Andy Lazris: Hi, it's Sunday morning, and Andy and Alan are here with you, on the Returning to Healing podcast, and we talked, last time, about several things, but we ended by saying maybe we should talk about antibiotics, because antibiotic use in this country is out of control.

Andy Lazris: And you know, there are lots of

Andy Lazris: even protocols. You know, we don't usually support the protocols, because they're written by groups with strong ties to drug and device companies and specialty societies.

Andy Lazris: But the protocols here are not, and they are, you know, there's a couple groups that talk about how dangerous the overuse of antibiotics is.

Andy Lazris: And I just want to start by saying this, because we may not even get to it, that the development of antibiotics in the early 1900s is one of the two or three things that truly changed the trajectory of longevity and health in this country. You could point to…

Andy Lazris: our ability to use antibiotics, especially on kids, our ability to prevent women from dying in childbirth, and our understanding of sanitation as the three biggest things that led to longevity. And if you take

Andy Lazris: everything else, and add that to those three things, you either get no increase in longevity, or a decrease in longevity. I mean, it's funny, all the cardiac stuff that's going on actually has led to a decrease in cardiac longevity. All the stuff we're doing for strokes.

Andy Lazris: is leading to more strokes. But these three things, including antibiotics, maybe especially antibiotics, has… people would… you know, we talk about COVID, where

Andy Lazris: you know, overall in this country, 3 out of 1,000 people died. Alan and I happen to be working in areas where the death rate was far higher than that. But overall, that was the death rate. You talk about

Andy Lazris: I'm a historian, and throughout history, including into the 19… mid-1900s, early 1900s, a typhus epidemic could go through New York and kill 10% of the whole population.

Andy Lazris: You know, smallpox was killing 30 million people a year until about 1920. That was immunization that got rid of that. Typhus was the antibiotics, but all these things were helped by antibiotics. So, yeah, I mean, the problem with overutilization should not make us realize the importance of antibiotics.

Alan Roth: Right.

Alan Roth: So I agree with everything you said except one. I'll add, there's one other public health measure that has been shown to improve people's health, and that's primary care.

Andy Lazris: Yeah, that's true.

Alan Roth: care physician live longer, but everything else, all these procedures doesn't work. But, you know, Andy, you're so right, you know.

Alan Roth: I have a cold now, people might hear it in my voice, I'm congested.

Alan Roth: you know, this is a common visit to my office for, like, 3 days. I've had…

Alan Roth: Phlegm, and runny nose, and…

Alan Roth: coughing up some little stuff, but no fever, no body aches, it's clearly a viral URI, and I have patients walk into the office with those symptoms every day, and when I tell them that they have a cold and drink some hot tea with honey and lemon and chicken soup.

Alan Roth: the response is, no, I'm here for an antibiotic. And…

Alan Roth: now I know I'm in for a fight, because what do you do? And this is the dilemma that most healthcare providers are in. You know, your patient is in front of you, they came in after 3 days of a viral illness, they'll probably get better in 3 more days.

Alan Roth: But they're there thinking that they're gonna get an antibiotic, because

Alan Roth: Urgent care will give it to them, they don't care. Urgent care just wants happy patients. So, when a patient comes in for urgent care, the doc says, oh, here, amoxicillin, and writes amoxicillin for a URI, and they're not penalized and punished like we are in primary care, because it goes on my report card when I overwrite that. We'll talk about that later.

Alan Roth: But no one discusses the harms of what this causes.

Alan Roth: So for me not to write that antibiotic, for me to say, I'm sorry, but I don't want to hurt you, this is bad, this could cause you side effects and other things, and add to antibiotic resistance.

Alan Roth: It takes 5 minutes, 7 minutes to explain to a patient why they don't want antibiotics when they came in for antibiotics. So it's a dilemma we face every day.

Andy Lazris: And, you know, to take your story, which is an incredibly common story, you know, you mentioned that by the time they come to you, they're going to get better in 2 or 3 days. So if they get the antibiotic at that point, they'll think that's what made them better.

Alan Roth: Exactly.

Andy Lazris: And now they're programmed to think that. So what I have… when I have this fight, which I do very often, and if I win, and I don't always win, I would say 90% of the time they call the office the next day.

Andy Lazris: and say things are getting worse, they need the antibiotic. And they just say it to my receptionist, and then I give them the antibiotic. And I know it's… the game's over, I'm not gonna win this thing. And it is, look.

Andy Lazris: Look, you know, you look at sinus… sinusitis and bronchitis, the two… two of the three most common reasons, the other one being urinary tract infection, none of which actually should get antibiotics 99% of the time.

Andy Lazris: But if you look at sinusitis and bronchitis, they are self-healing. The body takes care of them. Even if they're bacteria, the body tends to take care of them, there is little distinction in symptoms between

Andy Lazris: bacterial and viral bronchitis and sinusitis. I did a video on this, and I'll attach that.

Andy Lazris: To, to, when we, when we,

Andy Lazris: when we have this available. But what we found is that, and this is also… what's the group that gives guidance that makes sense,

Andy Lazris: caring, or what is it called? The, we're old, so I don't remember. I'll put that up, too. There is a group that really speaks strongly against using antibiotics and all these things, but here are a couple things I learned, that it doesn't change outcome in a positive way, whether you give

Andy Lazris: Augmentin, which is stronger than amoxicillin or placebo, or Tylenol. All three did exactly the same way. Well, Tylenol gives you autism, I hear now, but… just joking about that. But here's the real dilemma, Alan, and we've talked about it before, we have this gut bacteria.

Andy Lazris: That truly is important to the function of our body. And one of the biggest functions of gut bacteria is in our immune system. It helps our immune system fight things like viruses.

Andy Lazris: When we give the antibiotics, we kill the gut bacteria. So now, these people are coming in with a virus.

Andy Lazris: We give them a medicine to make the immune system against the virus worse.

Andy Lazris: By giving the antibiotic. We actually make the virus worse. So it's not like it's just neutral. You mentioned a few other things.

Andy Lazris: societal anti-resistance to antibiotics, but also individual resistance to antibiotics, so if they actually have something real, now the antibiotics don't work. And you have side effects and potential allergic reactions from all these antibiotics.

Andy Lazris: So, it's… it's… it's a shitshow.

Alan Roth: Yeah, no.

Alan Roth: And we know there's so many bad things, you know?

Alan Roth: You know, it accelerates the antibiotic resistance, we know is probably one of the biggest ones. We know, as you said, it increases the risk of adverse effects, so, you know, people are likely to get sicker if you give it.

Alan Roth: But, again, people don't get it, but I got my antibiotic. But, you know, we haven't talked yet about, you know, the costs of it, the death rates associated with it. I mean, people die.

Alan Roth: not having an antibiotic that works, and people die from the side effects of antibiotics, like, you know, Clostridium difficile, which is a…

Alan Roth: a result of the overuse of antibiotics, which is a gastrointestinal infection, as Andy said, from screwing up the gut biome, and that's what these things do, that you end up with this prolific diarrhea, and what's called a pseudomembrous colitis in the intestines.

Alan Roth: that in frail, elderly, or even young people, could kill them. Like, there's a mortality rate associated with C. diff, and the other mortality rate is… and I see it in… and I'm sure you see it in your geriatric patients, but I see it in our… when we get palliative care consults all the time.

Alan Roth: Is that, you know, we're consulted on a patient that has what's called, you know, multi-drug-resistant organism, or, you know, commonly known as a superbug, or something like that.

Alan Roth: And there's literally no antibiotic that we know works. Like, we've, you know, they've gone through the culture and sensitivity reports, and nothing works, so therefore this person's likely to die, because we have nothing to give them.

Alan Roth: And it's not talked about.

Andy Lazris: And that is truly…

Andy Lazris: the result of us giving too many antibiotics. And, you know, early in my career,

Andy Lazris: One of my colleagues was being sued, not his fault, but, you know, they sue us anyway, but he was being sued because somebody gave him a very mild antibiotic called Bactrim, and he developed a skin reaction that basically was the same as a third-degree burn.

Alan Roth: Steven Johnson syndrome.

Andy Lazris: And that's what he got. And he didn't die from it, became darn close. Again, the guy being sued didn't give the antibiotic, but that's how things work in the world. But that's a simple antibiotic. They're like, what's the harm?

Andy Lazris: Urinary tract infections are the other big one, Alan, in my world of geriatrics. Anyone starts thinking badly, they get an antibiotic. If I check the urine on all my geriatric patients.

Andy Lazris: they could all have something in their urine dipstick that shows they have an infection. And they all have bacteria in their urine. That's protective bacteria, kind of like the gut microbiome, you know, it keeps bad infections away. And now we've killed it. You know, we've just killed that with the antibiotic, made things worse.

Andy Lazris: And when they go to the hospital, Alan, they're not getting…

Andy Lazris: amoxicillin. They're getting IV antibiotics for.

Alan Roth: Dribble.

Andy Lazris: urinary tract infection. That's what they're getting, and they come back sick a lot of times from these massive antibiotics, that the hospital has to give, or else they won't get paid. That's, at least in my state, that's what I've heard.

Alan Roth: No, it's like that in New York, too. Why did you admit them?

Alan Roth: What are you doing for them?

Andy Lazris: But that's why, like, I tell people all the time that come in for, you know, a routine exam, and they say, you're not gonna check my urine? And I'm like.

Alan Roth: I don't think so. Do you have any symptoms? And…

Alan Roth: And they're like, no. And I said, well, we're not going to diagnose anything in your urine if you're not having any symptoms, and we might find something

Alan Roth: that you think needs to be treated that doesn't. So, no, we don't do it. You know, the only time I check a urine on someone is to check for protein in a diabetic or a hypertensive, and there I'm careful to only check for the protein, because otherwise you're going to find something if you do a regular urine.

Alan Roth: And,

Alan Roth: you pick up these infections that are not there, so the only time I do it, if someone comes in with, you know, symptoms of an acute UTI, you know, they got pain, burning, frequency of urination, they're in significant discomfort, that's when you do it, and that's the few times they need the treatment, but we shouldn't be doing routine urine in anybody.

Andy Lazris: Yeah, and it is, it is like an epidemic of overdiagnosed urinary tract infections in people who don't have urinary symptoms.

Andy Lazris: Again, in my world, the biggest reason is change in mental status. They're confused, they do a urine, find a couple.

Andy Lazris: cells of something and treat with massive IV antibiotics,

Andy Lazris: for something that was about to go away on its own anyway, or has a completely different cause that we should be looking for. You know, when we go down that road, we've now turned… closed off the other roads of what's causing this, and it might be something else, including over-medication.

Andy Lazris: Which is usually the case. But again, think about all these people getting antibiotics in. I mean, it's… kids get them constantly for viruses. And I tell my patients, and I also give talks about this, you know, yeah, you could have a virus like, let's say, the flu, and what do most people die of?

Andy Lazris: from flu, they die of a bacterial superinfection. So I say the key is not to treat this virus, but if symptoms change.

Andy Lazris: I said, you know, all of a sudden, they're getting a little better, and all of a sudden, they get worse. They can't breathe, they have a deeper, thicker cough, you know, worse mucus. Their fever shoots up again. I said, yeah, then we need an antibiotic, when that happens.

Andy Lazris: So again, the judicious use of antibiotics, we don't ever want to say the non-use, but the judicious use, the current use of antibiotics

Andy Lazris: Is making infectious death higher.

Andy Lazris: And for the reasons you stated, Alan, the resistance that we are creating is scary, because we're gonna find some bugs that we don't have any tools to treat, and they could spread through the population.

Andy Lazris: Not just affect the people who are taking all these antibiotics. So that, that plus the side effects of the antibiotics, plus the fact we're killing our gut microbiome.

Andy Lazris: you know, this is making more people sick. Great for the medical-industrial complex, terrible…

Andy Lazris: For humanity that we're supposed to be helping.

Alan Roth: Yeah. The one we didn't talk about yet, the one that I laugh the most at, like, I sometimes have to laugh at the patients when they ask me for this, is someone comes in with, like, typical symptoms of gastroenteritis, you know?

Alan Roth: Two days of not feeling well, with, like, some nausea, no vomiting, and, you know, prolific diarrhea,

Alan Roth: No acute, significant abdominal pain on exam. They're well hydrated.

Alan Roth: And they're now asking for an antibiotic.

Alan Roth: And what I laugh at is, you know, we know every antibiotic can cause

Alan Roth: diarrhea, but the most common ones are the ones that we prescribe the most. Things like Augmentin, for example, which has a significantly high risk of diarrhea in a well person, let alone giving it to someone who already has diarrhea. And I have to laugh, I'm like, you know.

Alan Roth: I have to draw the line here. Like, it's like…

Alan Roth: you… do you really want me to hurt you? Like, I'm gonna hurt you if I give you this. Like, instead of your diarrhea lasting 2 more days, it's gonna last 2 more weeks, and, you know, maybe you'll get a super infection of Clostridium difficile on top of it.

Andy Lazris: Yeah, and they all think, well, it worked last time, and it's the same thing you deal with. It's this coincidence, this correlation.

Andy Lazris: You know, I got the medicine right when I was about to get better anyway. Like we talked about with back pain, that's… most back surgeries that help, help right at the time people were about to get better. And that's been the danger… the fight that we have, and it is a fight, because we're fighting not just for the patient in front of us.

Andy Lazris: But we're fighting for everybody, because we're gonna really wipe out, you know, humanity is… I always think, you know, we're from a perch where we see bad things.

Andy Lazris: Humanity's always vulnerable to another super infection, whether viral or bacteria, and we're just making it more likely by our proliferative use of these antibiotics, which are one of the biggest sellers, you know, that's one of the bigger profits.

Andy Lazris: For the industrial, medical industrial product, because it leads to hospitalization.

Andy Lazris: Often from the side effects of the antibiotics, which are very profitable. Again, we're one of the few industries that benefit when we screw you up. Yeah. Because you get more medical care.

Andy Lazris: They're not a bad thing.

Alan Roth: It's true, it's, you know, it's… everything is just getting worse, we haven't discussed, and…

Alan Roth: The last article I remember reading, upwards of, like, 50% of antibiotic prescriptions are totally unnecessary. You know, your watchful waiting antibiotic is… I do it often.

Alan Roth: And again.

Alan Roth: I'll cut down on some prescribing by not doing it, but many times you get the call the next morning.

Andy Lazris: Yeah.

Alan Roth: You just give in, otherwise you're gonna have to now get on the phone and get 15 minutes later in your day, because of fighting for someone for something that they don't need.

Andy Lazris: Yeah, they know how to beat you down. They can get it from you. One last thing I want to bring up that has nothing to do with this, maybe not the lip, but…

Andy Lazris: As much as we over-prescribe antibiotics in this country, and we are so far and above higher than any other country around, because people feel like they need them.

Andy Lazris: Despite that, Alan, and this is something we can talk about in a future talk, 95% of antibiotics prescribed to this country are given to animals

Andy Lazris: that we eat. 95%. And so, even when we think we're being careful, and not taking antibiotics, we're getting antibiotics through these animals. You know, unless you get, let's say, a chicken or a beef that says no hormones, no antibiotics.

Andy Lazris: You're… you're getting antibiotics every time you eat

Andy Lazris: the freaking animals. Eggs, too. And that's why… resistance is being built up that way also. It gets you whether we prevent you from taking them or not.

Alan Roth: Yeah, and unless you're on a plant-based diet, you are exposed to antibiotic resistance because of these, and you're getting such low numbers

Alan Roth: and low levels of antibiotic, that it just breeds more and more resistance to this, you know? It's.

Andy Lazris: It is… it's an epidemic, it really is a public health emergency in this country, because it's… it's not gonna… it's not gonna get better, it's getting worse.

Alan Roth: I think, personally, I think urgent care centers feed this. Oh, God, yeah. So we… I touched on it a little bit, but, you know, my charts get reviewed by the insurance companies every time I prescribe an antibiotic, some computer is, you know, in the background reading, so Roth prescribed Augmentin for a diagnosis of bronchitis.

Alan Roth: And I'm dinged if I put those two things together, because as Andy said.

Alan Roth: Bronchitis is a viral infection, and why should you give it? Well, sometimes I have people with a little fever, they have thick sputum, maybe a little shortness of breath.

Alan Roth: But it goes on my report card with the insurance companies.

Alan Roth: These… the… the urgent care doctors, the ER doctors, the hospital doctors, they don't get those report cards from the insurance company. They don't care what they do. They're just… they like urgent care centers because the cost is cheaper than the emergency room for the insurance company. So they're happy about that.

Alan Roth: So, they can do whatever they want. And our patients are used to getting them, because patients go to urgent care, they get antibiotics. Period.

Andy Lazris: And when we get dinged, I don't think the insurance companies really care, but I think the insurance companies are pretending to care, because they have to pretend to care about some things, and this is low-lying fruit, and it's easier for them

Andy Lazris: to go against primary care, than to go, let's say, against an infectious disease doctor or cardiologist who, frankly, have better lobbies and are not going to put up with it. We have no… we have… we have no resistance, Alan. We… we… we are,

Andy Lazris: We are vulnerable to everything, so when they want to create their report cards, you look at them. They're all primary care-focused report cards. They're just coming after us for stuff that everybody else is doing, but they don't get dinged for it. And we're the ones trying to be stewards here, and yeah, sometimes I get someone with terrible emphysema.

Andy Lazris: And they… I gotta give them an antibiotic when they come in with a respiratory infection, because it'll flip fast.

Andy Lazris: to pneumonia. And when I see any sign of it, I'm gonna give it. But the key is not whether I give it or not, Alan, it's what the diagnosis I put down, right? It's… Exactly.

Andy Lazris: So it's playing a game, rather than really, you know, dealing with my thought process of why I'm doing this or not doing this. It's the game we've had to get good at.

Andy Lazris: to defy these crazy recommendations that are so generic that they do not take the individual patient in mind. Yeah, so a lot of primary care doctors, unlike us, Alan, are not fighters.

Andy Lazris: They're gonna do whatever…

Andy Lazris: you know, whatever's easiest. So it's the battle between the insurance company and the patient. They're gonna pick the patient, and they're gonna play the game, and that's how they'll do it every time. So, most of my patients who go to urgent care get antibiotics, but I have a lot of people I know who go to other doctors who get antibiotics just as often.

Andy Lazris: And not, not amoxillin, but ZPAC, Levaquin, you know, big, big, big dog stuff that causes, Resistance.

Alan Roth: So I just got… I'll share quickly, because you brought up Levaquin.

Alan Roth: So, I get an email message in my end basket from one of my patients on Friday morning.

Alan Roth: Can I give her, 5 more, or… I think it was 4 more days of Levaquin, because she has bronchitis.

Alan Roth: And she only had 3 days of Levaquin left from the last time.

Alan Roth: And she wants me to prescribe that.

Alan Roth: Soap.

Alan Roth: it got me aggravated that I… I was actually on a Zoom meeting at the time, so I had some time, so I sent this very long text, and talked about the black-boxed warning of Levaquin, of, you know, tendon rupture, and mental status changes, especially in elderly, and all the crap that that drug could do.

Alan Roth: And that she expects me to prescribe a dangerous drug without even listening to her lungs, and I gave her a list of questions, like, who diagnosed the bronchitis? Who told you you had it? You know, where did you get the 3Levaquin from? You know, it's…

Andy Lazris: And it is… it's quite interesting how people get antibiotics, but I think there's, like, a, you know, family storehouse often that they share with each.

Alan Roth: Well, in Queens, the county I work in, you can get it at the bodega.

Andy Lazris: Oh, wow, so yeah, so there are many places to get it. And yeah, this is something that the medical community, I give them credit.

Andy Lazris: as a community is aware that this is a problem. They're trying to do things. Unfortunately, like you say, Alan, the problem is not usually sitting in the primary care office. You know, we are dinged for things, but I don't know the numbers, but I would say the vast majority of antibiotics prescribed are not

Andy Lazris: Prescribed in our office.

Alan Roth: The last I read, which was not that long ago, it's estimated to be about 50%, half, of what.

Andy Lazris: Yeah, yeah. So that's why… that makes sense, and it's just going up with the proliferation of urgent care. It's gonna be more and.

Alan Roth: And the other issue we didn't discuss is, when was the last time you saw a new, significant antibiotic.

Andy Lazris: Oh, right, nothing. It's been forever. They're all copycat drugs, that's all we're getting. And, you know, they make it seem like they're new, but that's not where the big bucks are for the drug companies.

Andy Lazris: So they're… it's interesting, the drug companies aren't making a lot of money on antibiotics, so they're not playing that game. It's the other aspects of the medical-industrial complex that are making money, from this, mostly hospitals. You know, they see all the results of

Andy Lazris: poor management of antibiotics. And, by the way, the hospitals, the resistance rates

Andy Lazris: are really high, right? If you happen to acquire an infection in the hospital, there's a high death rate. What do they say? About 100, 150,000 people a year die from getting an infection in the hospital, because there's so many antibiotics being given in the hospital that all they breed are these resistant bugs that are lethal.

Alan Roth: So, there are some estimates, I know this is arguable, that the third leading cause of death in our country is the hospital, and out of that, you know, hospital-acquired infections are near the top, so this is a huge problem, and…

Alan Roth: you know, people need to stop asking for antibiotics, is my mo… like, why would I not give one to a patient if it was appropriate? Like, people gotta trust their providers, you know, that's… I think the take-home message is.

Alan Roth: You know, to folks that are listening, is if your doctor says you don't need antibiotics, don't fight them for it, because they're trying to help you, not hurt you.

Andy Lazris: And really, how many times in this country do doctors tell you not to take something? You know, this is one of the few times they're doing it, trust them, because they're usually telling you to take stuff. Doctor tells you not to take something, that means…

Andy Lazris: pretty much, they're pretty confident that you don't need it. And so, yeah, that's the lesson. Fewer antibiotics you take, the stronger your immune system's gonna have.

Alan Roth: Absolutely.

Andy Lazris: And you just gotta stay away from them. They do… when you hurt the gut microbiome, Alan, you're hurting your whole body, you're inflaming your whole body, it's just a mess.

Alan Roth: That's why, if you're a parent of a little toddler, you know, let them go out there and play in the dirt and play in the sand, because that's where they pick up, you know, they build

their immune system there. Keeping them out of those things have weaker immune systems, it's been proven.

Andy Lazris: It's interesting, I'm reading this book called Anti-Fragile, written by a day trader on Wall Street, but…

Andy Lazris: Talks a lot about the medical system, and how we so try to micromanage disease, that we're ruining the body's ability

Andy Lazris: to get stronger. And that's one of the examples he uses. By preventing anyone from getting sick, ever, using all that hand sanitizer constantly, keeping people away from sick people, we're making disease worse. We're good by hurting the immune system. It's… it is kind of our… we have to give ourselves a little stress.

Andy Lazris: To make ourselves stronger. And these are little hits that are not worthy of antibiotics, which… which…

Andy Lazris: You know, again, we have a sense of when to give them. We're not nihilists by any means.

Andy Lazris: Okay, we got a lot. Also, we talked… we…

Andy Lazris: Talked before we got on the air about what we could talk about next week, but a lot of good things.

Alan Roth: Yeah, I came up with a couple of ideas. So, you talked about back pain. We haven't done one on back pain, Andy.

Andy Lazris: You haven't done one on back pain?

Alan Roth: I don't think so, and, you know, the overuse of MRI, and the, you know, the over-treatment with stem, epidurals, and trigger points, and…

Alan Roth: electrical stimulators and the ultimate, you know, disaster of back surgery. So maybe on one of the next podcasts.

Andy Lazris: Okay, that sounds good.

Alan Roth: Alright, have a good day, everyone.

Andy Lazris: Have a great day. Take care.