



NEWSLETTER



2nd Annual

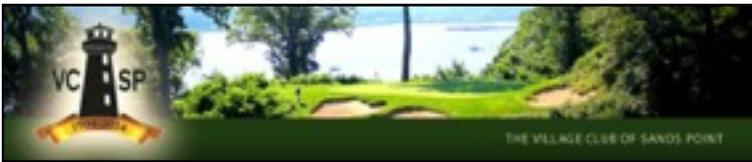
APS

Invitational Open

Monday, September 28, 2015

There are discounts and/or prizes for early sign up for this event....

Please visit: www.infoaps4dds.org or www.APS4DDS.com for information about early registration



“New York Classic Film Club”

This is our 7th Film in the Series and will be:

“To Be Or Not To Be”

by the great Ernst Lubitsch (who was Billy Wilder teacher) starring Carole Lombard

Sunday, October 11, 2015

Plan to arrive at 1:30 PM for our pre-discussion, coffee and pastries. www.PWPL.org

Lecture Presentations by

Dr. Dan Pompa

- 5/20/15: Delaware Mid Atlantic ITI Study Club: “Top 10 List for the Emergency Kit” www.DEOMS.com
- 5/31/15: (NJHPDI) New Jersey Health Professionals Development Institute: “To Pull or Not to Pull” www.NJHPDI.com
- 6/12/15: Academy of General Dentistry : New York Headquarters: “Update on Medical Emergencies and CPR Course” www.NYSAGD.org
- 8/12/15: Fialkoff Study Club, “To Pull or Not to Pull” www.baysidedentist.com
- 9/9/15: Mt. Sinai Medical Center, Dept. of Dentistry: “To Pull or Not to Pull”
- 9/26/15: Worlds Fair of Dentistry: QCDS program: “To Pull or Not to Pull” www.QCDS.org
- 10/2/15: New Jersey Dental Study Club: “Current Concepts in Apical Surgery vs. Implant Replacement”
- 10/7/15: Glen Head Study Club: “To Pull or Not to Pull”
- 10/18/15: NJHPDI: “Medical Emergencies Update 2015” Full Day Presentation www.NJHPDI.com
- 11/4/15: Kalman Study Club: “To Pull or Not to Pull” QueensOralSurgeons.com
- 11/11/15: Glen Cove Study Group: “To Pull or Not to Pull”
- 11/20/15: North Virginia Dental Society: Full Day Program “To Pull or Not to Pull & The Single Tooth Implant” www.NVDS.org

Update on Aspirin: 2015

How Aspirin (Acetylsalicylic acid) works:

Aspirin's ability to suppress the production of prostaglandins and thromboxanes is due to its irreversible inactivation of the [cyclooxygenase](#) (COX; officially known as prostaglandin-endoperoxide synthase, PTGS) enzyme required for prostaglandin and thromboxane synthesis. Aspirin acts as an acetylating agent where an acetyl group is covalently attached to a [serine](#) residue in the active site of the PTGS enzyme. This makes aspirin different from other NSAIDs (such as [diclofenac](#) and [ibuprofen](#)), which are reversible inhibitors.

Low-dose aspirin use irreversibly blocks the formation of [thromboxane A₂](#) in platelets, producing an inhibitory effect on platelet aggregation during the lifetime of the affected platelet (8–9 days). This antithrombotic property makes aspirin useful for reducing the incidence of heart attacks. As little as 40 mg of aspirin a day is able to inhibit a large proportion of maximum thromboxane A₂ release provoked acutely, with the prostaglandin I₂ synthesis being little affected; however, higher doses of aspirin are required to attain further inhibition.

Prostaglandins, local [hormones](#) produced in the body, have diverse effects, including the transmission of pain information to the brain, modulation of the [hypothalamic](#) thermostat, and inflammation. Thromboxanes are responsible for the aggregation of platelets that form [blood clots](#). Heart attacks are caused primarily by blood clots, and low doses of aspirin are seen as an effective medical intervention for acute myocardial infarction.

Your physician may suggest daily aspirin therapy if:

- You've already had a MI or stroke
- You haven't had a heart attack, but you have had a stent placed in a coronary artery, you have had coronary bypass surgery, or you have Angina.
- You've never had a heart attack, but you're at high risk
- You have diabetes and at least one other heart disease risk factor — such as smoking or high blood pressure — and you're a man older than 50 or a woman older than 60

The benefit of daily aspirin therapy doesn't outweigh the risk of bleeding in people with a low risk of heart attacks. The higher your risk of heart attack, the more likely it is that the benefits of daily aspirin outweigh the risk of bleeding.

In women, daily aspirin therapy may be more effective at preventing strokes than heart attacks.

You should not use of Aspirin if you have:

- A bleeding or clotting disorder (bleeding easily)
- Aspirin allergy, which can include asthma caused by aspirin
- Bleeding stomach ulcers

Very low doses of aspirin —75 milligrams (mg), which is less than a standard baby aspirin — can be effective. Your doctor will usually prescribe a daily dose anywhere from 81 mg to 325 mg. If you have had a heart attack or have had a cardiac stent placed, it's very important to take aspirin and any other blood-thinning medications exactly as recommended.

Stopping daily aspirin therapy can have a rebound effect that may increase your risk of heart attack. If you have had a heart attack or a stent placed in one or more of your heart arteries, stopping daily aspirin therapy can have a life-threatening outcome. It's important to talk to your doctor before making any changes. Suddenly stopping daily aspirin therapy could have a rebound effect that may trigger a blood clot.

Both aspirin and nonsteroidal anti-inflammatory medications (NSAIDs), such as ibuprofen (Motrin IB, Advil, others) and naproxen sodium (Aleve), reduce the clotting action of blood platelets. Regular use of nonsteroidal anti-inflammatory medications can increase your bleeding risk. Some NSAIDs can increase the risk of heart attacks on their own. Additionally, some NSAIDs can adversely interact with aspirin, increasing the risk of bleeding. If you need only a single dose of ibuprofen, take it two hours after the aspirin. If you need to take ibuprofen or other NSAIDs more often, talk to your doctor about medication alternatives that won't interfere with daily aspirin therapy.

If you're already taking an anticoagulant, such as warfarin (Coumadin, Jantoven), apixaban (Eliquis), dabigatran (Pradaxa) or rivaroxaban (Xarelto) for another condition, combining it with aspirin may greatly increase the risk of major bleeding complications. However, there may be some conditions for which combining a low dose of aspirin with warfarin or another anticoagulant is appropriate. But, this therapy always needs to be carefully discussed with your doctor.

Other medications and herbal supplements also may increase your risk of bleeding.

Medications that can interact with aspirin include:

- Heparin
- Ibuprofen (Advil, Motrin IB, others), when taken regularly
- Corticosteroids
- Clopidogrel (Plavix)
- Some antidepressants (clomipramine, paroxetine, others)

Taking some dietary supplements can also increase your bleeding risk. These include:

- Bilberry
- Capsaicin
- Cat's claw
- Danshen
- Evening primrose oil
- Ginkgo
- Kava
- Ma-Huang
- Omega-3 fatty acids (fish oil)

OB Considerations: The Ob-Gyn Physical may consider using aspirin with pregnant patients having a previous history of Toxemia and/or chronic hypertension when toxemia might develop. In addition, previous unexplained intra uterine fetal demise may prompt the obstetrician to use aspirin in future pregnancies.

Enteric-coated aspirin is designed to pass through your stomach and not disintegrate until it reaches your small intestine. It may be gentler on the stomach and may be appropriate for some people who take a daily aspirin, especially in those with a history of gastritis or ulcers. However, some researchers believe there's no evidence that taking an enteric-coated aspirin decreases your chance of developing gastrointestinal bleeding. In addition, some research has found that coated aspirin may not be as effective as plain aspirin. Talk to your doctor about ways to decrease your bleeding risk.

Cancer prevention

You should discuss all the options with your Doctor with regard to the following information:

Aspirin reduces the overall risk of both getting cancer and dying from cancer.* This effect is particularly beneficial for [colorectal cancer](#) (CRC).

Some conclude the benefits are greater than the risks due to bleeding in those at average risk.* Others are unclear if the benefits are greater than the risk. Given this uncertainty, the 2007 [United States Preventive Services Task Force](#) guidelines on this topic recommended against the use of aspirin for prevention of CRC in people with average risk. Please go to this link for more information: en.wikipedia.org/wiki/United_States_Preventive_Services_Task_Force

* Cuzick, J; Thorat, MA; Bosetti, C; Brown, PH; Burn, J; Cook, NR; Ford, LG; Jacobs, EJ; Jankowski, JA; La Vecchia, C; Law, M; Meyskens, F; Rothwell, PM; Senn, HJ; Umar, A (Aug 5, 2014). "Estimates of benefits and harms of prophylactic use of aspirin in the general population.". *Annals of oncology : official journal of the European Society for Medical Oncology / ESMO* 26: 47–57.

+ See **“Daily aspirin therapy:Understand the benefits and risks”** - www.mayoclinic.org