



The Portland Clinic Quarterly
A HEALTH UPDATE FOR OUR PATIENTS

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The Portland Clinic

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The New Blood Pressure Guidelines

WHAT THE CHANGES MIGHT MEAN FOR YOU



BY LAURA MACDONALD, M.D.
INTERNAL MEDICINE
THE PORTLAND CLINIC - DOWNTOWN

The American Heart Association and the American College of Cardiology recently changed the guidelines for what is considered high blood pressure. Under new guidelines released in November, the threshold for hypertension is now 130/80, down from the previous 140/90.

The [new guidelines](#) are based on increasing evidence that even mildly elevated blood pressure can have serious health consequences. Lowering blood pressure even further than what we used to consider normal greatly reduces the risks of future heart attacks, strokes, kidney failure and other life-threatening problems.

This change means that millions more people — almost half of all adults in the United States — will be diagnosed with high blood pressure, and that others are closer to it than they thought. That might sound alarming, but it points out an opportunity for all of us to take better control of this vital part of our health.

Where to begin? First, check your numbers

If you haven't checked your blood pressure in a while, this is your wakeup call. All adults should have their blood pressure checked at least once a year. If it looks high in the doctor's office, the guidelines recommend getting it checked again. Several high measurements or a trend upward means it's time to take action.

The sweet spot for healthy blood pressure is still below 120/80. If you're above that, making lifestyle changes to lower your numbers will do you a lot of good.

If you're above 130/80 and your risk of having a heart attack in the next 10 years is 10 percent or more, medication might be advised in addition to lifestyle changes. Advancing age, smoking, diabetes and high cholesterol all could put you in that 10 percent risk range. To find out where you stand, use the risk calculator at cccalculator.ccctracker.com.

If your blood pressure is 140/90 or higher, the guidelines recommend starting medication regardless of your risk status.

NEW BLOOD PRESSURE GUIDELINES:

Normal	Below 120/80	(Keep up the good work)
Elevated	120/80 - 129/80	(Keep an eye on it)
High - Stage 1	130/80 - 139/89	(Make changes or start meds)
High - Stage 2	140/90 or higher	(Medication recommended)
Hypertensive Crisis	180/120	(Consult doctor immediately)

LEARN MORE AT WWW.HEART.ORG

Make healthy changes

The lifestyle changes known to lower blood pressure are great for your health in general — we all should be making these changes:

Exercise: Getting 90 minutes of aerobic exercise weekly can shave 5-8 points off your blood pressure; 90 minutes of weight training can cut 4-5 points.

Go low salt: Eating less salt can lower your blood pressure by as much as 11 points. Read nutrition labels and avoid foods that are high in sodium.

Eat better: Center your diet on fresh vegetables, fruits, whole grains, low-fat meats and low-fat dairy foods.

Drop a few pounds: If you're carrying extra weight, losing just a little can make a big difference — about 1 point for every 2.2 pounds lost (up to 5 points).

Relax: Reducing stress also reduces blood pressure. Exercise (see above), stretching, yoga, mindfulness and getting out in nature are great stress relievers.

Get better sleep: Sleep apnea is a known cause of hypertension. If your sleep doesn't feel restful, if you have increased daytime sleepiness, or if you're told that your breathing pauses during sleep, talk to your doctor about a sleep test.

Start medication if recommended

Lifestyle changes can help some people avoid the need for medication — but not everyone. If your doctor recommends meds, ask about the different types and which ones may be best for you. Keep in mind that most drugs for treating blood pressure have been around for many years, are very safe, have minimal side effects, and are available in generic forms that cost just pennies a day.

Elevated blood pressure is not something to be taken lightly. Check your numbers and start a conversation with your primary care physician about what you can do to stay as healthy as possible, for as long as possible. 

Q&A: Laser Skin Treatments

BY AMANDA PICKERT, M.D., AND JANELLE ROHRBACK, M.D.

Q: WHAT SKIN CONDITIONS CAN BE TREATED WITH LASERS?

Laser technology has come a long way, and different types of lasers now can be used effectively to treat a variety of conditions, including:

- Sun damage
- Brown spots
- Rosacea
- Broken blood vessels
- Wrinkles and acne scars (“skin resurfacing”)
- Certain benign lesions

We also use lasers for hair removal.

Q: HOW MANY TREATMENTS DO PATIENTS USUALLY NEED?

Most people need between three and six treatments, depending on how severe the skin condition is and how well it responds to the laser.

Q: IS THE PROCEDURE PAINFUL?

It varies — some people say it stings a little, but most tolerate it well.

Q: HOW LONG DO THE EFFECTS LAST?

They should last a few years before touch-up treatments are needed.

Q: WHAT'S THE RECOVERY LIKE?

Depending on the treatment, you might have some minor redness, swelling, tenderness and crusting that resolves within hours to a week.

Q: DO I NEED A CONSULT FIRST?

Yes, you should always have a cosmetic consultation before having any kind of laser treatment on your

skin. The consultation is important to make sure the treatment is safe for you and right for your goals. There is a fee for the consultation, but it's applied to your first service.

Q: WHO SHOULD NOT GET LASER TREATMENT?

It's not recommended for:

- People with active infections
- Those with certain autoimmune conditions
- People who have photosensitivity
- Kids ages 10 and under, barring special circumstances

Q: ARE THESE SERVICES COVERED BY INSURANCE?

No — most plans consider these types of treatments to be cosmetic rather than medically necessary, so they aren't covered. Patients usually pay at the time of service. However, you can try to petition your insurance after the fact or use your flexible spending account (FSA).

Q: WHAT'S THE BEST TIME OF YEAR TO GET LASER TREATMENTS?

Winter, when your skin has the least exposure to the sun, is an especially good time for it. Some laser treatments can't be given in the summer. If you have more questions, we'd be happy to help. 

AMANDA PICKERT, M.D., AND JANELLE ROHRBACK, M.D., FAAD, PROVIDE LASER TREATMENTS AND OTHER DERMATOLOGY SERVICES AT THE PORTLAND CLINIC – BEAVERTON. FOR A CONSULTATION, CALL 503-646-0161 EXT. 6119 OR 6045.

News Briefs

WHAT'S NEW AT THE PORTLAND CLINIC

MEET OUR NEW TEAM MEMBERS



Leah Jobson, PA-C, works closely with the family medicine physicians at The Portland Clinic – East and sees patients here on a same-day/overflow basis. She is passionate about holistic care, including preventive and mental health care, and makes it a priority to stay up to date on the latest care standards. A graduate of the University of Georgia and the physician assistant program at the Medical College of Georgia, she is thrilled to be living and practicing in Portland.



Tina Landeros, FNP-BC, has joined the Urgent Care team at our Tigard office. She loves the wide range of challenges that the urgent care setting brings, and makes it her mission to provide each patient with compassionate, high-quality care. Tina holds a bachelor's degree in nursing from Arizona State University and a master's degree in nursing from Gonzaga University, where she earned her certification as a family nurse practitioner.



Enrique Morayta, M.D., also has joined our Tigard Urgent Care team. He began medical school at Universidad Veracruzana and then continued at the Mayo Clinic in Rochester, Minn., and at the University of Miami, where he graduated with honors. He completed his internal medicine residency at the Northeast Ohio Medical University. Dr. Morayta practiced hospital and outpatient medicine before moving into urgent care several years ago. "I'm excited to join The Portland Clinic team," he says.



Katherine (Kit) Sandstrom, FNP-BC, now practices in our East office. She earned a bachelor's degree in science and nursing from the Johns Hopkins University School of Nursing in Baltimore, and continued her education at the University of Pennsylvania School of Nursing in Philadelphia, where she received a master's degree in science and her family nurse practitioner certificate. "My focus is on wellness and primary care," she says. "I want to hear about your health goals so that we can make joint decisions together."



Amanda Tobias, Pharm.D., is the new pharmacist at our Beaverton and South offices. "My goal is to promote safe and effective medication therapies, and to empower you to be actively engaged in your own health care," she says. Dr. Tobias completed her pharmacy training at Oregon State University/Oregon Health & Science University, and her residency training at Providence Alaska Medical Center in Anchorage. See her tips for choosing the right cold and flu medications on page 7. 

Giving

NEWS FROM THE PORTLAND CLINIC FOUNDATION

LET'S MAKE THIS A HAPPY NEW YEAR FOR OUR COMMUNITY!

If you're brimming with good intentions for the new year, you're in the right place. Our mission at The Portland Clinic Foundation is to support the health and wellness of our community, and you can help.

Last year, thanks to contributions from our patients and staff members, we were able to grant \$30,000 to 16 Portland nonprofits. These grants helped fund low-income housing, refugee resettlement, shelters for victims of sexual assault and domestic violence, adaptive learning technologies for kids, meals for people experiencing homelessness, and much more. We are very proud of what we accomplished together!

In 2017, we had the resources to fund 15 percent of the \$201,000 in grant requests that we received. This year, with your support, we hope to double that. There's so much need in our community — every gift helps! When you give to the Foundation, 100 percent of your contribution goes to support Portlanders in need. Learn more at theportlandclinic.com/foundation or call 503-221-0161 ext. 2154. Thank you, and happy New Year! 

WHAT WOULD YOU LIKE TO READ ABOUT IN FUTURE ISSUES OF OUR NEWSLETTER?

Please let us know whether you would like to keep receiving The Portland Clinic Quarterly: e-mail us at newsletter@tpcllp.com, or complete and mail this form.

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- PLEASE SEND ME THE NEWSLETTER BY E-MAIL INSTEAD.
- PLEASE TAKE ME OFF BOTH LISTS (MAIL AND E-MAIL).

We appreciate your feedback and/or ideas for future issues of our newsletter.

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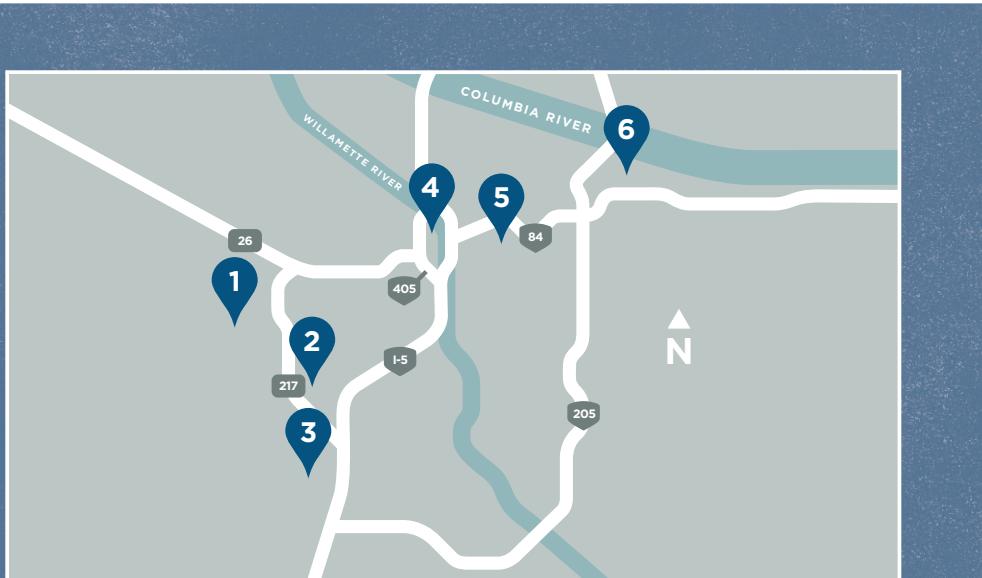
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The Portland Clinic Access Guide

6 LOCATIONS | 24/7 ACCESS | 503-221-0161



1 BEAVERTON

15950 SW MILLIKAN WAY
BEAVERTON, OR 97003
PHONE | 503-646-0161
HOURS | M-TH 7:30 A.M.-5 P.M.
FRI 8 A.M.-5 P.M.

2 TIGARD

9250 SW HALL BLVD
TIGARD, OR 97223
PHONE | 503-293-0161
HOURS | M-F 7 A.M.-5 P.M.
URGENT CARE | M-F 8 A.M.-8 P.M.
SAT 9 A.M.-5 P.M.

3 SOUTH

6640 SW REDWOOD LN
PORTLAND, OR 97224
PHONE | 503-620-7358
HOURS | M-F 7:30 A.M.-5 P.M.

4 DOWNTOWN

800 SW 13TH AVENUE
PORTLAND, OR 97205
PHONE | 503-221-0161
HOURS | M-F 7:30 A.M.-5:30 P.M.

5 EAST

541 NE 20TH AVENUE, SUITE 210
PORTLAND, OR 97232
PHONE | 503-233-6940
HOURS | M-F 7:30 A.M.-5 P.M.

6 COLUMBIA

5847 NE 122ND AVE
PORTLAND, OR 97230
PHONE | 503-256-3401
HOURS | M-F 7:30 A.M.-5 P.M.

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Health Classes

TO REGISTER, CALL 503-223-3113 OR EMAIL RSVP@TPCLLP.COM

NEW ➤ TODAY'S OPTIONS FOR SENIOR HOUSING AND SUPPORT

SOUTH | THURSDAY, JAN. 18, 2-3:30 P.M.

SOUTH | THURSDAY, JAN. 18, 6-7:30 P.M.

Find out about the wide variety of elder housing, care and support services near you in this free seminar, offered with [1st CHOICE Advisory Services](#). You'll also get tips on maintaining independence with assistance; budgeting; Medicare; relieving caregiver stress, and more. Refreshments and raffle.

DIABETES: INVITATION TO A HEALTHIER LIFE

SOUTH | WEDNESDAYS, FEB. 7-MARCH 7, 7-9 P.M.,

BEAVERTON | WEDNESDAYS, MARCH 14-APRIL 11, 4-6 P.M.

Learn about diabetes self-management in this five-week series, taught by a registered nurse and a registered dietitian/certified diabetes educator. 

CHOOSING THE RIGHT COLD AND FLU MEDICINES

Searching a wall of cold and flu products for the one that will make you feel better is enough to give anyone a headache. Don't just grab the box with the longest list of symptoms on the front, advises our new pharmacist, Amanda Tobias. You could end up over-medication with drugs you don't need. Instead, check the back label to find a product that targets only your symptoms. In the "Active Ingredients" list, you'll find the name and purpose of each drug that's in the product. Here's what to look for to relieve specific symptoms:

Congestion: look for a decongestant — phenylephrine is the most common.

Cough: look for a cough suppressant — usually dextromethorphan. If a product has "DM" after its name, that means it contains dextromethorphan.

Mucus: look for an expectorant, such as guaifenesin. And yes, you can use a suppressant and an expectorant at the same time — one decreases the cough reflex, while the other loosens mucus so coughing is more productive.

Sniffles, post-nasal drip: look for an antihistamine. However, be aware that some may cause drowsiness, including doxylamine and diphenhydramine (Benadryl). These are often found in nighttime "P.M." products and may not be appropriate for everyone, especially if at risk for falling.

Body aches and fever: look for analgesics such as acetaminophen (Tylenol) or ibuprofen (Advil). Acetaminophen is in many cold and flu products, so if you're using more than one, take care not to go over the maximum dose.

Sore throat: look for analgesics (see above) — or, if this is your only symptom, lozenges or sprays that contain menthol or benzocaine are good alternatives.

Dr. Tobias now works in our Beaverton and South offices — see page 4. 

Food for Thought

TIPS FROM THE PORTLAND CLINIC NUTRITION TEAM

“BIGGEST LOSER” DIETING: A LOSING PROPOSITION

The allure of rapid-weight-loss diets is hard to resist. What struggling dieter wouldn’t want to drop 50-100 pounds in a few months? “The Biggest Loser” promoted that possibility in the biggest way, showcasing real people losing massive amounts of weight on a grueling regimen of extreme calorie restriction and exertion. Like the show itself, however, the results didn’t last. Most regained much or all of their weight. Worse, they suffered lasting metabolic and hormonal changes that made it even harder for them to keep pounds off moving forward.

Better ways to win

“The Biggest Loser” was cancelled last year under a cloud of controversy and charges of pushing unhealthy weight loss. But similar diets persist. The problem with all of them is that when the body detects rapid weight loss, it kicks into protective gear to keep you from starving. It rallies hunger hormones to increase cravings, and lowers your metabolic rate — that is, how fast you burn calories — to hang onto every calorie. [Maintaining weight loss under those conditions is nearly impossible.](#)

Harvard obesity expert [David Ludwig, M.D., Ph.D.](#), advises aiming for more reasonable weight loss of 1-2 pounds per week. That gives your body time to adjust without sounding biological alarms. It may be less exciting in the short run, but it’s easier, healthier and more sustainable in the long run. His science-backed strategies:

- Cut back on refined carbs, including chips, cookies, pasta and breads.
- Eat more foods rich in healthy fats, such as avocados, olive oil, nuts and nut butters, to keep hunger at bay.
- Load up on fruits, non-starchy vegetables, fish, lean meat and beans.

- Gradually add back small amounts of starchy vegetables and whole grains, aiming for a [Mediterranean-style diet](#).
- Include short bursts of high-intensity activity in your exercise, such as short sprints during your walks.

Learn from long-term winners

The [National Weight Control Registry](#) tracks 10,000-plus people who have lost an average of 66 pounds each and kept it off for more than five years. In addition to modifying their diets and exercising more, most of them practice these healthy habits:

- Eat breakfast every morning.
- Weigh yourself at least weekly.
- Spend less than 10 hours a week watching TV.
- Find motivation beyond your waistline, such as the desire to have more energy and live a longer life.

Motivation is key, because different things work for different people. Folks in the registry say they kept trying things until they found the right combination of small, sustainable changes that worked — and continue to work — for them. 

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Take Another Crack at Eggs

If you've been avoiding eggs due to health concerns, take heart: research published in September in the journal *Nature* found no link between eggs and increased risks for high cholesterol, heart problems or type 2 diabetes. It concluded that even people with cardiovascular disease or diabetes can safely enjoy an egg a day as part of a healthy lifestyle (hold the butter and bacon). Eggs are low-cal sources of protein and healthy omega-3 fats. Give them another crack.

The Grocery Bag

SPICY EGG-AVOCADO TOAST

- 1 large hard-boiled egg*
- 1/2 avocado
- 1 slice toasted whole-grain bread
- Hot sauce and black pepper to taste

Lightly mash the avocado and spread on the toast. Top with egg and hot sauce. Want more zip and crunch? Add a few thin radish slices.

256 calories, 11g protein, 18g carbs, 7g fiber, 16g fat (3g sat fat), 196mg sodium.

This easy breakfast or lunch is loaded with high-quality protein, heart-healthy fats and fiber-rich whole grains — great choices for blood pressure and weight control.

*One egg has 72 calories and 6 grams of protein. Boil several at once to enjoy all week in green salads and sandwiches and as snacks.