



WESTERN NEUROPATHY ASSOCIATION

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Issue 11
Volume 18

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WESTERN
NEUROPATHY ASSOCIATION
P.O. Box 276567
Sacramento, CA 95827-6567
877-622-6298
888-556-3356
info@WNAinfo.org
www.WNAinfo.org

Neuropathy Hope

Hope through caring, support, research, education, and empowerment

A newsletter for members of Western Neuropathy Association (WNA)

Editor's Note: *We are often asked to include more diet information. I usually say to eat a balanced diet but not to slavishly follow a restrictive diet. A balanced diet consists of vegetables, fruit, grains (bread, etc.), dairy, and meat (if you choose), etc. Your choice may relate to your upbringing, your culture, that of your significant other, a doctor's advice and what you discover via recipes or recommendation of friends, etc. "Experts" tell us to not eat this or you must eat that as if they know what is best for everyone. Some survey or test results seem often to elicit an edict that is supposed to direct us all. Currently, there is discussion going on about all of it so I thought I'd let you in on the 'stirring of the pot.'*

IS EVERYTHING WE KNOW ABOUT MEAT CONSUMPTION WRONG?

Stunning new recommendation says to keep eating it.

By Kristen Monaco, Staff Writer, MedPage Today September 30, 2019

This article is a collaboration between MedPage Today® and AACE.

A new dietary guideline appearing in Annals of Internal Medicine declared eating red meat and processed meats won't adversely affect health. However, many experts in the field are hitting back stating there is simply no scientific evidence to support this claim made by Bradley Johnston, PhD, of Dalhousie University in Canada, and colleagues of NutriRECS. Based upon five reviews, the 14-member voting panel concluded adults can continue to consume unprocessed red meat and processed meats, based on "low-certainty evidence" and yielding "weak recommendations."

Systematic Reviews & Analyses

Johnston's group assessed five systematic reviews, all simultaneously published in Annals of Internal Medicine -- three of which also were meta-analyses. These three meta-analyses, which included cohort studies with at least 1,000 participants, looked at a few outcomes associated with red and/or processed meat consumption: risk of cancer, cardiometabolic, and all-cause mortality and incidence. The fourth paper included a review of 12 randomized clinical trials, which included a total of 54,000 participants. As for the fifth paper, this was a mixed-methods review not directly looking at health outcomes, but instead about the individual preferences and values of meat eaters.

Looking at health outcomes from unprocessed red meat consumption, the RCT review concluded with low- to very low-certainty evidence that

eating red meat would have "little to no effect" on major health outcomes, such as diabetes, cancer, and heart events.

As for the three meta-analyses included, Johnston's group noted that a reduction in unprocessed red meat consumption pointed to a significant, but "very small reduction" in cardiovascular mortality (risk difference of 4 fewer per 1,000 persons over 10.8 years), type 2 diabetes (6 fewer per 1,000 person over 10.8 years), and cancer mortality (7 fewer per 1,000 persons over lifetime), based on low- to very-low quality evidence.

These meta-analyses found similar outcomes when looking at consumption of processed meat. Based on low- to very-low quality of evidence, there was only a small risk reduction for cardiovascular mortality (4 fewer/1,000 persons in 10.8 years), type 2 diabetes (12 fewer/1,000 persons in 10.8 years), and cancer mortality (8 fewer/1,000 persons over lifetime).

Looking specifically at dietary preferences, that review concluded with low-certainty evidence that people who eat meat in general are unwilling to change their diet, even "in the face of undesirable health effects."

A theme throughout the series of papers was that the quality of all evidence connecting dietary composition with health outcomes is generally low -- typically based on self-report with infrequent updating of dietary habits over time.

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Please contact
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to find out about the
topic/speaker for the
upcoming meeting.

Bev Anderson
Editor

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CALIFORNIA

Auburn

1st Monday, 11 AM
Woodside Village MH Park
12155 Luther Road
Sharlene McCord (530) 878-8392

Castro Valley

2nd Wednesday, 1:30 PM
First Presbyterian Church
2490 Grove Way (next to Trader Joe)
Joy Rotz (510) 842-8440

Concord

3rd Thursday, 1:30 PM
First Christian Church
3039 Willow Pass Road
Wayne Korsinen (925) 685-0953

Davis

2nd Tuesday, 3:30-5:00 PM
Davis Senior Center, 646 A Street
Mary Sprifke (530) 756-5102

Elk Grove

No meeting until the new Center opens
and meeting space is made available.
TBA
Roger White (916) 686-4719

Folsom

3rd Wednesday, 1:00 PM
Association Resource Center
950 Glenn Dr., Suite 150
Bev Anderson (877) 622-6298

Fresno

3rd Tuesday, 11:00 AM
United Community Church of Christ
5550 N. Fresno St.
Bonnie Zimmerman (559) 313-6140

Grass Valley

2nd Monday, 1:30 PM
GV United Methodist Church
236 S. Church Street
Bev Anderson 877-622-6298

Merced

2nd Thursday, 1 PM
Central Presbyterian Church
1920 Canal Street
(Hoffmeiser Center across from the church)
Larry Frice (209) 358-2045

Modesto

3rd Monday, 10:30 AM
Trinity United Presbyterian Church
1600 Carver Rd., Rm. 503
Ray (209) 634-4373

Monterey

3rd Wed., 10:30 AM (odd numbered months)
First Presbyterian Church
501 El Dorado Street
Dr. William Donovan (831) 625-3407

Napa

1st Thursday, 2 PM
Napa Senior Center, 1500 Jefferson St.
Ron Patrick (707) 257-2343
bonjournapa@hotmail.com

Placerville

2nd Wednesday, 1 PM
El Dorado Senior Center
937 Spring Street
Bev Anderson (877) 622-6298

Roseville

2nd Wednesday, 1PM (odd numbered months)
Sierra Point Sr. Res.
5161 Foothills Blvd.
Stan Pashote (916) 409-5747

Sacramento

3rd Tuesday, 1:30 PM
Northminster Presby. Church
3235 Pope Street
Bev Anderson 877-622-6298

San Diego

3rd Monday, 1:30 PM
The Remington Club
16925 Hierba Dr.
Chhattar Kucheria (858) 774-1408

San Francisco

2nd Monday, 11 AM – 12:30 PM
Kaiser French Campus
4141 Geary Blvd. between 6th & 7th Ave.
Rm. 411A - Watch for signs.
Merle (415) 346-9781

San Jose

3rd Saturday, 10:30 AM
O'Conner Hospital, 2105 Forest Avenue
SJ DePaul Conf. Rm.
Kathy Romero (407) 319-2557

Santa Barbara

4th Saturday, 10AM (Sept., Oct., Jan., March, May)
St. Raphael Catholic Church
5444 Hollister Ave., Conference Room
Nancy Kriech (805) 967-8886

Santa Cruz

3rd Wednesday, 12:30 PM (odd numbered months)
Trinity Presbyterian Church
420 Melrose Avenue
Mary Ann Leer (831) 477-1239

Santa Rosa

1st Wednesday, 10:30 AM
Steele Lane Community Center
415 Steele Lane
Judy Leandro (707) 480-3740

Walnut Creek

4th Friday, 10 AM
Rossmoor, Hillside Clubhouse
Vista Room
Karen Hewitt (925) 932-2248
Westlake Village - Thousand Oaks
2nd Monday, 4:30-5:30 PM
United Methodist Church
Youth Classroom 1 (faces parking lot)
1049 S. Westlake Blvd.
Angie Becerra (805) 390-2999

NEVADA

Las Vegas

3rd Thursday, 1 PM
Mountain View Presbyterian Church
8601 Del Webb Blvd.
Barbara Montgomery
lvneuropathygroup@gmail.com

OREGON

Grants Pass

3rd Wednesday 6 – 7:30 PM
Club Northwest
2160 N.W. Vine St.
David Tally 541-218-4418

For information on groups in the following areas or any other place you are interested in finding out about a support group, call Bev Anderson at (877) 622-6298. She is actively trying to open new groups and re-open closed groups. Check with her about a group in your area especially if you would volunteer to be the leader.

New Leadership needed. No meetings for now. Contact for information: Bev Anderson 877-622-6298. **California:** Alturas, Antioch-Brentwood, Bakersfield, Berkeley – Oakland, Carmichael, Clearlake, Costa Mesa, Crescent City, Eureka, Fort Bragg, Garberville, Jackson, Lakeport, Lincoln, Livermore, Lodi, Madera, Mt. Shasta, Oxnard, Quincy, Redding, Redwood City, Salinas, Santa Maria, San Rafael, Sonoma, Sonora, Stockton, Susanville, Truckee, Tulare-Visalia, Turlock, West Sacramento, Weed, Ukiah, Woodland, Yreka, Yuba City-Marysville. **Nevada:** Reno-Sparks. **Oregon:** Brookings, Medford, Portland, Salem.

President's Message By Bev Anderson

Leaves on my trees are turning color and falling. I imagine that it is happening in your neighborhood as well. A forecast I saw was for less precipitation this year than last but that remains to be seen. It is already starting to be rather cold. The Tahoe region has seen below freezing temperatures on many nights, which usually indicates that snow is on its way.

In this issue are articles with information regarding the ongoing battle in the nutritional world with some indication that common sense is not always the foundation which decisions are made for sweeping condemnation of certain foods. We are told one day to not include a certain food in our diets as it is bad for you and then another time that it is good or okay for you. Nutrient balance is critical, but what that constitutes may be different for people reading the same information.

Giving Tuesday is Tuesday, December 3, 2019. This is a nationwide program with emphasis on giving to nonprofits. I hope you will remember the Western Neuropathy Association on this day or at least in the vicinity of that day. More information will be coming to you in the mail soon so please respond, if at all possible.

Happy Thanksgiving. How many of you had relatives at the first Thanksgiving? If you did, please send me a note via e-mail (info@pnhelp.org) or standard mail (Bev Anderson, WNA, P.O. 276567, Sacramento, CA 95827-6567). Tell me who was there that is related to you. John and Priscilla Alden are relatives of mine. I have a theory that neuropathy came to this country during those early years. I'm not sure who but from the research I've done, Abigail Adams may have had it. If so, that may be where my hereditary neuropathy came from. As John Quincy Adams' mother, she would have passed on to him and he to others in his line including me. He is in my family tree. If her family had it, they may have passed it to others.

Bev



NEUROPATHY MEDICAL LITERATURE REVIEW By William B. Donovan, M.D.

We can access the National Library of Medicine (NLM) to obtain information on peripheral neuropathy (PN). There are over 100 medical articles a month written on PN.

I review these references and select articles that would appear to be most interesting to us neuropathy sufferers. This is the link to **PubMed** that will connect to the **NLM: www.ncbi.nlm.nih.gov/sites/entrez** If you are reading this article on the computer, just click on the above link to go there. If you are reading the print edition of the newsletter, type this link into the address bar of the browser on a computer. If you don't know how, get a librarian or friend to help you.

After you get to **PubMed**, you will see a line that says "**Search PubMed**" followed by "**for**" and a space. Every article in the **NLM** is given a **PMID**, an eight digit identification number. I will give you **PMID** numbers of the selected articles. Type the **PMID** into the space after the "**for**" and click on "**Go**" at the end of the space, or press the ENTER key on your keyboard. You will then see a one paragraph abstract of the article appear, as well as links to related articles.

The reader can also go to the WNA website www.pnhelp.org, click on the RESOURCES tab and select MEDICAL LITERATURE REVIEW from the menu to review the archive of summaries that have appeared in this column over recent years.

This month's PMIDs:

- 29979431 This Chinese review searched the medical literature for randomized controlled trials that used Fasulin, a rho-kinase inhibitor, to treat diabetic peripheral neuropathy. Thirteen acceptable studies totaling 1148 patients were found. By adding Fasulin to either methylcobalamine (B12) or lipoic acid, highly significant improvement was found in both clinical efficacy and nerve conduction velocities. The literature cited was mainly from China where Fasulin is commonly used as a vasodilator.
- 29948355 This is a Turkish single-blind study of 44 patients with carpal tunnel syndrome. They were randomized to a splint group and a Kinesio taping group. After 6 weeks of treatment there was significantly more improvement in the taping group in terms of nerve conduction, symptom severity and functional status.
- 30069477 This is a meta-analysis of 11 randomized, controlled trials involving post herpetic neuralgia. There was highly significant improvement of pain and insomnia in the gabapentin (Neurontin®) group, but adverse symptoms included somnolence, dizziness and edema.

Help With Health Care Challenges

If the number is not in your area, call the one listed and ask for the right number.

Medicare

www.Medicare.gov

...

The Affordable Health Care Act

For current information go to www.HealthCare.gov

...

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for seniors and people with disabilities.
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Infrared Light Therapy equipment - **12% off all home units.**
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HealthLight Infrared Light Therapy equipment - **5% off Single Boot System and Dual boot system.**

Contact: 888-395-3040 or www.healthlight.us

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Fortuna

Strehl's Family Shoes & Repair

Corner of 12th & Main
1155 Main Street
(707) 725-2610
Marilyn Strehl, C.PED is a Certified Pedorthic
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Nails - (916) 346-8342
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MEAT GUIDELINES ARE EXPOSING THE FAULT LINES IN NUTRITION ADVICE

The Skeptical Cardiologist has one important reminder

By Anthony Pearson, MD October 07, 2019

The Skeptical Cardiologist was recently greeted by headlines announcing that an international panel of 14 unbiased researchers had concluded that it was OK for humans to continue eating red meat and processed meat at current levels.

The startling news was a reversal of what the Dietary Guidelines for Americans, the American Heart Association, and the American Cancer Society have been telling us for years and threw the nutritional world into a tizzy. The bottom-line recommendation, written in language suggesting a lack of certainty in the evidence and lack of confidence in the advice reads as follows:

"The panel suggests that adults continue current unprocessed red meat consumption (weak recommendation, low-certainty evidence). Similarly, the panel suggests adults continue current processed meat consumption (weak recommendation, low-certainty evidence)."

The guidelines, accompanied by five systematic reviews, appeared Monday in *Annals of Internal Medicine* under the "Clinical Guidelines" section of this publication from the American College of Physicians.

Much has been written on this event, and I've read lots of scathing commentary. In fact, a group of prominent nutrition experts tried to suppress the publication.

I think the best summary comes from Julia Belluz at Vox (Beef and bacon healthy? A fight raging in nutrition science, explained.)

Belluz does her typically excellent job of

explaining the science in a balanced way and includes some of the prominent voices who are outraged by the publication.

As I've pointed out (here and here and here), the science behind most nutritional recommendations is weak and public health authorities often make sweeping dietary recommendations that aren't justified.

We are making gradual progress in rolling back bans on some healthy food, like eggs, but unjustified bans on other healthy foods, like full-fat yogurt and coconut oil, persist.

When it comes to red meat consumption, the systematic analyses reveal mild associations with poor health outcomes but these associations don't prove causality and could easily be due to confounding factors or poor input data.

Thus, if you want to cut back your red meat consumption on the chance that these associations are truly reflective of causation, go ahead. Especially if you have ethical or environmental concerns about the production of red meat.

Just keep in mind that the calories you cut from meat consumption should be replaced by more healthy, nutrient-dense foods like non-starchy vegetables, nuts, dairy fat, avocado, and olive oil and not by low-quality carbs and ultra-processed food, or you may be doing more harm than good.

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THE GABAPENTIN HIGH - MISUSE AND ABUSE OF NEURONTIN PAINKILLER ON THE RISE

By Sonya Wells PharmD MPH

The medication Gabapentin is considered a safe, non-addictive alternative to opioid painkillers. It is a commonly prescribed medication for neuropathy and many of our members use it as part of their medication regimen. Recently, though, law enforcement and health care professionals witnessed a spike in the number of arrests and hospital visits associated with gabapentin abuse.

Pharmacists have reported about people trying to get early refills. That's usually a sign that something is being abused. After officials in Ohio began monitoring sales of the medication, in December 2016, they discovered that gabapentin was the most prescribed painkiller in the state, even surpassing the opioid oxycodone.

Let's take a look at this phenomenon as it may likely raise questions as to the safety of your medication regime. Further inquiries into the safety of this medication and conclusions by the Federal Drug Administration (FDA), Drug Enforcement Agency (DEA), and California Board of Pharmacy may result in changes in prescribing and dispensing laws surrounding this medication. Below is a simple overview about the concerns and how they affect you as neuropathy patients.

Effects of Gabapentin Misuse and Abuse

First of all, let's be clear, used as prescribed and not mixed with other dangerous substances, the medication is safe. However, a person

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The Gabapentin High – Misuse and Abuse of Neurontin Painkiller on the Rise

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abusing the drug is generally taking much more than the prescribed dose. The effects of a gabapentin high range from an elevated mood or euphoria to a sense of calm, relaxation and improved sociability.

While the effects of misusing Gabapentin sound harmless, the problem is that mixed with other substances, such as alcohol or opioids – heroin, fentanyl, prescription painkillers – it increases the potency or lethality of the other substances. Many people have started misusing it to get high or increase the effects of other substances and it has become a favorite of opioid users to enhance the effects. Because it is not a controlled substance, it is fairly easy to find on the streets.

Gabapentin Approved and Off-Label Uses

You may be surprised to know that Gabapentin is only approved by the Food and Drug Administration (FDA) as anticonvulsant drug for people with epilepsy and for nerve pain associated with shingles.

However, because the drug is thought to be relatively safe, physicians prescribe Gabapentin for a number of off-label uses. These can include the following:

- Withdrawal from other substances, such as alcohol, cocaine and methamphetamine
- Anxiety, mood disorders and attention deficit disorder
- Sleep disorders
- Migraines and back pain

Critics of off-label prescriptions of Gabapentin point to the opioid epidemic as a stark lesson in what happens when doctors over circulate a reportedly safe drug. It got prescribed so much that many people taking an opioid for chronic pain were also taking Gabapentin.

People have a tendency to want to abuse anything that is mind-altering and a lot of times it is what is readily available to them. Another consequence to over-prescribing and abuse associated with Gabapentin will lead to policies that make it more difficult for patients who do well on the medication to get a prescription for it.

The Nuts and Bolts of Gabapentin: Side Effects, Dosing, and Mechanism of Action

Not all people who use, misuse, or abuse Gabapentin report a positive experience. Some of the negative side effects from taking the drug include: dizziness, drowsiness, unsteadiness, memory loss, lack of coordination, difficulty speaking, viral infections, tremors, double vision, fever, unusual eye movements, and jerky movements. Other side effects of Neurontin include mood or behavior changes, depression, or anxiety.

In regards to dosing, first, we must consider the different neuropathic pain types. Neuropathic pain

can be diverse in nature, encompassing a wide range of pain types, including post-herpetic neuralgia (PHN), painful diabetic peripheral neuropathy (DPN), and painful cancer-related neuropathies.

Gabapentin has been shown to be beneficial in treating several types of neuropathic pain; however, the mechanism of action by which gabapentin exerts its analgesic effect is still relatively unknown. It is suggested that gabapentin may block the calcium channel alpha(2)delta (a2d)-1 receptor in the brain. This protein-modulated receptor is involved in excitatory synapse formation. Therefore, the therapeutic effects of Gabapentin may be attributed to the prevention of new synapse formations. In layman's terms, gabapentin works by affecting the synaptic responses of the nervous system.

Even with sufficient data supporting the use of Gabapentin in the treatment of various neuropathic pain conditions, gabapentin only has Food and Drug Administration (FDA) approval for PHN. Dosing recommendations for off-label use of Gabapentin can be somewhat ambiguous, but here are some general gabapentin dosing considerations:

Three Gabapentin products are FDA approved to treat PHN. The different formulations cannot be interchanged and each has its own dosing schedule.

- For immediate-release Gabapentin (Neurontin), dosing may be initiated with 300 mg on day 1, doubled on day 2 (300 mg twice a day), and tripled on day 3 (300 mg 3 times a day). The dose can then be titrated up as needed for pain relief to a maximum dose of 1,800 mg daily (divided into 3 daily doses). Clinical studies referenced in the package insert state that efficacy for a range of doses from 1,800 mg/day to 3,600 mg/day were observed; however, there was no additional benefit seen with doses greater than 1,800 mg/d.1
- Gralise is an extended-release Gabapentin formulation that also is FDA approved for PHN with a titration schedule that begins with 300 mg on day 1; 600 mg on day 2; 900 mg on days 3 to 6; 1,200 mg on days 7 to 10; 1,500 mg on days 11 to 14; and 1,800 mg on day 15 and thereafter.2
- The third Gabapentin formulation for PHN treatment is another extended-release product, Horizant. The starting dose is 600 mg in the morning for 3 days, increased to

DISCOUNTS FOR WNA MEMBERS

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Neuropathy Support Formula/Nerve Renew

(1-888-840-7142) is a supplement that a sizable number of people are taking and reporting it has helped them. The company gives members of WNA a discount and free shipping. The 30-day supply is \$40 (normally \$49.97). It can be auto-shipped monthly for the same. A 3-month supply via auto-ship is \$95.00. They also have a Nerve Repair Optimizer that is available for \$20 with free shipping. Marsha, the manager, said that if anyone wants more information about the product, they can call and ask for her. If she is not readily available, leave your number and she will call you back.

Building Better Balance DVD, Developing Spine Health

– The DVDs are \$30 each. The price of a full set (4 DVDs) is \$100 (that's a 20% discount). You can order the DVDs by going to the website www.building-better-balance.com. Shipping is free. You can also order the DVDs over the phone using a credit card. Call (707) 318-4476 and leave a message“ Vanessa Kettler, Balance and Fall Prevention www.building-better-balance.com (707) 318-4476

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We'll mail an agreement form to the business, and once we have it, we'll add them to this list.

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Is Everything We Know About Meat Consumption Wrong? – Continued from page 1

In an editorial published with the study, Aaron Carroll, MD, MS, and Tiffany Doherty, PhD, of Indiana University's Center for Pediatric and Adolescent Comparative Effectiveness Research, wrote that recommendation -- however weak -- to continue eating red and processed meat "is sure to be controversial, but it is based on the most comprehensive review of the evidence to date."

They suggested pointedly that, precisely because the review is so comprehensive, "those who seek to dispute it will be hard pressed to find appropriate evidence with which to build an argument" without cherry-picking.

Instant pushback

But the group of studies that appear in *Annals* came under attack even before it was published.

In response, 13 researchers prominent in the diet-and-health field -- including Harvard's Walter Willett, MD, DrPH; David Katz, MD, of the True Health Initiative; Dean Ornish, MD, developer of the popular eponymous diet that recommends no meat; Kim Williams, MD, former American College of Cardiology president; and former U.S. Surgeon General Richard Carmona, MD -- wrote to *Annals* editor-in-chief Christine Laine, MD, MPH, on Sept. 26 to request a preemptive retraction of the papers "pending further review."

Even an author who helped with one of the meta-analyses signed onto the letter. Nevertheless, the request was denied.

Their letter argued that low-certainty evidence "is in no way a logical or even rational basis to recommend. If uncertain about what the data DO show, how much more so about what they do NOT?"

"This is, simply, an overt misrepresentation," the letter continued. "Such distortion is a direct threat to public understanding, and public health."

In another rebuttal to this guideline, the Department of Nutrition at the Harvard T.H. Chan School of Public Health, where Willett serves as chairman, issued a statement calling out the self-appointed panel on this guideline, saying how "It's unprecedented that a prestigious medical journal like *Annals* would publish guidelines by a self-appointed panel."

"Would it publish clinical guidelines on other controversial topics such as PSA or mammogram screening developed by self-appointed groups in the future?" their statement continued. "It is one thing to publish a study that challenges the existing paradigm, but another to publish controversial guidelines that contradict the evidence."

The American Institute for Cancer Research, along with a slew of other international health organizations including the American Society for Preventive Oncology and World Cancer Research Fund, also issued a response statement asking the public to dismiss this guidance and continue to limit their red, processed meat intake.

Limitations

In reviewing this evidence, researchers writing the *Annals* papers relied on GRADE criteria. In an interview with *MedPage Today*, Christopher Gardner, PhD, of Stanford University, and co-signee of the response letter to the publication, explained that a "huge problem" with this assessment is how GRADE criteria is only suitable for drug studies, not nutrition studies.

Gardner also pointed out how only one of the panel's five reviews included randomized trials, while the rest relied on observational epidemiologic data. Calling observational epidemiology "outdated," he noted that this type of nutrition assessment misses the important question: "if they eat less meat, what do they eat more of ... the health benefit of less meat is contingent on 'what instead?' which they don't address."

As for the one review including randomized trials, many of the trials were funded by the meat industry, and none looked solely at health outcomes from red and/or processed meats. Instead, most studies looked at outcomes of the Mediterranean diet. On the other hand, by far the largest trial included in this set and that drove the overall results was the government-sponsored Women's Health Initiative.

"It is astonishing that the Lyon Heart trial was excluded because the results were 'too good,'" Frank Hu, MD, PhD, of the Harvard T.H. Chan School of Public Health, and fellow co-signee of the response letter to the publication, told *MedPage Today*. "It's surprising that other trials like PREDIMED [later retracted and republished with revisions], DPP, etc. were not included. A reduction in red meat was also included in these trials, which showed positive results." (In PREDIMED, though, red meat was discouraged in both diets and more strongly for the control vs Mediterranean diet.)

This sentiment was echoed by Gardner, who called the trials included in the *Annals* review "horrible" and "not relevant." One of the trials included was the Women's Health Initiative (WHI), which looked at outcomes of a low-fat diet. In the response statement from Harvard T.H. Chan School of Public Health's department of nutrition, one WHI investigator called this a "mis-use and misinterpretation of data from the WHI."

The Harvard statement also pointed out that there has never actually been a randomized controlled trial looking at long-term health outcomes from red meat reduction due to "practical and ethical reasons" -- a point also emphasized by the *Annals* authors.

In one of the three meta-analyses used for the review, there were contradicting conclusions on the health outcomes assessed. This analysis by Vernooij and co-authors found eating less red and processed meat was tied to a statistically significant decrease for the risk of all these outcomes:

- Total all-cause mortality: relative risk 0.87 (95% CI 0.82-0.92)

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Is Everything We Know About Meat Consumption Wrong? – Continued from page 6

- Cardiovascular mortality: RR 0.86 (95% CI 0.79-0.94)
- Cancer mortality: RR 0.89 (95% CI 0.83-0.96)
- Type 2 diabetes: RR 0.76 (95% CI 0.68-0.86)

Hu pointed out how “the consistent findings and narrow 95% confidence intervals actually reflect the certainty of the data, contrary to the authors’ own assertions about low certainty of the data,” and that few lifestyle or nutritional exposures are tied to this magnitude of risk reduction.

“These risk reductions are not small from a public health point of view and are stronger or comparable to other public health problems such as low consumption of fruits and vegetables, physical inactivity, passive smoking, air pollution, etc. which were based on similar types of prospective cohort data because it is not feasible or ethical to conduct large long-term trials on these exposures,” he added.

One of the co-authors on this particular meta-analysis, John Sievenpiper, MD, PhD, of the University of Toronto, who also signed off on the response letter to *Annals of Internal Medicine*, explained in a statement that “unfortunately, the leadership of the paper chose to play up the low certainty of evidence by GRADE, as opposed to the protective associations that directly support current recommendations to lower meat intake.”

“Very few nutritional exposures are able to show associated benefits on the big three of all-cause, cardiovascular, and cancer mortality as well as type 2 diabetes. The signals would be even stronger if one considered substitution analyses with plant protein sources or investigated dose-response gradients which are used to upgrade data by GRADE, both of which I had requested. Unfortunately, I never saw the galley proofs to ensure that these changes had been made,” he concluded.

Ultimately, many of these experts underscored the importance of sticking to current dietary guidelines already in place, recommending a healthy, balanced diet -- limiting red and processed meat intake -- in order to help prevent chronic diseases.

For their part, Carroll and Doherty noted that continuing to beat the meat-is-bad drum is probably pointless. “We have saturated the market with warnings about the dangers of red meat,” they wrote. “It would be hard to find someone who doesn’t ‘know’ that experts think we should all eat less. Continuing to broadcast that fact, with more and more shaky studies touting potential small relative risks, is not changing anyone’s mind.”

Perhaps more fruitful would be to undertake “a major overhaul of the methods for communicating nutritional data in ways that might get through to target populations and change health outcomes,” the editorials wrote. For example, “ethical concerns about animal welfare” and the environmental impacts of meat production might be more persuasive, they suggested.

“They have the added benefit of empirical evidence behind them,” Carroll and Doherty noted dryly.

Members of the voting panel declared they had no financial or intellectual conflicts of interest. Other authors did report disclosures.

Carroll reported publishing a book on nutrition and science (as have many of those criticizing the papers) for which he receives royalties. Doherty declared having no relevant financial interests.

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The Gabapentin High – Misuse and Abuse of Neurontin Painkiller on the Rise – Continued from page 5

600 mg twice daily on day 4 and thereafter. A daily dose of Horizant greater than 1,200 mg provided no additional benefit at the expense of side effects.³

Conclusion

Gabapentin has sufficient evidence showing its efficacy and safety in treating neuropathic pain. Effective treatment doses of Gabapentin for neuropathic pain tend to be higher compared to effective treatment doses for other conditions. Gabapentin is a relatively safe medication. The most prevalent effects seen are drowsiness, somnolence, and sedation. It is necessary to start at lower doses of Gabapentin and titrate up to a therapeutic dose.

The commonly held belief is that Gabapentin is non-addictive. Whether that’s the case or not, Gabapentin abuse may be a symptom of self-destructive behavior associated with depression or other mental health issues that can lead to addiction. It’s important to point out that anyone feeling out of control because of Gabapentin misuse should seek help and treatment, if necessary.

1. Neurontin [package insert]. New York, NY: Pfizer Inc; 2009.
2. Gralise [package insert]. Newark, CA: Depomed Inc; 2012.
3. Horizant [package insert]. Research Triangle Park, NC: Patheon Inc; 2012.



WESTERN NEUROPATHY ASSOCIATION

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P.O. Box 276567, Sacramento, CA 95827-6567

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Bev Anderson, Editor

P.O. Box 276567

Sacramento, CA 95827-6567

(877) 622-6298 ■ (888) 556-3356

info@WNAinfo.org ■ www.WNAinfo.org

WNA Headquarters: admin@WNAinfo.org

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