

## Bedside Matters Podcast

Featuring Dr. David Kipper, Peter Tilden & Anna Vocino  
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# Narcissism, Chemo Resistance + Booster Shots

The Science Behind Narcissism, Chemotherapy Resistance, and Shots for RSV, Covid & the Flu.

**Peter:** [00:00:42] Hey, welcome to Bedside Matters, the podcast that addresses the medical issues that impact every single one of us every single day. Hopefully, what we're going to do is give you answers you're looking for so you can be more informed and healthier. I'm one of your hosts, Peter Tilden. I'm joined, as always, by Dr. David Kipper, the guy with the medical degree. We figured that would be a really good idea for a medical show. How are you doing, David?

**Dr. Kipper:** [00:01:03] I'm good, Peter. How are you?

**Peter:** [00:01:05] I'm doing very well. And, Anna Vocino, how are you?

**Anna:** [00:01:07] I'm doing great. Thank you so much for having me. Today's show, we're going to be talking about some interesting things. Guess what? New Covid variants. They are calling it a lineage. I don't know. I want to get to the bottom of this with you, Dr. Kipper. As well as a word I hear all the time, and it's possibly overused in the mental health space: narcissism. "Oh, he's such a narcissist." What's the science behind a narcissist? What does it mean? We're going to get down to that.

**Peter:** [00:01:32] In This Just Happened, we have some new information about chemotherapy and why all chemotherapy doesn't necessarily work and some challenges there. And we have a caller who wants to know about all the shots there are out there. We see RSV, we see vaccine, we see flu, we see Covid booster. What do I take? When do I take it? How do I take it?

**Anna:** [00:01:52] Let's talk about our first issue here. There's a new Covid variant happening. Is that what's going on?

**Dr. Kipper:** [00:01:58] Yes. As a matter of fact, this is one in a lineage of variants that now number 1650. This is the 1651st.

**Anna:** [00:02:10] Okay. First of all, I just think the word "lineage" is too fancy for Covid. Like it should get like more like a nasty name.

**Dr. Kipper:** "Mutation?" How about mutation?

**Anna:** "Mutation," yeah.

**Dr. Kipper:** [00:02:20] "Mutation," yeah, that's nasty. So this one's called Pirola. And, literally, this has been around for couple of months. The first case we saw was in Denmark. That was the end of July, and then it went to Israel, then it landed in Michigan in August. So we now have it in three different places. It is really brand new. It is a BA.2.86 for those mathematicians out there that are counting.

**Peter:** [00:02:48] Oh, yes, the BA.2... Hold on. How do they know where the first one is, if it was a variant? You go to the doctor's office, you have a cold, you have flu, you have a sore throat, they go, "You're the new variant." How do they know that? How do they identify it?

**Dr. Kipper:** [00:03:01] You can study this. You can actually look at them under the microscope. This is what happens with flu. We know that this virus changes every year, mutates. Remember, the virus is fighting against us. It has to mutate because whatever we throw at a bacteria or a virus, for them to survive, they have to change. But this particular variant, the Pirola, has itself 30 mutations. And, remember, each one of these mutations is designed by the virus to be able to get into the cells and do its damage. But what's the good news in this is that, first of all, we don't really know how to predict this, but we've seen so many of them. And we're assuming because there aren't a million of these cases yet, we're assuming that the symptoms will be similar with the runny nose, fatigue, the sore throat, the cough, the fever. They do

think this one is going to have more issues with loss of smell, but we don't think people are going to get that sick. And this has been our experience all along, is that they are more transmissible but less deadly. And that's what's coming.

**Peter:** [00:04:08] But I saw, did I just read today, though, David, that this one is not as affected by the immunity we've built up because it's a different kind of virus? So it's...

**Anna:** [00:04:20] Well, that's frightening.

**Peter:** [00:04:21] I saw on the L.A. Times today maybe we should start wearing masks again for this one in L.A.

**Dr. Kipper:** [00:04:27] But because we have had immune issues in the past with vaccines, with natural infections, we do have an immune system that recognizes the basic virus. And so that's why we're not getting as sick. So, yes, it's a good question, Peter, but that is really what's somewhat protecting us.

**Peter:** [00:04:48] Okay.

**Anna:** [00:04:48] So is the new vaccine going to cover this variant?

**Dr. Kipper:** [00:04:52] The new vaccine is thought to be able to cover this variant, which brings up another question, which is when and why, and are these vaccines going to be better, and when do you get them? And, frankly, we're going to start seeing the new vaccine somewhere next month, September, October. And I would not jump into the booster from the last batch. I would wait for this new shot. This will be a much, much more targeted vaccine. And it's here. It's coming. It's around the corner. So hold off for that. Remember, these things don't last very long, either. They might last for a few months. So you want to make sure that you're timely in this.

What's really interesting about Covid, however, that came out in the last few weeks is that we're trying to understand where long Covid comes from, and we've not been able to sort of nail this down. But Weill Cornell Medical Center in New York has actually come up with a really interesting bit of research, and what they found was they found these new stem cells from people that were recovering from long Covid. And these were different than we've seen before. And what do these new stem cells from this group of patients give us? Well, what they've shown us is that these stem cells are increasing the production of certain monocytes. Those are types of white blood cells, they're part of our immune system that are generating a cytokine called IL-6, which is an inflammatory cytokine. We have cytokines, we've heard this word "cytokine." It's part of the immune response. We have cytokines that are pro-inflammatory, that create inflammation and we have cytokines that are anti-inflammatory. This is a pro-inflammatory cytokine, so it's producing a lot of inflammation in the tissues. And when they gave people antibodies against the IL-6 cytokine, they didn't get long Covid and they, therefore, did not get the inflammatory damage to the organ systems, the heart, the lungs, the brain. So now we're developing these antibodies against the IL-6 that we will be considering as treatment for people that are getting Covid to help put off long Covid. Long Covid is a terrible issue to deal with because it's damage that's been done, doesn't really go away. It rears its head periodically. People might get a little better and then they get sick with something else, with their immune response changes. So it's a very difficult issue for clinicians because I will get these calls as will other doctors that are treating this that, "Oh my God, I've got, I just can't get rid of this fatigue. And I'm still coughing periodically and I get these night sweats. I thought I was done with them." So all these symptoms that come from these inflammatory reactions, we might have a handle on.

**Peter:** [00:07:58] When I had Covid this last time, which was now six, eight, ten weeks ago, whatever it was, I didn't even realize because I was only sick for a couple of days. My wife said to me, "Did you lose your sense of smell?" And I went right into the bathroom, grabbed like the strongest spray we have and realized I'd lost my sense of smell and didn't realize it until she said that. So it came back within days. It was back. And it's fine. But the only weird residual I had from this Covid, that I think is probably from the Covid, but maybe it's not, David, is stuff that I used to like, food-wise, I'm not necessarily that thrilled with. You know, like I used to love sushi. Not so much right now at the moment. Not horrible, but not the way I felt about it.

**Dr. Kipper:** [00:08:40] Smell and taste. They go hand-in-hand. And so wherever those inflammatory changes happen, we have this plate that separates our sinuses from the lower part of the brain. It's called

the cribriform plate. And the theory for the loss of smell is that this virus goes from our sinuses, gets through the cribriform plate, and inflames those areas where we generate smell and taste. So we also thought for quite a while that people that lost their smell and taste were going to get a much worse version of Covid. That hasn't really borne out because people's smell and taste does come back and it usually takes a while for that to come back. So it is somewhat of a measure of how serious the infection is.

**Peter:** [00:09:28] My wife also said, "Are you going out in those pants?" Which means my taste has also been affected as far as the way I dress, but I don't think that had to do with Covid.

**Dr. Kipper:** [00:09:35] I like, Peter, that you went into the bathroom to test your smell, but instead of what people would think of going into the bathroom to test their smell, you use the fresheners to do it.

**Peter:** [00:09:46] Dude, in my house, we have this orange. I don't want to be a shill for this company, but it's like this orange-citrus thing.

**Anna:** [00:09:53] Yes, I know what you're talking about.

**Peter:** [00:09:54] When I spray it in my bathroom, on the International Space Station, they go, "Are you getting a scent of orange?" It's so strong. So I knew that if I sprayed that right under my nose and didn't smell it because I didn't want stuff to cover up, I wanted stuff to envelop my house with a safety net of floral fragrance when I'm in the bathroom. So this is so strong, and I didn't get it. And I yelled out to my wife, "Oh my God, I have no sense of smell."

**Anna:** [00:10:21] Yeah, that's the strongest smell that you can think of.

**Peter:** [00:10:23] Exactly. She also yelled, "You have no sense of right or wrong. You have no sense of..." I went, "All right, let's not go through the whole checklist. Let's focus on the Covid issues, okay?"

**Dr. Kipper:** [00:10:33] I think those little air fresheners that they put in at a car wash, I think those are the strongest smell. You can't get rid of those.

**Peter:** [00:10:41] By the way, you know what? Just as an aside, again, I buy them online in packets of like 40. They cost next to nothing. And you put one under your floor pad and you got vanilla in your car or baby powder.

**Anna:** [00:10:51] I don't think we're supposed to be inhaling that stuff, you guys.

**Peter:** [00:10:55] I like my car to smell like a new car smell, even though it's 32 years old, all right?

**Anna:** [00:10:59] Your car smells like a Yankee candle, and I'm not here for it. I'm not getting in your car.

**Dr. Kipper:** [00:11:04] You know what gives your car that great new car smell?

**Peter:** [00:11:08] It comes from, a new car smell?

**Anna:** [00:11:11] Naugahyde offset.

**Dr. Kipper:** [00:11:15] It's the glue that they use to put everything together on a car.

**Anna:** [00:11:19] We're getting high on the fumes.

**Peter:** [00:11:19] Is it really? Because I've never had one, you get into a brand new Rolls-Royce, you're smelling the glue?

**Dr. Kipper:** [00:11:26] I wouldn't know, Peter.

**Anna:** [00:11:29] It's Rolls-Royce glue; it's really nice glue. The lineage of the Rolls-Royce glue.

**Peter:** [00:11:34] All right, so moving on.

**Anna:** [00:11:35] Moving on. We are going to be discussing a narcissist. "Narcissism," this word is thrown around all the time. And, listen, and I say thrown around because I'm in the Reddit groups about all my Bravo shows, and they're like, so-and-so's a narcissist. And, you know, we're all armchair diagnosing reality stars. But what is the definition of narcissism? Is there a scientific basis for all of this? We hear it a lot in the news, referring to certain figures that we see in the news. So what's a narcissist? Can it be definable?

**Dr. Kipper:** [00:12:09] That's the problem. It's a very complicated behavioral problem that is hard to define because the science hasn't really been worked out. What we know is that it's more common in men. There is thought to be a 6% population of narcissists in the world. There are a couple of types of narcissism. There's a functional narcissism where people act out in certain situations. They tend to be people that are socially dominant, high achievers. They actually look like people that are just very competent. They don't really have the dysfunction that we see in the other type, which is a pathological or malignant narcissism. And those are people that can't maintain a sense of self-esteem, and they need to protect their inflated view of themselves. And when they're threatened, they get ugly, they get angry, they get envious. And those people, you know right away, and also the pathological form of narcissism is associated with other mental illness, bipolar disease, depression, borderline personality disorders. So it's not one thing, but it's associated with other things. And, again, there's no biomarker for this. It's purely a behavioral problem.

**Anna:** [00:13:33] Can I just stop you for a second? Because that's another one that I hear all the time. What is borderline personality? Because wouldn't a narcissist be a borderline personality?

**Dr. Kipper:** [00:13:46] A borderline personality disorder, first of all, it's the hardest thing to treat psychiatrically, and it's thought to come from some early, severe abandonment in someone's childhood. And these are people that you are their absolute best friend. They love you, that you're the best. And then you do one thing that disappoints them, that provokes that PTSD of abandonment. And now you are...

**Anna:** [00:14:14] You're the enemy.

**Dr. Kipper:** [00:14:15] You're the worst person in the world. That's a borderline personality disorder.

**Anna:** [00:14:19] So they're not capable of assessing the situation or having a conversation to say, I forgive you or I understand. You know, you can't talk it out, basically?

**Dr. Kipper:** [00:14:27] No, it's very black-and-white and it's a very deep injury in early childhood and it's sad.

**Anna:** [00:14:33] So how does that present with kids with parents? So it's not the same as a narcissist?

**Dr. Kipper:** [00:14:37] No.

**Anna:** [00:14:38] Okay.

**Dr. Kipper:** [00:14:39] No. But it is associated with narcissism. So people that have a borderline personality disorder, these are people that their narcissism is probably somewhat protective of them, either keeping people close or pushing people away. But they are not the same thing, but they are associated. The other question is, is this nature versus nurture? Which is it? So we know that there have been twin studies that have shown that narcissism can run genetically in families. And we also know that parents that tend to inflate the view of their children, this is how it can develop and reinforce their kids' superiority, narcissism can develop from that. So that's a nurture part of this equation.

**Anna:** [00:15:31] So, like saying that, you know, little Johnny's piano solo was transcendent, might turn them into a future narcissist?

**Dr. Kipper:** [00:15:42] Yes, and I think we all know parents that behave with their children in that way, that everything they do is better than and there's never a mistake or there's never any discipline.

**Peter:** [00:15:54] David, I'm wondering, too, if you say that bipolar disorder can present with narcissism when somebody goes through their bipolar bouts, is the narcissism there through all of the changes of personality, or is it just prominent during certain times in a bipolar disorder?

**Dr. Kipper:** [00:16:13] So remember, there are two types of bipolar disorders. There's a I and a II, and the bipolar I is the mania, associated with mania. And those people act out and those people are behaviorally really difficult to deal with. And where we think of narcissism in this group is that they can behave in a way that has no social boundaries. They can break a guitar over someone's head and think that that's okay because they're angry about something. They're manic. And then there's the bipolar II, which is one that's more aligned with just depression. You don't see the mania with them. Sometimes you can get a mix. People think that bipolar is both. It really isn't. You can see depression in both, but you don't really see mania in a bipolar II. But the association, Peter, yes, with this illness, with narcissism, is for people to act socially inappropriate without any boundaries as well.

**Anna:** [00:17:14] So, like you using the example of, you know, somebody is angry, they bust a guitar over someone else's head in a fit of rage, right? Do they not, later on, like, you know how we've all gotten angry and yelled and then you feel like remorseful or you're like, "Oh, I shouldn't have yelled. I didn't handle myself well." And you go apologize. Is the idea behind the narcissism is that they can't apologize or they don't recognize it or they don't feel remorse or what is that?

**Dr. Kipper:** [00:17:38] Generally, they feel that they were just upset about something and they don't necessarily tie it into a social context. They see that as a reaction that they have when they get angry or upset, as opposed to this is not normal. This needs treatment. This is not okay. Most people that have these manic attacks come into treatment not because they say, "Oh, my God, I can't do this anymore. I better get treatment." It's usually because their wife is leaving them or they're losing a record deal or something else. There's a consequence to them that's not linked to that behavior.

**Peter:** [00:18:17] Bipolar disorder, when you have that I, is there new treatment? We talk every week about breakthrough treatments for different disorders. Are there breakthrough treatments for it?

**Dr. Kipper:** [00:18:26] Absolutely. Absolutely. And we talk about here's a fine line between agitation and anxiety. And people can be anxious, that's one set of behaviors. Bipolar disorders, they're agitated. They're not just anxious. When they get anxious, they get agitated and they get, they have a physical reaction to that anxiety. And, yes, there are treatments. These are thought to be dopamine-imbalanced issues. And so dopaminergics are common in the treatment for these things. We use cognitive behavioral therapy a lot for these behaviors, because what provokes these behaviors is something that can set somebody that is not actively manic into an aggressive phase. So there are things, but we think it's in the dopamine family and we treat with dopaminergics.

**Anna:** [00:19:20] I have one more question before we move on about the narcissism thing. I hear the word thrown around so much, but you never actually hear somebody say, I have been diagnosed a narcissist. Is that because nobody would admit it or because you don't actually, like is anybody in the room saying, "Hey, Petey, you're a narcissist"? And Petey's like, "You're right. I am." I don't know, like, are the practitioners telling people you're a narcissist?

**Dr. Kipper:** [00:19:48] Yes, but the narcissists don't see it that way because they're narcissists. This is how they're built.

**Anna:** Oh, my lord!

**Dr. Kipper:** I mean, we all know narcissists. We all have narcissists in our lives. There are narcissists in the news. We don't want to get political, but when we see narcissism at a certain level where there's no social boundary, it's a fine line between narcissism and sociopathy. And you don't have to look too far to find it.

**Anna:** [00:20:17] I said the name Petey as my example name, I didn't mean that, Peter. I hope you didn't take it that way.

**Peter:** [00:20:22] Of course, I did. By the way, how many names exist on the planet: Billy, David, Sally, you – your own name?

**Anna:** [00:20:28] I know, and I could have thought of a million names. Yeah, I could have. I know.

**Peter:** [00:20:33] But it doesn't bother me. You know why? I don't care if you diagnose me as a narcissist, because I'm right.

[laughter]

**Anna:** [00:20:39] But I guess then my question becomes, I mean, you do kind of know that friend who, like always calls you and needs all the time and then never asks how you're doing? Is that, would that be a narcissist?

**Dr. Kipper:** [00:20:51] Yes, that would be part of it. The one that's always setting the agenda without, you know, factoring in other people's feelings. The one that has a perspective that is all on to themselves.

**Peter:** [00:21:03] There's something wrong with that?

**Dr. Kipper:** [00:21:06] No, not really. [laughing]

**Peter:** [00:21:08] Okay, good.

**Dr. Kipper:** [00:21:08] Not from my perspective.

**Peter:** [00:21:12] Thank you. You know what I'm going to say? Let's move on. You know, let's move on because I'm in control. [laughing]

**Dr. Kipper:** It's too close to home.

**Peter:** And, by the way, what is the diagnosis of somebody who thinks they're in control, but never really is? What's that called?

**Anna:** [00:21:26] Ooh, yeah. What is that?

**Peter:** [00:21:27] Yeah, that's me. Okay. The impression of control. But none. None ever. Well, let's do this.

**Anna:** [00:21:33] That's a clinical patsy.

**Peter:** [00:21:35] It's called delusional. There you go. Delusional. Next episode, we'll address that.

[music]

**Peter:** So, chemotherapy. And this week's This Just Happened. There's new information regarding chemotherapy and when it works, when it doesn't, why it works, why it doesn't. David, what's the update there?

**Dr. Kipper:** [00:21:53] So this is an interesting study that came out of, actually, St Jude's in California, and they collaborated with a group in Australia and another group in England. And we know, for instance, that there are some chemotherapies that don't work. Why is that? And then there are other chemotherapies that do fine. And the way chemotherapy works is it is a drug that gets into a cancer cell and kills the cancer cell. The problem with chemotherapies in general is that these cells, these chemotherapeutic agents, can also get into normal cells. And so the problem is, is that you have these drugs and that's the you know, that's the Holy Grail in chemotherapy is to find something that's going to find the bad guys and leave the good guys alone.

But we do know that there are certain tumors where we cannot get the chemotherapy into the cells. So this group started looking at this and it was very interesting what they came up with. We all have in our immune system, we have these natural cleaning proteins. They're called ATP-binding cassettes. Forget that term, but that's what they're called. These are cleanup on aisle 6 from the immune system. And they're proteins. And they go in and they go into a cell and they clean up the toxins and anything that's in a cell that doesn't belong there. And they take them out, they go in and clean them up. So again, the idea of chemotherapy is to get their drug into a cell. And so most chemotherapy gets into these cells, kills these cells. But there are some of these proteins that are able to keep everything out of the cell, that are able to sit on this membrane of the cell and keep everything out. It's like locking the door so these clean up proteins can't get in and they keep whatever tries to get in from getting in.

So a chemotherapy drug can't get into a cancer cell and it can't get into a cancer cell because of these mutated cleanup cells. These mutated cleanup cells are called BCG-2. That's the name of these cells. And they literally can block anything from coming into a cell, including chemotherapy. We've seen high levels of these in certain tumors, medulloblastoma, which is a cancer of the cerebellum, which is that back part of the brain that controls our movements and our stability and the way we move. Very high in when you study their blood in these BCG-2 proteins. So medulloblastoma, it's very hard to treat with chemotherapy. And that's a reason for this. So the reason this becomes important is that knowing this, what we need to do next is to design some BCG-2 inhibitors.

**Anna:** [00:25:00] Right, like how do we get rid of those guys?

**Dr. Kipper:** [00:25:02] You block the BCG-2s. Well, that's what they're now working on. So they identified the problem. Now we have to fix it. And, remember, we've talked so much about monoclonal antibodies and how we can design things that can reverse these things that go on microscopically and intracellularly. And so that's where one area of cancer research now that's going to take off and be very interesting.

[music]

**Peter:** [00:26:48] Our call today in Hey, What About Me? is something I think that is mass appeal for everybody listening, including Anna and myself and producer Lorre. Kathy wants to know this:

**Caller:** [00:27:00] Hi, Doctor. My question for you is, there's new vaccines coming out: Covid, flu, RSV shots. How do we know if we really need to get them? Thank you.

**Dr. Kipper:** [00:27:13] Kathy, the reason that you're probably asking this question is that it's fall and we're hearing a lot about these viruses. And, once again, we're going to see a surge of these viruses now in the fall. We know Covid is active in the fall. We know flu is active in the fall, but we have a new player in town and it actually isn't new. It's been around, it's RSV and there's been a lot of press about RSV. So it's a perfect time to talk about that virus, respiratory syncytial virus, RSV. And it's common in all age groups. It's particularly lethal, potentially, and certainly problematic in the very young and the very old. The hospitals last year were just deluged with episodes of RSV in little kids and a lot of deaths. Last year there were probably 12,000 deaths in this country.

**Peter:** Woah!

**Anna:** What?

**Peter:** Wait – really?

**Anna:** [00:28:17] From old people or children or who, what's happening?

**Dr. Kipper:** [00:28:20] Both.

**Anna:** [00:28:21] Horrifying.

**Dr. Kipper:** [00:28:22] Remember, infants get their immune system from their moms and so they're not immunocompetent and they don't start forming their own immunity until they're about six months old. So for the first six months of life, they're dependent on their mother's immunity. And this season is going to be no different than the other seasons, although, now again, we have RSV. And the good news here is that we have something to do about RSV, but, so we're now going to see flu, Covid, and RSV. And it's very difficult for doctors to talk about these diseases without offering some help. But the help comes in the form of vaccines.

And there's been so much misinformation out there about vaccines. That these are preventable diseases, and it's going to be really difficult to get people to understand this. The Covid booster that we've just talked about earlier in the show, probably one in five people got that booster. So a lot of these boosters just sat on the shelf. People didn't get them. And we saw a lot of Covid in the last couple of months of this year, and that's part of it. The at-risk population for these viruses are a little different depending on the virus, but it's always the very young and the very old. Those are the people that are at risk...

**Anna:** [00:29:45] That's so sad.

**Dr. Kipper:** [00:29:46] ...Or the immunocompromised. When we talk about people that are immunocompromised, they're on chemotherapy, they have certain blood cancers. But you also have to consider the people that are around them that are not immunocompromised, but if they get sick and they bring it into the home or into the environment.

**Anna:** [00:30:02] It'll be a disaster.

**Dr. Kipper:** [00:30:03] So, that immunocompromised concept extends well beyond the sick person. There's also an issue of timing. When do you get these vaccines?

**Anna:** [00:30:12] Yeah, when?

**Peter:** [00:30:13] When and how many and combined and what?

**Dr. Kipper:** [00:30:16] Well, we talked earlier about the new Covid vaccine is going to be out we think in September, might be as late as early October, but it's going to be out very soon. The flu vaccine comes out usually at the end of August. I haven't seen it yet. So we'll probably be seeing that vaccine within the next month. They do this vaccine based on last year's virus, flu virus, they guess the mutations that are going to happen and they form antibodies to those different mutations and that becomes next year's flu vaccine. And the RSV, and RSV is now going to be really exciting because we have two vaccines for adults and we have a monoclonal antibody for kids. And this is going to dramatically change the landscape of people getting RSV.

But, again, it's going to be a sales pitch to get people to accept this. We see RSV starting in the fall and extending into the winter. So that runs about a maybe five or six month period of time. Children that are born in their first days, weeks, months of life are really at risk because they're not getting these antibodies from their mom. So they're really at risk. And there are vaccines for adults and there are two different manufacturers. Here we go again, there is a Pfizer vaccine and there's a GlaxoSmith vaccine. They're pretty similar in how well they work. The Pfizer vaccine is thought to work up to 90% to knock this thing out. And the GlaxoSmith is like 83%. So they're pretty close. They're durable for RSV, because RSV, unlike Covid, doesn't mutate. So you get your vaccine for RSV and you've got a 90% chance, let's say you get the Pfizer vaccine, and you're not going to get sick 90% of the time. Next year, that's going to go down somewhere probably in the 80 percentile. And that's because that virus is not mutating.

**Anna:** [00:32:27] Well, that doesn't mean that we could get rid of RSV forever if everybody got vaccinated like smallpox and polio and whatnot?

**Dr. Kipper:** [00:32:34] Potentially. Yes. What a smart question. Yes.

**Anna:** [00:32:38] Thank you.

**Dr. Kipper:** [00:32:39] But we know that that's not likely to happen. I mean, that's part of the problem. Insurance is... Here's another interesting thing about these vaccines. This is now the first time that the government is no longer going to pay for the Covid vaccine. So now it's on us. And we knew this was coming. And what we do know is that Medicare Part D and private insurances are likely to pay for these vaccines. I mean, that's finally, they're admitting that there's something they can do on a preventative level. So it's not likely to come to us. There's a drug out, Paxlovid, we've talked about this, the antiviral for Covid, that's probably going to be in the \$700 range that the government is not going to pay for.

**Anna:** [00:33:26] Oh, my God. Come on!

**Dr. Kipper:** [00:33:27] And that's coming. Yeah. And it's interesting how the RSV vaccine works. It creates a protein that inhibits the virus from attaching to the human cell. So it just basically blocks the virus from getting in, much like the Covid vaccines work.

**Anna:** [00:33:48] So did you say when we should do this? Like, should we get it ASAP or should we do one right after the other?



**Dr. Kipper:** [00:33:54] That's a question that I've already started getting from people. Yes, you can take these vaccines together. If you're an infant, parents can give their kid the RSV monoclonal antibody along with their usual scheduled vaccines for diphtheria, pertussis, tetanus. There's the vaccine for moms that are pregnant moms are safe. So if you're pregnant and you're in week 32 to week 36, very safe, and that's the time to get it, Anna, in response to your question. And why is that? Because the few side effects that we've seen from giving this to moms is that you can have a lower birth weight child. So, if you wait until the child is really pretty well formed after week 32, it's going to eliminate that problem. But that vaccine really works. So preterm labor in this group is going to be benefited. The monoclonals. The one issue with the monoclonals for the kids is it's an infusion, by the way, so it's not simple. It's \$495 a go. And so we're waiting to see about insurance companies. But, again, I think the insurance companies are going to play ball with this. Here's your fall lineup.

**Anna:** [00:35:18] I know I'm hanging out at CVS this fall at the MinuteClinic just queuing up.

**Dr. Kipper:** [00:35:25] Get them together. You can get your flu shot. You can get your Covid vaccine at the same time and you can get your RSV at the same time. You could theoretically get all three at once.

**Anna:** [00:35:36] Are there any downsides to getting these?

**Dr. Kipper:** [00:35:41] With the RSV in combination, and, again, they studied this, there is a tiny, and I'm talking a tiny, percentage of people that got atrial fibrillation. It's not likely going to happen. Most of the reactions are going to be what we always see, which is a little redness at the injection site and a little sore arm. That's it.

[music]

**Anna:** [00:36:04] And, by the way, if you guys have a question for Dr. Kipper, march on over to BedsideMatters.org. Pop your question in there. And your question might just be answered on the air by the good doctor himself. Let's recap today's show. Today, we discussed the new Covid variant/lineage/mutation. Not a fan. Doc?

**Dr. Kipper:** [00:36:24] New guy on the block. We don't think it's going to be – Pirola – we don't think it's going to be deadly. We think it's going to be similar with symptoms. But definitely get your vaccine.

**Anna:** [00:36:36] Then we discussed narcissism and a bevy of mental health diagnoses.

**Dr. Kipper:** [00:36:42] So, Peter and I admitted to being narcissists. [laughter] Anna held back. It's a behavioral problem where people really see themselves as superior and don't really take other people's feelings into account. It's very difficult to treat. We don't have a medicine for it. We don't understand truly the science of it, except that we know it's related to the dopamine-imbalanced mental health issues, like bipolar disorders, depression, and borderline personality disorder.

**Anna:** [00:37:13] And the narcissists won't admit they're narcissists. So where do we go from here?

**Dr. Kipper:** [00:37:17] You just don't try to convince them, you try to step back and be thankful that you're not.

**Peter:** [00:37:24] Our children will have the NSV shot for that at some point: The Narcissism Syndrome Vaccine. Also, chemotherapy. We're finding out maybe how to get chemotherapy delivered to certain cancers that right now are undeliverable, that they have a hard time treating, correct?

**Dr. Kipper:** [00:37:40] Yes. We solved the problem in figuring out why some cancers are resistant to chemotherapy and it's at a cellular level and it involves these proteins that clean up, get inside our cells and clean things up. This is a mutation of that protein that locks the door on things getting in, including chemotherapy.

**Peter:** [00:38:02] And in our caller this week in Hey, What About Me? we talked about the RSV vaccine, the Covid booster and the flu shot, of course. And you said get them.

**Dr. Kipper:** [00:38:09] Yes, simply stated, get them. You can get them all at the same time. If you're a mom and you're towards the end of your pregnancy, it's a good idea if you have little infants in the house, a very good idea if you're over 65, very important. We can knock this thing out.

**Peter:** [00:38:28] I'd like to thank Dr. Kipper. His book – make sure to check out *Override*. It's all about how we are biologically and psychologically predisposed to perform a certain way, whether it's overeating or procrastinating. And *Override* really clearly explains why. And Anna Vocino, of course, all of her recipes, her sauces, her rubs, her cookbooks. AnnaVocino.com is the website. And thank you for listening to Bedside Matters. If you're sick and tired of being sick and tired, we, of course, are here to help. We offer new episodes every Monday, so follow us, like us, and have a great week.

**Announcer:** [00:39:03] The information on Bedside Matters should not be understood or construed as medical or health advice. The information on Bedside Matters is not a substitute for medical or health advice from a professional who is aware of the facts and circumstances of your individual situation. Thank you for listening. If you enjoyed the show, please share it with your friends. We'll see you next time.

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