of Neurological Disorders and Stroke. <https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Hope-Through-Research/Huntingtons-Disease-Hope-Through>.

*Lastres-Becker I, Hansen HH, Berrendero F, et al. Alleviation of motor hyperactivity and neurochemical deficits by endocannabinoid uptake inhibition in a rat model of Huntington's disease. *Synapse*. 2002;44(1):23-35. doi:10.1002/syn.10054*

Nuria A. Cannabinoids as Neuroprotectors for Huntington's disease.

Kalapa Clinic. <https://www.kalapa-clinic.com/en/cannabinoids-huntingtons-disease/>. Published March 30, 2017.

*Consroe P, Laguna J, Allender J, et al. Controlled clinical trial of cannabidiol in Huntington's disease. *Pharmacol Biochem Behav*. 1991;40(3):701-708. doi:10.1016/0091-3057(91)90386-g*

*Akinyemi, Edward & Randhawa, Gavin & Longoria, Victor & Zeine, Rana. (2020). Medical Marijuana Effects in Movement Disorders, Focus on Huntington Disease; A Literature Review. *International Journal of Pharmacy and Pharmaceutical Sciences*. 23. 389-395. 10.18433/jpps30967.*



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