

Transcript Details

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Staying Safe for the Winter

Dr. Russell:

Welcome to ReachMD. I'm your host, John Russell. I'm talking with Dr. Bill Callahan, who's a faculty at the Family Medicine Residency Program at Abington Jefferson Health, family physician, and an outdoorsman, and he's going to help us kind of get through some of the things that we need to worry about this winter for safety. So Bill, what are the big things in 2020 for staying safe this winter?

Dr. Callahan:

Yeah, hi there, John, thank you for having me on the show. So, this year we need to watch out for COVID. That's, of course, the big thing. So we want masks, we want people, washing their hands – hand hygiene is going to be the big thing – and social distancing. But of course, there are some other big things out there that in any winter, we want to consider.

Dr. Russell:

So what about that person who ventures outside? What are some of the things they should worry about?

Dr. Callahan:

So hypothermia is the big one, right? Because it's the big, life-threatening thing that can really occur to anybody who ventures outside, whether it be hiking or just going outdoors and not really preparing. That's gonna be anytime the core body temperature drops below 95 degrees. We can certainly rate it from there, based on the temperature, but the big thing to know is that below 95 degrees, the body's gonna start trying to compensate with things like shivering to try and raise your core body temperature, and if it's not addressed and it keeps going down, then we're gonna see things like change in mental status, and we're gonna see then the heart possibly affected. So it's a very big deal.

Dr. Russell:

So how could a person protect themselves outside?

Dr. Callahan:

Yes, that's really the name of the game when it comes to hypothermia. So you wanna wear layered clothing, and you want that clothing rather loose, just because you want to try and prevent constriction vasoconstriction. You want that blood flowing, so a good thing would be to have something like polyester as your first layer – something close to the skin, that's moisture-wicking, meaning it's going to pull moisture away from the skin, and it's gonna help trap heat in. On top of that, you want something like fleece or wool to help keep heat in, and then on top of that, this is your outermost layer something that's water repellent. So, a lot of times in the winter, we need to prepare for rain and snow, and so that's why we need to think of things like this. It may feel hot at first when you're outside, which is okay, because you can always unzip that top layer, but if it gets chilly, you just zip it right back up. No big problem.

Dr. Russell:

So if we're faced with a patient we think has a cold injury, what are some of the things we should look at, and what are some of the treatment things we should do?

Dr. Callahan:

So it does depend on the setting, right? If we're outside, or we're at an urgent care, and someone is in the situation or just coming from that situation, we wanna focus on rewarming. So, if someone has a foot injury – they're saying it's numb, it hurts – you're gonna expect in the immediate setting that the skin's gonna be white, and it's gonna feel cold, and you're gonna wanna focus on rewarming. Now, if they're seeing us in the office, and time has gone by, they're most likely not complaining that their skin is numb. They're more than likely

complaining of pain, because as the skin rewarms, you may have had some tissue injury, and that's going to hurt as the body starts trying to heal itself. So in that case, the skin's gonna look red and warm, and at that point, you're more so worried about a co-infection and really just treating their discomfort as they get better.

Dr. Russell:

What are some of the other things that can happen to extremities with the cold?

Dr. Callahan:

So one of the big ones is trench foot. We do see that quite a bit in the outdoors, someone didn't really prepare their feet well. You want them to hopefully be wearing at least two pairs of socks, if not more, and ideally shoes or boots that aren't permeable to water. But if they do get wet and they're wet for greater than a day or two, they can start to develop changes in the feet. They might say that they're having numbness in the feet, or that when they walk it feels unusual – it feels like they're walking on wooden blocks. They get vasoconstriction, and again, they're gonna wanna try and warm up the skin as they improve. But the other big thing we will see is called pernio, and they develop these lesions, typically on the toes and that, again, is an inflammatory reaction due to the cold. And that will happen within a day. That does get better on its own with time. There's not much you need to do, but they might complain of the symptoms, because it can affect how they perceive things like pain; it can have itching as it heals. So it can just be an uncomfortable situation for the patient.

Dr. Russell:

So I've certainly gotten sunburn when skiing. Is that something that people should be preparing for, even in the winter months?

Dr. Callahan:

Yeah, absolutely. And it's probably one that we don't prepare enough for, because we associate it with summer and the beach. But UVB rays, which are, the rays we really have to be careful of, while they're more potent in summer, are absolutely present in the winter. In fact, something like snow, which reflects light does reflect UVB rays. Up to 80% of UVB rays will be reflected, and then they will hit us, so not only are we being hit with the initial rays from the sun, but we're also getting that second hit from the snow. So you absolutely would want to wear sunscreen SPF 30 or higher.

Dr. Russell:

So certainly, it's probably a myth that going out in the cold can cause a cold. But what would be some of your recommendations for preventing and then treatment of colds that might come along this winter?

Dr. Callahan:

This winter, the good thing is we have masks and we're supposed to be social distancing, so that's great. It should help prevent exposure to the common cold. But again, hand hygiene's gonna be the biggest thing you can do to prevent getting sick. If you do get the cold, it's okay, it happens. But Tylenol, ibuprofen – they're really the mainstays. Stay hydrated. Tylenol should help a little bit with the congestion and runny noses; ibuprofen for some of the aches you may develop. There is some data out there to say that zinc lozenges can help a little bit with the duration of symptoms, but you'd wanna start them right away. So as soon as you feel the cold coming on – that first 24 hours – that's when you wanna start it. It doesn't seem to help so much if you wait beyond there, and you certainly want to avoid any zinc nasal sprays, which are associated with loss of sense of smell. For cough, there's lots of over-the-counter cough medicines, also prescription. But there's not great data behind any of them. So, we typically recommend things like honey or even topical menthol, which people can put on their chest to help.

Dr. Russell:

So, we talked a lot about risks of going outside. As an outdoorsman, is the risk worth the benefit?

Dr. Callahan:

Oh, absolutely. You have those beautiful views, those mountain vistas, and of course we wanna stretch our legs, get out. You know, it's nice to socially distance, but it's also nice to socially distance outside, experience some nature.

Dr. Russell:

Bill, great tips. Thanks for being with me today.

Dr. Callahan:

Thank you for having me.