

LOWN NORTH STAR NEWSLETTER



September 2025

Dear Lown Group Members,

As summer turns to fall, we welcome the cooler walking weather and return to routines. For many, the High Holidays will bring an opportunity to reflect, introspect, and renew commitments to personal growth. Here at the Lown Group, our thoughts turn to optimizing the health and wellbeing of our patients. In this spirit, our Fall issue of the North Star is full of valuable insights and advice from our own experts:

- Wearable Fitness Technology: **Nicole Goveia, Lown Exercise Physiologist**, offers a comparative overview of wearable devices, focusing on key metrics for cardiovascular health, physical activity, and sleep optimization.
- Clinical Expertise Spotlight: Gain insight into the advanced clinical acumen and compassionate care provided by **Nurse Practitioner Jonathan Gerbode-Grant and Physician Associate, Alyssa Gramstorff**— Lown professionals whose work exemplifies our commitment to excellence.
- Preparing for Vaccination Season: **Dr. Joel Katz, Lown Primary Care and Infectious Disease specialist**, summarizes current immunization protocols and recommendations.
- Evidence-Based Microhabits: Explore three research-supported wellness practices that can be easily incorporated into daily routines for measurable impact.
- Culinary Feature: This season's highlighted recipe—**healthy-ish cookies** made with almond meal, coconut, and chocolate chips—demonstrates a thoughtful balance between indulgence and nutritional integrity, crafted to align with mindful eating principles.
- What's on your night table? **Dr. Lilian Mahrokhian, Lown Primary Care Provider** discusses the book ***Outlive*** by **Dr. Peter Attia** and how it has informed her proactive, preventive approach to patient care.

We hope this edition fosters reflection, resilience, and renewal throughout the fall. We look forward to continuing our shared journey in health.

Warm regards,

The Physicians and Staff of the Lown Group

What Wearable Devices Can (and Can't) Tell You About Your Heart Health

By Nicole Goveia, ACSM-CEP Exercise Physiologist, Lown Group

From smartwatches to health rings, wearable devices have become everyday tools for monitoring heart health, fitness, and sleep - but how much of this information is actually useful?

I reviewed the Apple Watch, Oura Ring, Whoop, Garmin, and Fitbit. Here's what these wearables can do reliably:

- **Resting heart rate (RHR):** A lower RHR generally reflects better cardiovascular fitness. (For those who take medications such as beta blockers that lower heart rate, RHR is not a useful measure of fitness). Best for measuring RHR: Apple Watch and Oura Ring.
- **Heart rate variability (HRV):** Higher HRV (the variation in heart rate from beat to beat, determined by the responsiveness of our sympathetic nervous system, also known as "fight or flight") is linked to better recovery and resilience. (HRV is not a useful metric in people with atrial fibrillation). Best for measuring HRV: Oura Ring and Whoop.
- **Heart rate recovery (HRR):** How quickly your heart rate drops after exercise is a key marker of cardiovascular health. Best for measuring HRR: Apple Watch, Garmin, or Whoop.
- **Atrial fibrillation detection (Afib):** Some devices can identify irregular heart rhythms and notify you to follow up with your provider. Best for detecting Afib: Apple Watch and select Fitbit models. The at-home Kardia mobile device (not a wearable) is another reliable method for detecting Afib,

These devices also estimate steps, calories, activity minutes, and even give a rough estimate of VO2max – a powerful predictor of longevity. While these estimates aren't medical-grade, they are useful for tracking trends and setting goals.

What can't wearables do? They can't diagnose heart disease or replace medical tests such as a 12-lead ECG, echocardiogram, or cardiopulmonary exercise test (CPET). They also can't accurately measure sleep stages or detect conditions like sleep apnea. Wearable wristbands and rings are not able to accurately measure blood pressure (cuffs that go around the arm are a better choice).

How We Use This Data in Our Practice:

At Lown, we welcome health tech – and many of our patients already use these devices. We can review wearable data with you to help interpret trends, clarify false alarms, and guide prevention. When paired with thoughtful care, they can help you build better habits, spot changes early, and feel more connected to your health journey. Remember: The tech is smart, but you are smarter.

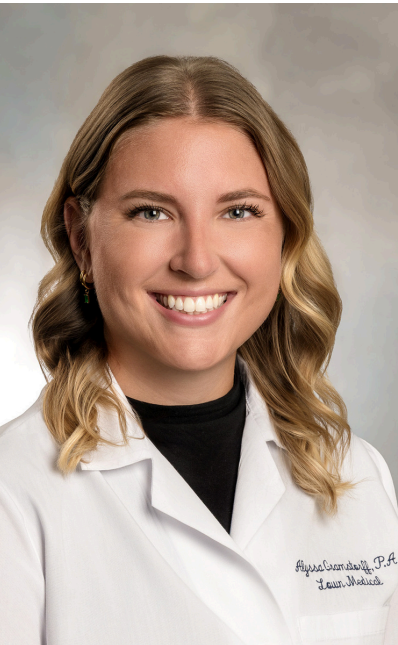
Please note: Heart rate readings from wearable devices may occasionally show inaccurate heart rate estimates, especially during strenuous activity. Use them as a guide, not a diagnosis and always consult with your medical provider.

Behind the Scenes: **Featuring Our Lown Advanced Practitioners**



Whether you're brand new to the Lown family or a longtime member, Jonathan and Alyssa (who goes by Aly) are team members you'll want to know. Featuring them in our fall issue is like highlighting the heartbeat of the Lown Group—it's a celebration of the thoughtful, team-based, patient-centered care we're known for.

When visiting Lown for your annual physical or urgent care needs, you may be seen by Jonathan or Aly. They work in seamless partnership with our physicians, offering care when it matters most. Their approach is rooted in clinical excellence and a deep commitment to personalized medicine.



Jonathan earned his Master of Science in Nursing and Family Nurse Practitioner degree from Simmons College in Boston. Aly graduated with her Master of Science in Physician Associate Studies from Bryant University in 2021. Please visit [**'Our Team'**](#) webpage to view more details and check out Jonathan's most recent [**Lown Group webinar here.**](#)

What does a day in their lives look like? Much like that of a physician—beginning with patient visits, consulting with our medical team, reviewing labs, and managing treatment plans with precision and warmth.

Next time you're at Lown, whether you're scheduled with Jonathan or Aly or simply passing by in the hallway, don't hesitate to say hello.

Fall Vaccinations- to shot or not to shot?

Health decisions should be made collaboratively between a patient and their healthcare team, and vaccines are no exception. Recently vaccines have received a higher than usual amount of attention – both positive and negative. The recommendations below are based on decades of well-designed scientific studies:

Summary recommendations:

Influenza Vaccine -- All adults should receive a flu shot in the fall. Those who are pregnant or likely to become pregnant in the winter are at especially high risk for the disease and should seek out flu shots early. Those over 65 should receive the “high dose” vaccine. The best timing for influenza vaccination is October or early November.

COVID-19 Vaccine -- This fall we are expecting 4 new and improved (targeted to circulating strains) vaccines. The CDC previously recommended COVID-19 vaccination for everyone over 6 months of age, but recently restricted that recommendation to individuals 65 years and older, those with active cancer, transplant recipients, and individuals taking long-term immunosuppressant medications such as prednisone. While I normally agree with the CDC recommendations, I (and most other infectious diseases experts) do not agree with restricting the new Covid vaccines to vulnerable populations. I recommend that all adults consider receiving the vaccine. Please discuss with your provider if you have any questions.

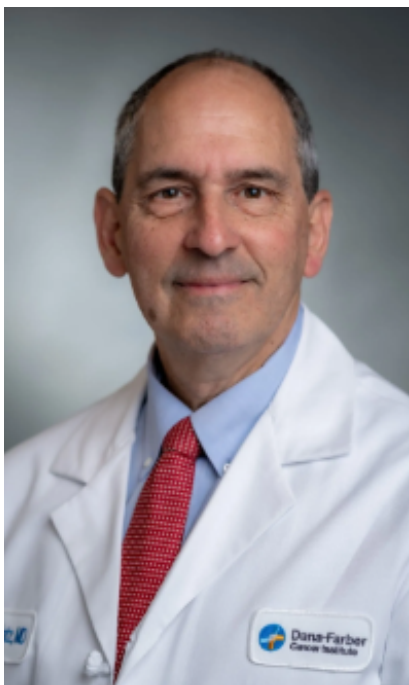
Please note that the CDC and state of MA recommendations continue to evolve and we will update you as more information becomes available. At the time of this writing, we do not yet have clear guidance regarding insurance coverage or vaccine availability for patients under 65 years of age.

RSV Vaccine – This vaccine is recommended for young children (please consult with your child’s pediatrician) and older / vulnerable adults as follows:

- all adults 75 years and older
- those 50-74 years old who have chronic lung or heart disease or a weakened immune system.

Note that the vaccine is effective for at least 2-3 years, so if you received the RSV vaccine in the past 2 years, you do not need to repeat it this year. The best timing for RSV is early fall.

These seasonal vaccines are safe and effective, based on many well-designed scientific trials. The [Advisory Committee on Immunization Practices](#) of the CDC has comprehensive information about all available vaccines. Everyone is different, and I urge you to discuss any concerns about these seasonal vaccines or other important year-round vaccines (e.g., pneumonia, shingles, measles) with your own healthcare team.



We strongly recommend:

- Always wash your hands or use hand sanitizer before eating.
- Keep a supply of rapid home flu and covid tests.
- If you test positive, please reach out to your primary care provider right away to discuss possible treatments.
- If you want to learn more about the history and impact of vaccines, [please follow this link.](#)

In good health,

Joel T. Katz, MD

Primary Care Physician & Fellow of the Infectious Diseases Society of America

Lown Group



Lown Wellness

Three Simple Microhabits That Make a Difference

Wellness doesn't require major changes. Small, consistent habits, called microhabits, can create meaningful improvements in your health. Here are three simple, science-backed microhabits to try:

1. **Walk After Meals**

A 5-15 minute walk after a meal improves blood sugar, digestion, and energy.

2. **Morning Sunlight**

Exposure to natural light within 30 minutes of waking resets your circadian rhythm, boosts alertness, and supports sleep.

3. **Unplug to Recharge**

Short screen-free breaks lower stress and mental fatigue. Try a "digital sunset" or make meals device-free.

These habits are simple but powerful. Start small! Consistency matters more than perfection.

Team Celebration of Helene Glaser

This summer, the Lown Group had the joy of celebrating our beloved Head Nurse, Helene Glaser, on her 80th birthday! We asked Helene to share her secret to staying so youthful - "Working!"

For decades, Helene has been a guiding light within our community, and this milestone gave us the perfect opportunity to honor her with an evening full of laughter, pizza, bowling, and the kind of stories that only years of heartfelt teamwork can inspire. Surrounded by family and colleagues, we reflected on the legacy of compassion and excellence she's brought to our lives.



From left to right: Joel T. Katz, Dara Lee Lewis, Brian Bilchik, Helene Glaser, Charles Blatt, Shmuel Ravid, and Lilian Mahrokhian (missing physicians: Alyson Kelley-Hedgepeth and Harley Simeone)

Almond Meal Cookies with Chocolate Chips and Coconut

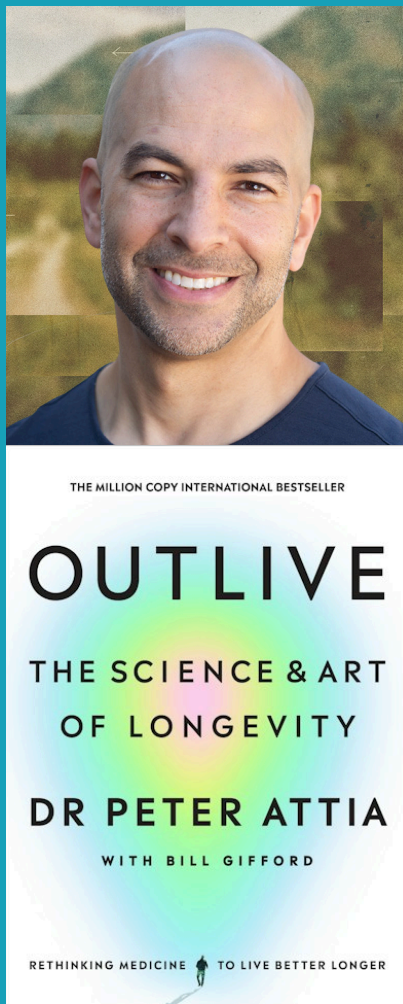
Ingredients:

1 1/4 cups almond meal or almond flour
1/4 cup chopped dairy-free dark chocolate
1/2 cup shredded unsweetened coconut
1/2 tsp baking powder
1/4 tsp sea salt
1/3 cup brown sugar
1 large egg
3 Tbsp coconut oil (melted)
1/2 tsp vanilla extract

Instructions:

Mix together ingredients
Chill in the fridge for 15-30 minutes.
Bake at 375 degrees F on a lined baking sheet
for 8-12 minutes
Enjoy!

What We're Reading Now



Please note that Lown's medical guidance may differ from those expressed by the author.

Outlive by Dr. Peter Attia has been a fixture on my nightstand since a friend, inspired by its message, sent me a copy. Despite its depth, I read it seamlessly—it reframes patient care from reactive to proactive, anticipating risk before illness arises. Attia calls this approach “Medicine 3.0”.

The book is organized around the “Four Horsemen” of chronic disease: cancer, neurodegenerative illness, metabolic disease (for example: insulin resistance and diabetes), and cardiovascular disease. Each section offers evidence-based strategies for screening, prevention, and management.

Most impactful to my practice is his approach to cardiovascular risk. Rather than relying solely on basic lipid panels and 10-year ASCVD scores, Attia advocates for deeper screening: ApoB, lipoprotein(a), and coronary calcium scoring. These tools better identify atherogenic risk and guide more targeted interventions. He reviews current treatments—from statins and PCSK9 inhibitors to newer options like bempedoic acid—and even shares his own early calcium score at age 35.

As a concierge primary care physician, I now use this framework to guide initial visits—analyzing family history, lifestyle, and personalized testing across all four disease categories. The book is accessible to non-physicians as well; several patients have come in with questions and testing requests after reading it.

-Lilian Mahrokhian, MD, Lown Primary Care Provider