PFCA Wellness Update

PRINCETON FAMILY CARE ASSOCATES, LLC SPRING 2025

Not Just Better but Well

By: Dr. Ricardo Fernandez

"Not just better, but well", this is our practice motto that we try to abide by, but what does it mean and how does it impact your care at PFCA?

"Better" indicates that a person's psychiatric symptoms have improved from their initial evaluation, but the individual continues to have a lower level of active symptoms. This is called a "response" in medical terms with residual symptoms.

"Wellness" is when your symptoms have abated completely so that you are experiencing any remaining symptoms at a level which is in the normal range in human populations. This is called "remission" in medical terms. You no longer meet criteria for the diagnosis you have been treated for.

But why is wellness the best goal, rather than just achieving an improvement of symptoms? Wellness, or remission, is associated with a significantly lower risk of relapse and recurrence of illness. In Major Depression, individuals who do not achieve remission have relapse rates exceeding 50%. And it's not only that you have a higher likelihood of becoming ill again, but there are other benefits to achieving remission:

- Better quality of life; Residual symptoms can impair relationships, work, and daily activities.
- There is also evidence that persistent low-grade symptoms may contribute to inflammation of the nervous system and cause effects on the hypothalamic-pituitary axis, particularly in conditions like depression, bipolar disorder, and schizophrenia.
- Partial response to treatment can also make your psychiatric illness harder to treat in the future, and put you at higher risk for what we call Treatment Resistant Depression.
- Obviously, patients who are well are much less likely to consider suicide as an option.
- Wellness leads to wellness; the better you feel, the more likely you are to adhere to your prescribed treatment and to any new healthy living styles.

At PFCA, we use not only your verbal reports, but your repeated performance on the psychiatric scales completed before your sessions. These allow the clinician to have not only a subjective measure (your report), but also an objective measure (the scale results) to determine the efficacy of your prescribed treatment.

Occasionally, we may recommend other treatment approaches, such as neuromodulation (electroconvulsive therapy, S-ketamine, or transcranial magnetic stimulation) as well as psychotherapy to get you to achieve remission. Click here for more infor.

All of these cannot happen without your cooperation and adherence to the recommended treatment. We cannot make you "well" without your direct involvement. It cannot happen without your participation.

So don't just feel better, be well!

Dr. Fernandez

Best Ways to Keep Your Memory Sharp

By: Marisa Fernandez, RN

In the previous newsletter edition, we included an article titled "Will I Lose My Memory?" reviewing the difference between normal cognitive decline with age, mild cognitive impairment, and dementia, as well as highlighted the importance of early diagnosis. In this article, we will expand on this topic further by discussing what you can do to keep your memory sharp while slowing cognitive decline.

Increased difficulty with memory recall and task completion is common as we age. This mental shift is related to physical changes in the brain over time, such as decreased brain volume and weakened neural connections. Furthermore, the risk of developing dementia, a general term that includes Alzheimer's disease, vascular dementia, and more, rises with age. However, there are simple habits that can reduce the risk of memory loss and dementia, and slow cognitive decline, even in those individuals with a significant family history of dementia.

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Thank You Patients!

- For requesting medication refills early.
- Sending in your clinical scales the day before your appointment.
- Signing into the Doxy waiting room early.

The Reception Staff

KEEP YOUR MEMORY SHARP

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A recent report in The Lancet suggests that nearly half of all dementia cases worldwide could be delayed or prevented altogether by making lifestyle and environmental changes, such as regular physical activity, stress management, and good sleep. These same practices can help slow the cognitive decline that comes with normal aging.

Firstly, and perhaps most importantly, regular exercise is essential for not only physical fitness, but cognitive fitness. In fact, regular exercise is associated with larger brain volume, which is protective against normal cognitive decline as we age. Even mild to moderate activity, such as speed walking or pickleball, has been shown to have a positive effect.

You may have heard the common aphorism "what's good for the heart is good for the brain." Experts recommend heart healthy changes, as most dementia risk factors are also risk factors for cardiovascular disease.

Healthy eating plans have been associated with a lower rate of Alz- heimer's disease. Diets high in plant-based foods and low in saturated foods are recommended, such as the Mediterranean diet, DASH diet, and Mediterranean-DASH Intervention for Neurodegenerative Delay (MIND) diet. The MIND diet was created recently, and designed specifically to protect brain health.

In addition to diet and exercise, social contact is a key factor in slowing cognitive decline. Emerging research has revealed that "super-agers", people ages 80 and older with the memory ability of those 30 years younger, tend to have more satisfying, high-quality relationships. High-quality relationships benefit the brain by building cognitive reserve, promoting healthy behavior, reducing stress and inflammation.

A growing body of evidence shows that the severity of hearing and vision loss is associated with the risk of developing dementia. Notably, older adults who experience vision loss have a 50% higher dementia risk. Researchers suspect that hearing and vision loss are associated with an increased dementia risk because individuals with uncorrected hearing and vision loss will begin to avoid social contact as their sensual deficiencies make it increasingly difficult to interact socially with others. This then tends to make them more physically inactive as well, adding to the dementia risk.

Another factor that influences one's dementia risk is air pollution. Living in areas with considerable air pollution, like next to a highway, can increase the risk of developing dementia, as particles of pollution can travel into the brain.

Finally, heavy drinking is linked to a greater risk of dementia. In fact, a recent study showed that how often an individual consumed alcohol was one of the dementia risks with the biggest impact.

See below for a concise list of lifestyles and environmental changes you can make to reduce the risk of memory loss and dementia, along with specific examples. Click hyperlinks below for more detailed information.

Lifestyle & Environmental Changes with Examples

Exercise Regularly
- At least 150 minutes of moderate-intensity physical activity per week

Keep your Heart Healthy
- Quit smoking
- Lose weight
- Manage blood pressure, blood sugar, and cholesterol

Eat for your Brain
- Mediterranean diet
- DASH diet
- MIND diet (Mediterranean-DASH Intervention for Neurodegenerative Delay)

Stay Socially Engaged
- Group exercise class
- Stay in touch with loved ones
- Volunteering

Protect your Hearing & Vision
- Use hearing aids
- Have your eyes checked annually

Avoid Air Pollution
- Use air purifiers
- Check Airnow.gov

Reduce Alcohol Intake
- If you choose to drink, drink in moderation
- AA

Nurse Practitioner Care at PFCA

By Dr. Fernandez

The clinical care provided by nurse practitioners at PFCA differs significantly from that provided by nurse practitioners in most other medical practices.

Nurse practitioners at other practices "collaborate" with psychiatric medical doctors. This collaboration occurs electively at the request of the nurse practitioner. The nurse practitioner exercises this function, if and only if, they feels that there is a need for a higher level of expertise from the "collaborating" physician. In routine, non-emergent care, the nurse practitioner will most often make the clinical decision they feel is best indicated without the direct oversight of a physician. In this type of clinical setting, the "collaborator" label functions mostly for administrative and licensing purposes and often the collaborating physician referred to as "Ghost" physician since their medical oversight is minimal.

In his role as medical director and proprietor of PFCA, Dr. Fernandez is not only the collaborating physician for the nurse practitioners but also their supervising physician.

As such, Dr. Fernandez reviews each nurse practitioner's visit within 24 to 72 hours after the visit. He will then make active recommendations on medical interventions as clinically indicated in the particular patient's case. His clinical recommendations are then reviewed and enacted by the nurse practitioner or psychiatric nurse in subsequent visits or earlier.

Where he feels a clinical intervention should not wait until the next visit, the nurse practitioner, the registered nurse or Dr. Fernandez will contact the patient, and the change will be instituted prior to the next visit.

Additionally, there are scheduled supervisory meetings with Dr. Fernandez, the nurse practitioner and psychiatric nurse to further discuss problem issues with patients.

Once you are stable on a medication regimen, Dr. Fernandez requires at least one visit with him every 12 to 18 months so that he can fully review your care in your presence and further fine-tune interventions to your particular clinical needs.

This type of closely supervised clinical care is unique to this practice and accounts for the consistently good psychiatric management the practice is known for. Feel free to speak to your clinician if you have any further questions and always feel free to ask the clinician (or the front desk) to schedule your next visit with Dr. Fernandez, should you want his specific opinion on a clinical matter.