

Information for Patients

Patient Information Booklet- Table of Contents

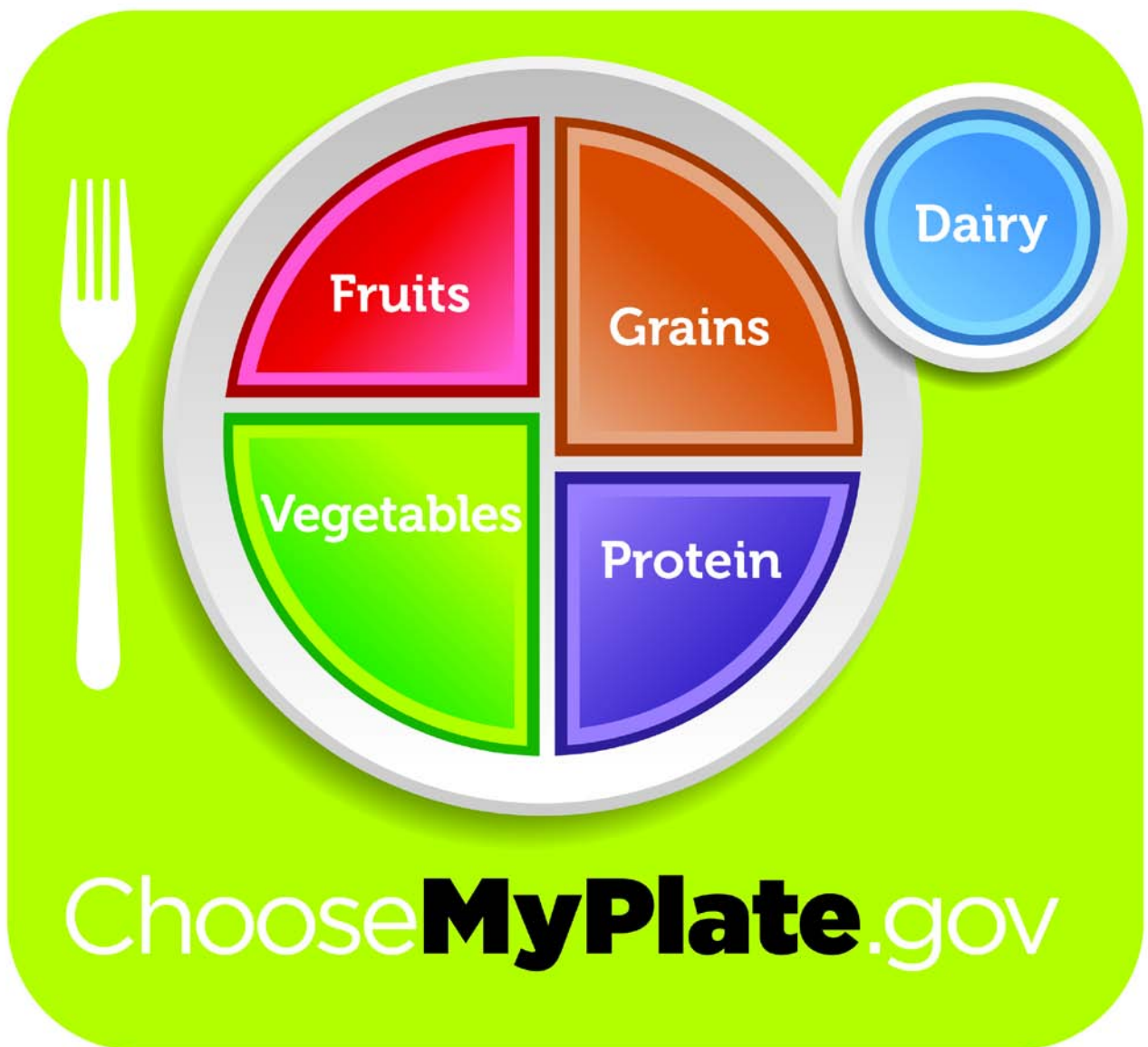
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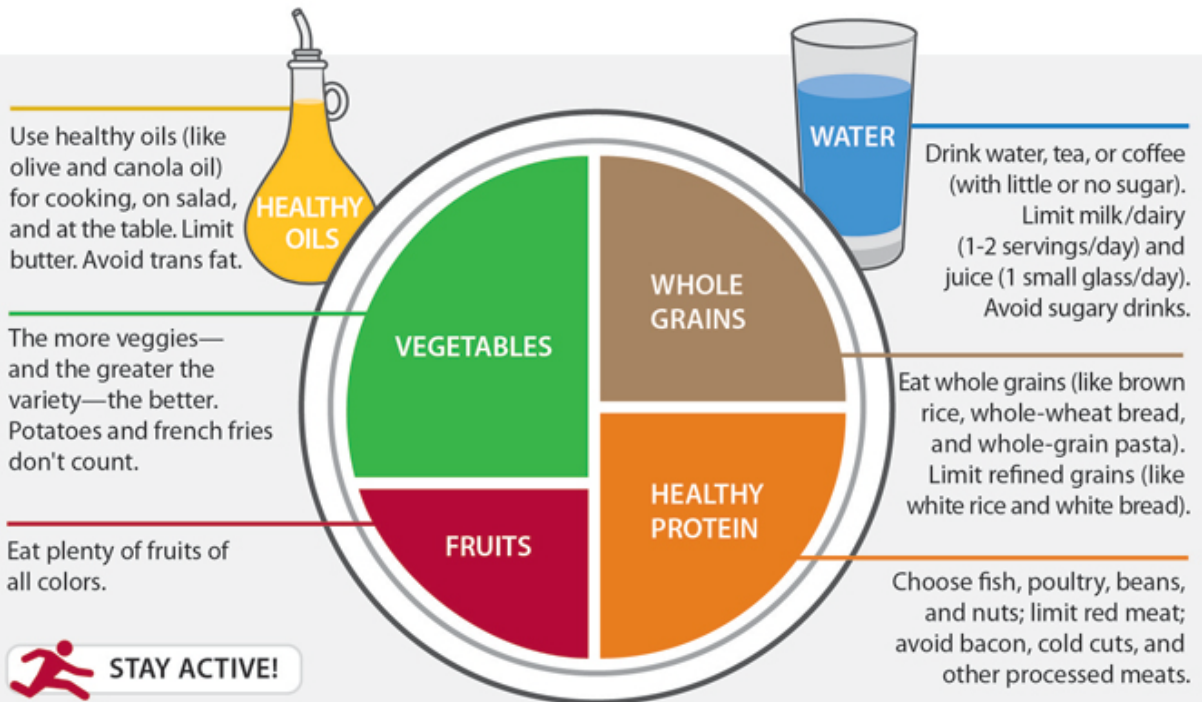
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General Information

Obesity



HEALTHY EATING PLATE



Harvard School of Public Health
The Nutrition Source
www.hsph.harvard.edu/nutritionsource

Harvard Medical School
Harvard Health Publications
www.health.harvard.edu



Examples of Moderate Amounts of Physical Activity

Common Chores

Washing and waxing a car for 45-60 minutes
 Washing windows or floors for 45-60 minutes
 Gardening for 30-45 minutes
 Wheeling self in wheelchair for 30-40 minutes
 Pushing a stroller 1 ½ miles in 30 minutes
 Raking leaves for 30 minutes
 Walking 2 miles in 30 minutes (15 min/mile)
 Shoveling snow for 15 minutes
 Stair walking for 15 minutes

Sporting Activities

Playing volleyball for 45-60 minutes
 Playing touch football for 45 minutes
 Walking 1 ¾ miles in 35 minutes (20 min/mile)
 Basketball (shooting baskets) for 30 minutes
 Bicycling 5 miles in 30 minutes
 Dancing fast (social) for 30 minutes
 Water aerobics for 30 minutes
 Swimming laps for 20 minutes
 Basketball (playing a game) for 15-20 minutes
 Jumping rope for 15 minutes
 Running 1 ½ miles in 15 minutes (15 min/mile)

Less
Vigorous,
More Time



More
Vigorous,
Less Time

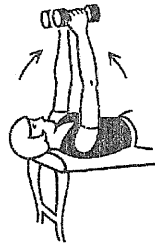
* A moderate amount of physical activity is roughly equivalent to physical activity that uses approximately 150 calories of energy per day, or 1,000 calories per week.

† Some activities can be performed at various intensities; the suggested durations correspond to expected intensity of effort.

The Wellness Workout

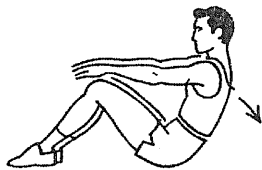
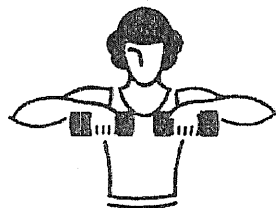
The following is a basic 20-minute strength-training workout. We are providing one exercise for each major muscle group; there are many variations, and you may wish to add others.

Bench fly, for chest (pectorals). Lying on a bench, hold weights straight up over your chest, with elbows slightly bent. Slowly lower your arms in a semi-circular arc until weights are lower. Reverse the movement, bringing weights over your chest. Repeat.



Lateral raise, for shoulders (deltoids). Standing with your feet shoulder-width apart and knees slightly bent, hold dumbbells at your sides at thigh level. Slowly lift the weights out to the sides to shoulder level; keep elbows slightly bent. Slowly lower, and repeat.

Upright row, for upper back (trapezius), shoulders, and arms. Standing with your feet shoulder-width apart and knees slightly bent, hold dumbbells side by side at thigh level (palms toward thighs). Slowly pull them up to your collarbone, until elbows are just above shoulder height. Slowly lower, and repeat.



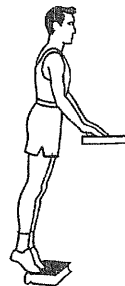
Curl down, or negative sit-up, for midsection (abdominals). Start by sitting with your knees bent, feet flat, and arms reaching forward. Slowly lower yourself to the floor to a count of 10. Sit back up (using your arms, if necessary), and repeat.

Triceps extensions. Supporting one knee and hand on a bench or chair, hold a weight at the side of your chest, keeping your arm bent so that your elbow is behind you. Without moving the elbow, extend your arm behind you. Return to starting position; repeat. Switch arms.



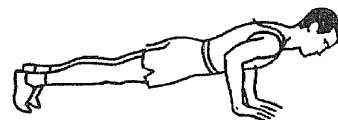
Curls, for biceps. Sit leaning forward with your legs slightly spread and one hand on your thigh. Keeping the other elbow on the other thigh, hold a weight so that your forearm is horizontal. Slowly curl the weight up and in toward your chest; repeat. Switch arms.

Dumbbell squats, for buttocks, quadriceps, and hamstrings. Holding dumbbells (with palms inward), stand with feet hip-width apart; don't lock knees. Keeping your weight on your heels, contract your abdominal muscles and bend your knees, lowering your upper torso. Don't go lower than the illustration shows. Slowly straighten up; repeat.

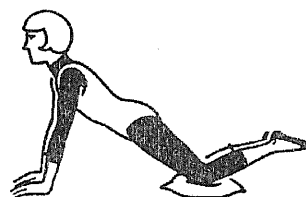


Heel raises and dips, for calf muscles (soleus and gastrocnemius). Standing with the balls of your feet on a thick book or step, slowly rise on your toes, then lower your heels as far as you can. Repeat. Use your hands for balance, not support.

Step-ups, for buttocks, quadriceps, hamstrings, and calves. Stand facing a 9- to 14-inch step (depending on your height). With hands on hips, place right foot in center of surface, so your right knee is directly over the ankle. Leaning forward slightly, slowly lift left foot and tap top of step with ball of left foot. Slowly return left foot to ground. Repeat, then switch legs.



Push-up #1. Place hands slightly wider than shoulder-width; keep feet together, with knees locked. Start with elbows straight, but never locked. Bend your elbows to lower your body, and try to bring your chest to within an inch of the floor. Keep your body in a straight line, from head to ankles, throughout the movement. Move up and down slowly, with abdominal muscles tightened. Repeat.



Push-up #2 (easier version). Same as above, but keep your knees on the floor and feet raised. Don't put your weight on knee caps, but rather just above them; you can use a cushion. Don't arch your lower back. Lower, lift, and repeat.

MANAGING WEIGHT with DIET & EXERCISE

What are the health risks of being overweight?

Diabetes	Breast and uterine cancer
Coronary heart disease	Osteoarthritis of the knees
Stroke	Gallbladder problems
High blood pressure	Sleep apnea
Colon cancer	Infertility

How do I know if my weight is a problem?

Definition of overweight:	Body Mass Index (BMI) > 24
Definition of obesity:	BMI > 29

(ask your doctor to calculate your BMI on the computer)

What is the best way to lose weight?

Fewer calories

1 pound = 3500 calories

Reduce daily caloric intake by 500 calories = 3500 calories/week → lose 1 lb/week

To maintain weight: Body weight (lbs) x 10 = estimated # calories needed per day

Recommendations: Reduce fat to 30% of total calories
Eat lots of fruits and vegetables
Use low-fat dairy products

More exercise

Walking 1 mile = 100 calories

Walk five miles per day = 500 calories x 7 days = 3500 calories/week → lose 1 lb/week

Goal: Exercise for 30-45 minutes on 3-5 days per week

Recommendations: Schedule time for exercise
Consider exercising with friends or family members
Accumulate activity over the course of each day—taking three
10-minute walks is equivalent to one 30-minute walk

What are some helpful resources?

Books: Thin For Life, by Anne M. Fletcher, M.S., R.D. (Houghton Mifflin)
Thin Tastes Better, by Dr. Stephen Gullo (Dell)

Support groups: Overeaters Anonymous

Diet Programs: Weight Watchers, Diet Workshop

BODY MASS INDEX CHART

Weight (Pounds)	Height (Feet and Inches)																
	5'0	5'1	5'2	5'3	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'0	6'1	6'2	6'3	6'4
100	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13	12	12
105	21	20	19	19	18	17	17	16	16	16	15	15	14	14	13	13	13
110	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14	14	13
115	22	22	21	20	20	19	19	18	17	17	17	16	16	15	15	14	14
120	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15
125	24	24	23	22	21	21	20	20	19	18	18	17	17	16	16	16	15
130	25	25	24	23	22	22	21	20	20	19	19	18	18	17	17	16	16
135	26	26	25	24	23	22	22	21	21	20	19	19	18	18	17	17	16
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145	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18	18
150	29	28	27	27	26	25	24	23	23	22	22	21	20	20	19	19	18
155	30	29	28	27	27	26	25	24	24	23	22	22	21	20	20	19	19
160	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	19
165	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20
170	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21
175	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21
180	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22
185	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23
190	37	36	35	34	33	32	31	30	29	28	27	26	26	25	24	24	23
195	38	37	36	35	33	32	31	31	30	29	28	27	26	26	25	24	24
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205	40	39	37	36	35	34	33	32	31	30	29	29	28	27	26	26	25
210	41	40	38	37	36	35	34	33	32	31	30	29	28	28	27	26	26
215	42	41	39	38	37	36	35	34	33	32	31	30	29	28	28	27	26
220	43	42	40	39	38	37	36	34	33	32	32	31	30	29	28	27	27
225	44	43	41	40	39	37	36	35	34	33	32	31	31	30	29	28	27
230	45	43	42	41	39	38	37	36	35	34	33	32	31	30	30	29	28
235	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	29	29
240	47	45	44	43	41	40	39	38	36	35	34	33	33	32	31	30	29
245	48	46	45	43	42	44	40	38	37	36	35	34	33	32	31	31	30
250	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30

	Underweight
	Weight Appropriate
	Overweight
	Obese

Nighttime Leg Cramps

How to Prevent

Leg cramps can ruin a good night's sleep, but there are ways to prevent them.

While it lasts, the pain from a leg cramp can be excruciating. Usually it goes away within a few minutes, though bad ones can cause lingering soreness. Typically, leg cramps affect the muscles in the calf (the large one is called the gastrocnemius) or along the sole of the foot.

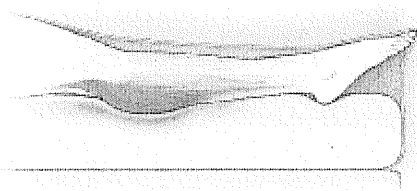
The best immediate response is gently stretching the taut muscles. With the calf muscles, you can do that by grasping your toes and then slowly pulling your foot toward you. Leaning forward against a wall while keeping your heels on the ground does the same thing. Just standing up and putting weight on the affected leg may help, though you should be careful about falling: Get some help if someone is there to assist you. Heat (from a heating pad or warm - not hot - water) or massaging of the leg and foot can also help muscles relax, although it's best to try stretching first.

Prevention tips

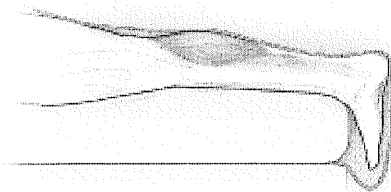
Here are five suggestions for preventing leg cramps before they happen:

Wear good shoes. Flat feet and other structural problems make some people particularly susceptible to leg cramps. Proper footwear is one way to compensate.

Loosen up the covers. Many people like to sleep under snug covers. But, especially if you're lying on your back, the covers can press your feet down, a position that tightens up the calf and the muscles along the bottom of the foot. Tight muscles are vulnerable to cramping. Just loosening the covers can help (see illustration below).



Tight covers can tighten your calf and foot muscles.



Loosening the covers and sleeping on your stomach with your feet hanging over the bed can keep them relaxed.

Stretch. Stretching your calf and foot muscles before you go to bed can help prevent cramps in the first place. Use the same techniques that stretch the calf and foot muscles during a leg cramp. You can also try placing the front part of your feet on the bottom step of a stairway and slowly lowering your heels so they're below the level of the step.

Take quinine tablets. Many doctors prescribe quinine for leg cramps. Better known as an antimalarial drug (and the ingredient that gives tonic water its bitter taste), quinine seems to help leg cramps by decreasing the excitability of nerves. Many doctors and patients swear by it, but mixed results in clinical trials have cast doubt on its effectiveness.

On rare occasions, quinine can cause thrombocytopenia, a significant reduction in the number of platelets in the blood that may result in easy bleeding. Because of this problem - and doubts about the drug's effectiveness - the FDA stopped the over-the-counter sale of quinine in the mid-1990s, although you can still buy quinine tablets because of the loophole for dietary supplements. The very small amount of quinine in tonic water (about 15 milligrams per 8 ounces) is low enough not to pose a danger, but probably too low to offer any benefit.

Take Magnesium supplements. Speak with your physician. Magnesium supplements over-the-counter include magnesium oxide 140mg once to twice per day or magnesium oxide 400mg once per day. Foods rich in magnesium include nuts, grains, vegetables, bananas and beans.

Drink plenty of water. If you're active (that includes walking, gardening, doing housework), you need fluids to avoid dehydration. But don't overdo it. High amounts of fluids can dilute the concentration of sodium in your blood. This causes a variety of problems, including muscle cramps. How much you should drink depends on how active you are and the foods you eat. As we get older, we tend to forget to drink enough water because the thirst impulse becomes weaker with age. Some people also worry about adding more trips to the bathroom, especially at night.

Muscle ache vs. cramp Sometimes muscle aches in the legs are confused with leg cramps. The difference can be important. For example, constant muscle aches (not leg cramps) are a rare side effect of statins. Poor blood circulation in the legs may cause muscle pain when the muscles are in use - for example - while walking, whereas muscle cramps most often occur when the muscle is at rest.

TIPS FOR BETTER SLEEP

TIPS FOR A GOOD NIGHT'S SLEEP:

- *Set a schedule:*
Go to bed at a set time each night and get up at the same time each morning. Disrupting this schedule may lead to insomnia. "Sleeping in" on weekends also makes it harder to wake up early on Monday morning because it re-sets your sleep cycles for a later awakening.
- *Exercise:*
Try to exercise 20 to 30 minutes a day. Daily exercise often helps people sleep, although a workout soon before bedtime may interfere with sleep. For maximum benefit, try to get your exercise about 5 to 6 hours before going to bed.
- *Avoid caffeine, nicotine, and alcohol:*
Avoid drinks that contain caffeine, which acts as a stimulant and keeps people awake. Sources of caffeine include coffee, chocolate, soft drinks, non-herbal teas, diet drugs, and some pain relievers. Smokers tend to sleep very lightly and often wake up in the early morning due to nicotine withdrawal. Alcohol robs people of deep sleep and REM sleep and keeps them in the lighter stages of sleep.
- *Relax before bed:*
A warm bath, reading or another relaxing routine can make it easier to fall asleep. You can train yourself to associate certain restful activities with sleep and make them part of your bedtime ritual.
- *Sleep until sunlight:*
If possible, wake up with the sun, or use very bright lights in the morning. Sunlight helps the body's internal biological clock reset itself each day. Sleep experts recommend exposure to an hour of morning sunlight for people having problems falling asleep.
- *Don't lie in bed awake:*
If you can't get to sleep, don't just lie in bed. Do something else, like reading, watching television, or listening to music, until you feel tired. The anxiety of being unable to fall asleep can actually contribute to insomnia.
- *Control your room temperature:*
Maintain a comfortable temperature in the bedroom. Extreme temperatures may disrupt sleep or prevent you from falling asleep.
- *See a doctor if your sleeping problem continues:*
If you have trouble falling asleep night after night after night, or if you always feel tired the next day, then you may have a sleep disorder and should see a physician. Your primary care physician may be able to help you; if not you can probably find a sleep specialist at a major hospital near you. Most sleep disorders can be treated effectively, so you can finally get that good night's sleep you need.

**MASSACHUSETTS TOBACCO CONTROL PROGRAM
AMERICAN CANCER SOCIETY**

QUIT SMOKING TIPS

OPTIONS FOR PREPARING TO QUIT:

- Make a list of the most important reasons why you want to quit and write them down.
- Choose a method of quitting. Cold turkey is the most successful, but cutting down by a certain number of cigarettes per day is fine.
- Call your health care provider to find out if the nicotine patch therapy is appropriate for you.
- Throw away all cigarettes and matches. Put away your ashtrays or fill them with sugar-free gum or candy.
- Set a final quit date and call up your friends and tell them you're going to quit.

TIPS FOR STAYING QUIT:

- Drink large quantities of water and fruit juice. Nicotine is flushed out of the body in five to seven days.
- Try to avoid alcohol, coffee and other beverages that you associate with smoking. The connection between alcohol and cigarettes is an intense one. BEWARE! Alcohol lowers your resistance to temptation.
- If you miss having a cigarette in your hand, play with something else – a pencil, a paper clip, a marble.
- Keep oral substitutes handy: toothpicks, cinnamon sticks, straws, carrots, pickles, apples, raisins, etc. Avoid eating foods that are high in calories.
- If you quit for one day, you can quit for another. Try it.
- Never allow yourself to think that “one won't hurt,” because it will. If you break down and have a cigarette, don't give up. Just don't have a second cigarette.
- Remember that a craving to smoke will pass, whether you light up or not.
- If you gain a few pounds while quitting, don't get discouraged. To reach the same health risk as smoking one pack of cigarettes per day, the average smoker would have to be 75-125 pounds over weight.
- Eat several small meals. This maintains constant blood sugar levels and helps prevent the urge to smoke.
- Take deep rhythmic breaths similar to smoking to help you relax. Also, take a deep breath and hold it while you count to 10, then exhale slowly.
- If you want a cigarette, don't sit there letting the craving whittle away at you – MOVE, walk around the block, just do something.
- Begin a moderate exercise program, such as walks after meals or walking a few flights of stairs.

Stress Management: Progressive Muscle Relaxation

What is progressive muscle relaxation?

Progressive muscle **relaxation** is an effective method for treating stress and anxiety. Concentrating on relaxing your muscles makes it difficult to think about problems and events that cause stress and anxiety.

In these exercises you focus on specific muscle groups, one at a time, tensing and relaxing each group while breathing slowly and deeply. Audiotapes that teach this technique are available at many bookstores.

How do I do this exercise?

Sit in a chair with your back straight, head in line with your spine, both feet on the floor, and hands resting on your lap. Tighten each muscle group and keep it tightened for 15 to 20 seconds. Then relax slowly and notice the difference between tension and **relaxation**.

It is best to start at the head and work down the body or start at the feet and work up. The muscle groups to tighten and relax are:

- forehead and scalp
- eyes
- nose
- face
- tongue
- jaws
- lips
- neck
- upper arm
- lower arm and hands
- chest
- stomach
- back
- buttocks and thighs
- legs
- feet

For example, you can tighten your neck muscles by pulling your chin in and shrugging your shoulders. Hold the tension for 15 to 20 seconds. Then relax slowly.

Exercise all muscle groups twice a day. Each exercise session should last 12 to 15 minutes.

Other **relaxation** methods you may wish to consider are mental imaging and diaphragmatic breathing.

Cardiovascular

BIMA Anticoagulation Therapy Instructions
Enoxaparin (Lovenox®) Injection

SUPPLIES

- Pre-filled syringe of Enoxaparin
- Alcohol pad to wipe the skin

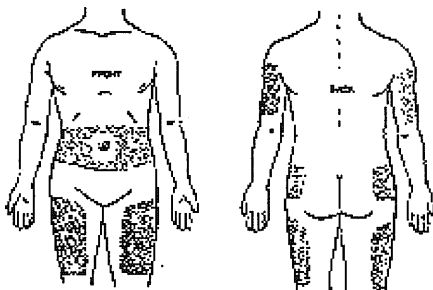
PREPARING TO GIVE THE SHOT

1. Give the Enoxaparin shot at the same time(s) each day.

Your time(s) is: _____.

2. **Wash your hands** with soap and water before you give the shot. Dry your hands.
3. **Sit or lie** in a comfortable position so you can easily see the area where you will be injecting.
4. **Select an injection site.** The injection must be given subcutaneously (under the skin). **DO NOT** inject in the same place each time. Alternate the site from the left and right sides.

The best areas for this are:



Abdomen:

- Stay 2 inches away from the navel (belly button) or scars.
- You may go sideways to the hips.
- You can go above or below the waist if you can “pinch an inch” there.

Arms:

- Measure one hand width down from the shoulder and one hand width up from the elbow.
- Use the fleshy outer surface.

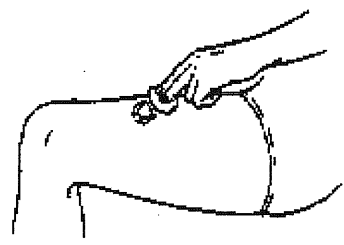
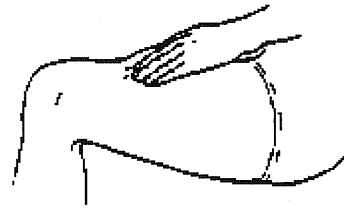

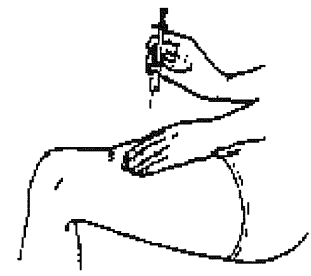
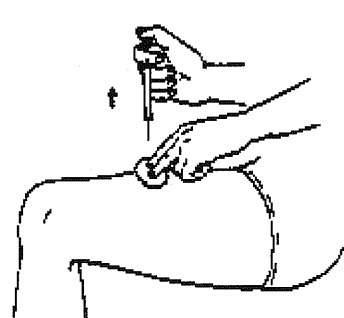
Legs:

- Measure one hand width down from the groin and one hand width up from the knee.
- Use the top and outer part of the leg.
- Stay away from the inner part of the thigh.

Buttocks:

- Use the upper outer area.

HOW TO GIVE A SHOT:

<ul style="list-style-type: none"> • Wipe the injection site with an alcohol swab or clean with soap and water. Allow the area to dry. • While the area is drying, carefully loosen the needle cap from syringe. The syringe is prefilled and ready to go. • DO NOT press on plunger before injecting. 	
<ul style="list-style-type: none"> • Gently pinch up the skin at the injection site and hold the fat away from the muscle. 	
<ul style="list-style-type: none"> • Hold the syringe like a pencil. • The needle can be inserted at an angle of 45° or 90°. • Be sure to hold skin fold throughout injection • Quickly push the needle into the injection site. • Be sure the needle is all the way in. 	
<ul style="list-style-type: none"> • Push the plunger in at a steady rate. • Be sure to push the plunger all the way down. 	
<ul style="list-style-type: none"> • Pull the needle straight out quickly. • Hold the alcohol wipe over the injection site. • Do NOT rub the area. • Write down the date and time the shot was given as well as the dose and site of the shot on the Enoxaparin shot record. 	

PROPER DISPOSAL OF NEEDLES AND SYRINGES

- Throw used needles and syringes into a safe “sharps” container.
- Use a coffee can or hard plastic bottle, such as an empty bleach or liquid detergent bottle.
- Do NOT use a container that will be returned to a store or recycled.
- Do NOT use glass or clear plastic containers.
- Seal the lid with heavy-duty tape, like duct tape, when the container is full.
- Check with your local community waste disposal agency for the right way to dispose of the container.
- Keep needles and syringes out of the reach of children.

FOR QUESTIONS, PLEASE CALL BIMA ANTICOAGULATION NURSE, KATHY CAZEALT, 617 732-7439.

ENOXAPARIN SHOT RECORD

Date	Time	Dose	Site

BLOOD PRESSURE RECORD

Name: _____

Goal BP: _____ Goal Pulse: _____

Goal Pulse: _____

[illegible]

NOTES:

NEXT APPOINTMENT: _____

Blood pressure readings should always be evaluated in combination with medical advice.

RÉCORD DE PRESIÓN ALTERIAL

Nombre: _____

Meta de PA: _____

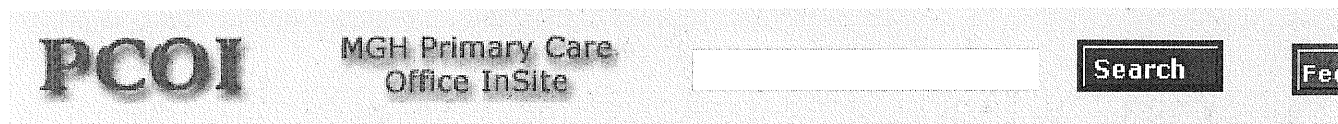
Meta Pulso: _____

[illegible]

NOTAS:

PROXIMA CITA: _____

La toma de la presión siempre debe de ser evaluada en combinación de consejo médico.



Lifestyle Changes to Help Control High Blood Pressure

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What can I do to help control my blood pressure?

You can take important steps to help treat your high blood pressure. If you make changes in your health habits, you might not have to take medicine to control your blood pressure. Even if you already need to take blood pressure medicine, a healthy lifestyle may help reduce the dose you need to take. Best of all, a healthy lifestyle will make you feel better!

What is a healthy lifestyle?

A healthy lifestyle means eating a well-balanced, low-fat, low-cholesterol diet, getting regular exercise, not using tobacco, and drinking alcohol in moderation only. Here's what the Joint National Committee on the Detection, Evaluation, and Treatment of High Blood Pressure says you should do to help treat your high blood pressure:

1. Lose weight, if you need to
2. Don't smoke
3. Drink only in moderation. (Moderate drinking for men means no more than two drinks per day or 14 drinks per week. For women who drink, moderate alcohol consumption means one drink a day, or no more than 7 drinks per week. One drink means 1 ounce of liquor, a 5-ounce glass of wine, or a 12-ounce bottle of beer.)
4. Exercise regularly.
5. Use less salt.
6. Get enough potassium, calcium, and magnesium in your diet.

Do I need to lose weight?

If you are overweight, losing weight is the single most important thing you can do to reduce your blood pressure. Even if you are only a little bit overweight, losing weight will help you. In overweight people, losing only 10 pounds can lower blood pressure.

The most accurate way to figure out whether you are overweight is to calculate your **Body Mass Index (BMI)**. Your BMI is related to your total body fat and is relatively unaffected by height.

The normal range is a BMI of 19.0 to 25.0 kg/m². If your BMI is greater than 26.0, you are overweight.

You can use the chart below to figure out your BMI. Just find your height in the left-hand column and read across that row. If your weight is above the number in the column corresponding to a BMI of 25, you would probably benefit from losing weight.

Body Mass Index Chart

Height	Weight (in Pounds) Corresponding to a BMI of:		
	25*	27**	30**
5' 0"	127	138	153
5' 1"	132	143	158
5' 2"	136	147	164
5' 3"	141	152	169
5' 4"	145	157	174
5' 5"	150	162	180
5' 6"	154	167	185
5' 7"	159	172	191
5' 8"	164	177	197
5' 9"	169	182	203
5' 10"	174	188	209
5' 11"	179	193	215
6' 0"	184	199	221
6' 1"	189	204	227
6' 2"	194	210	233
6' 3"	199	215	239
6' 4"	205	221	246
6' 5"	210	227	252
6' 6"	216	233	259

*BMIs 19-25 can be considered optimal

**Men or women with BMIs over 27 with weight-sensitive medical problems (such as hypertension, hyperlipidemia, diabetes, sleep apnea, osteoarthritis of the hips or knees, or coronary artery disease), or with BMIs over 30 without any of these problems, can be considered to be "clinically significantly" overweight.

Your primary care clinician can help you identify sensible goals. Ask your clinician to help design a weight-loss program for you.

If you smoke, now is the time to quit!

There are many reasons to quit smoking, but if you have high blood pressure, it is very important to quit now. Both smoking and high blood pressure raise your risk of heart disease and stroke. If you have high blood pressure and you also smoke, your risk of these diseases can be more than doubled. When you smoke a cigarette, your blood pressure goes up. Your blood pressure medicine won't work as well if you continue to smoke.

Quitting smoking is a challenge. Talk with your primary care clinician about ways to help you quit. The MGH Quit Smoking program offers low-cost, high-quality counseling programs and nicotine replacement therapy. Ask your doctor about it or contact the Quit Smoking program yourself at 617/726-7443.

How much alcohol is too much?

Drinking too much alcohol can raise your blood pressure and can interfere with the way your blood pressure medicine works. If you have high blood pressure and you are a woman, you should not drink more than one alcoholic drink a day. If you are a man with high blood pressure, you should not drink more than two alcoholic drinks a day. One alcoholic drink means: a 1 ½ oz shot of hard liquor, a 5 oz glass of wine or a 12 oz bottle of beer. Talk to your primary care clinician if you are worried about your drinking.

What does "regular" exercise mean?

Regular exercise is important for two reasons. First, exercise alone can lower your blood pressure. Second, exercise can help you to lose weight, which also lowers your blood pressure. Ideally, regular exercise means moderate to vigorous aerobic physical activity performed for 30-45 minutes 3-5 days a week. Examples of aerobic exercise include running, biking, swimming, and vigorous walking.

Depending on your age and physical health, strenuous exercise may be too difficult or may not be practical for you. In that case, less intense but regular physical activity can help. Try walking to work, taking the stairs, raking leaves, or mowing the lawn with a hand mower. These are activities you can fit into your day. To get a benefit from these activities, try to put together at least 30-45 minutes of moderate physical activity (not necessarily all at one time) on most, preferably all, days of the week.

Before starting any exercise program, you should talk with your clinician to make sure that it's right for you.

I never use table salt- do I need to reduce the salt in my diet?

For many people, cutting down on salt can help lower blood pressure. Very little of the salt in your diet comes from the salt you add to food at the table. A lot of prepared foods are loaded with sodium (salt), however. Doctors recommend that people with high blood pressure lower their sodium (salt) intake to less than 2.4 grams a day.

At the very least, don't add salt at the table. Read the nutrition labels on the prepared foods you buy. You may be surprised at what you see. For instance, one can of cream of mushroom soup contains about 2.2 grams of sodium - an entire day's worth of sodium!

When you read nutrition labels, also keep in mind that the amount of sodium shown is the amount in *one serving*, which is often less than you actually eat. So, you need to multiply the number of servings you plan to eat by the amount of sodium listed on the label.

If you have more questions about reading food labels or how much salt you should be eating, please talk with your clinician.

What do potassium, calcium, and magnesium have to do with high blood pressure?

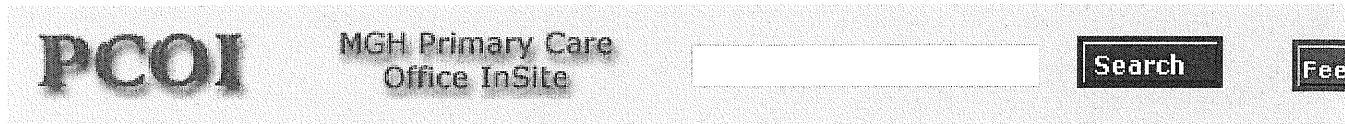
Some research has shown that people with diets low in potassium, calcium, and magnesium are more likely to have high blood pressure, but it has not been proven that getting more of these minerals actually lowers a person's blood pressure. Potassium and magnesium are found in fruits and vegetables, cereals, and meats. Most people with a well-balanced diet get plenty of potassium and magnesium. However, some blood pressure medicines, called diuretics, can lower your potassium level. If you take

diuretics your doctor may want you to take potassium supplements.

We don't know for sure whether these minerals help lower your blood pressure. However, a diet rich in fruits and vegetables can reduce your risk of other diseases, such as heart disease and cancer, and it is especially important for post-menopausal women to eat enough calcium to help keep their bones strong.

*This document is intended to provide health related information so that you may be better informed.
It is not a substitute for your doctor's medical advice and should not be relied upon for treatment for specific
medical conditions.*

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Primary Care Operations Improvement Site prepared by the MGH Laboratory of Computer Science



Monitoring Your Own Blood Pressure

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What is high blood pressure?

Blood pressure is the force of blood against the walls of arteries. Blood pressure rises and falls throughout the day. When blood pressure stays up over time, it's called hypertension or high blood pressure. High blood pressure is a major risk factor for heart attacks and strokes.

Why is it important to monitor my blood pressure?

Since blood pressure varies from minute to minute and day to day in the same person, it's often helpful to get many measurements over time to make sure your blood pressure is under control. Measurements in your doctor or nurse practitioner's office are important, but sometimes give only part of the picture about how well your blood pressure is being controlled.

Another reason to check your own blood pressure is that some people tend to run a higher blood pressure in the doctor's office than they do at work or at home...even if they don't feel nervous at the office.

Sometimes, you can get someone else to check your blood pressure at home or at work. Do you have a medically trained person in your family? Does your local pharmacy do blood pressure checks? Is there a nurse at work? If not, most people can learn to check their own blood pressure, with the right equipment and a little practice.

What kind of blood pressure monitor should I buy?

There are two types of blood pressure monitor: mechanical and electronic. Mechanical monitors, which are the ones used in your doctor or nurse's office, are inexpensive (\$20 to \$50) but take a little more coordination to use, and require good hearing. They have four parts: an arm cuff, a squeeze bulb for blowing up the cuff, a stethoscope, and a mechanical gauge to read the blood pressure.

The other type of blood pressure monitor is an electronic monitor. Electronic monitors are more expensive (\$40 to more than \$100), but easier to use. Most of these cuffs are self-inflating... you just wrap the cuff around your arm, and the machine does the rest. You also don't need to listen to a stethoscope. The systolic and diastolic blood pressures are read by the machine, and reported to you on a small digital screen.

Whether you use a mechanical or an electronic monitor, it is very important to use a cuff that fits your arm. People with upper arms that measure more than 12" around should use a large cuff. You can find large cuffs at most stores that sell blood pressure monitors. You can also buy blood pressure monitoring equipment at a good price on the internet at <http://www.healthchecksyste.ms.com/bloodpressure.htm>.

What are the best brands of blood pressure monitor?

The magazine Consumer Reports reviewed blood pressure cuffs in its September, 2008 issue. They rated the ReliOn HEM-74CREL (\$50) as a "Best Buy" and gave its top rating to the Omron Elite 7300W (\$75 to \$100). Other top choices were the CVS By Microlife Advanced Automatic kit #344534 (\$100) and the Omron HEM-711A (\$90).

How do I measure my blood pressure?

For a video with tips on how to measure your blood pressure at home, watch the video at this link:

http://www.health.harvard.edu/newsletters/Harvard_Heart_Letter/2008/September/Measuring_blood_pressure

No matter how you decide to measure your own blood pressure, you should sit quietly for a few minutes first. Don't measure your blood pressure right after drinking coffee or tea or after smoking. (Of course, if you have high blood pressure, you shouldn't be smoking at all!) Check your blood pressure on a bare arm with the cuff supported at about the level of your heart. If you decide to do a second blood pressure measurement, wait three to five minutes after the first one. Some people like to keep a log of their readings with the date and time of each measurement.

To use the mechanical monitor, you wrap the cuff around your arm (the instructions will tell you exactly how and where with your model) and inflate the cuff with the squeeze bulb. That stops the flow of blood to the hand (which isn't dangerous for a short time). Then, you open a valve to let the air slowly out of the cuff, while listening with the stethoscope. When you first hear a tapping sound, check the pressure on the gauge... that's the "top" number, the SYSTOLIC blood pressure. Then, when the tapping sound stops, check the gauge again...that's the "bottom" number, the DIASTOLIC blood pressure. Write down the numbers! Blood pressure is usually written like this: 120/80. That means the systolic blood pressure was 120, and the diastolic blood pressure was 80.

Using the electronic monitor is very simple. All you need to do is wrap the cuff around your arm and the machine will do the rest of the work. Remember to write down the numbers for your record.

How often should I check my blood pressure?

Ask your doctor or nurse. In general, if your treatment hasn't been changed and your blood pressure has been well controlled, a check once or twice a month is fine. If your treatment is changing or your blood pressure tends to bounce around, you may need to check it a few times a week.

What is a good blood pressure to have?

Your doctor or nurse practitioner can tell you what your blood pressure goal should be. For most people with high blood pressure, a goal of 130-139/85 is reasonable. Blood pressure varies quite a bit, so most people will have a high reading from time to time. A high reading once in a while is nothing to worry about. However, if your blood pressure is consistently over 149 systolic or 99 diastolic and you don't have a visit coming up, you should call your doctor's office.

Finally, it's a good idea to bring your blood pressure monitor with you about once a year when you see your doctor or nurse practitioner. He or she can check your technique and compare your reading with the one on the wall monitor in the office. It's especially important to bring your monitor in for a check if you drop it...sometimes a blow can throw off the readings. Ask your doctor or nurse practitioner if you have more questions about monitoring your own blood pressure!

This document is intended to provide health related information so that you may be better informed.

What you can do to keep your heart failure under control

If you have heart failure, it is very important to carefully follow the recommendations below. Your doctors and nurses are there to help you, but what you do to help yourself makes a big difference in your condition. Managing heart failure is a team effort, and you are the key player.

What is heart failure?

Heart failure means the heart's pumping power is weaker than normal. It does not mean your heart has stopped working.

With heart failure, blood moves through the heart and body at a slower rate than normal, and pressure in the heart increases. As a result, the heart cannot pump enough oxygen and nutrients to meet the body's needs. The chambers inside the heart respond by stretching to hold more blood to pump through the body. This helps keep the blood moving for a short while. But then the heart muscle walls weaken and are not able to pump as strongly. A number of conditions can cause heart failure, including heart attack and coronary artery disease (a buildup of fat and plaque on the inside of the arteries that supply the heart with blood and oxygen).

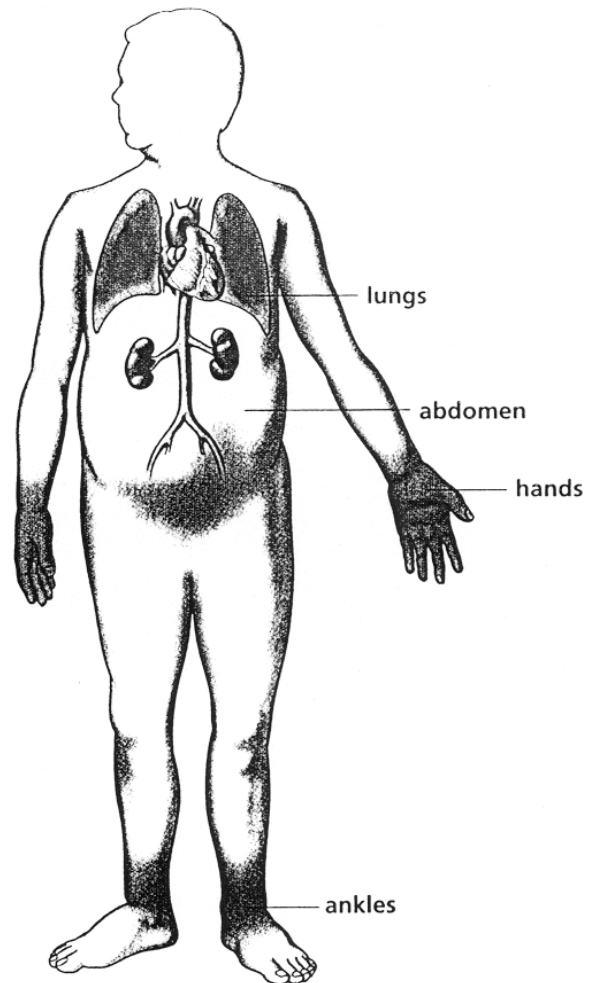
To help your heart pump as well as possible in its weakened condition, you must follow these recommendations, all the time:

Take your medications

Take your medications as directed, every day. If you feel you are having side effects from one of your medications, do not stop taking it – call your doctor!

Heart failure – Areas where fluid can collect

Your goal is to prevent this fluid retention so that your heart does not need to work so hard. Do this by eating less salt, taking your medications, eating a heart-healthy diet, and weighing yourself every day.



Most likely you will need to take more than one medication. Each has a purpose. For example:

- ◆ *ACE inhibitors* such as Capoten (captopril), Vasotec (enalapril) and others, and beta-blockers, such as Coreg (carvedilol), Toprol (metoprolol), and others that were originally developed to control high blood pressure, can also keep heart failure from getting worse for some patients, even those without high blood pressure.
- ◆ *Digoxin*, such as Lanoxin, strengthens and slows the heartbeat.
- ◆ *Diuretics*, such as Lasix (furosemide) and others, help the kidneys get rid of salt and water.
- ◆ *Vasodilators*, such as Imdur (isosorbide) and others, improve circulation by relaxing the blood vessels.

Eat less salt

In heart failure, your kidneys may not get rid of enough salt and water because your heart cannot pump enough blood through them. Eventually, water can start to accumulate in your lungs, hands, abdomen, and ankles, as shown in the drawing. To avoid this, pay attention to the amount of salt (sodium) in the foods and drinks you consume. Most likely, you will need to limit your sodium intake to 2000 mg per day by following a salt-restricted diet.

Drink less fluid if your doctor recommends

Some heart failure patients need to drink less fluid to prevent excess fluid accumulation. If you have met your fluid intake for the day but feel thirsty, you can nibble on frozen grapes or strawberries, suck on ice chips (not cubes), hard candy, or sugarless gum, or cover your lips with petroleum jelly or other lip moisturizers.

Weigh yourself every day

Increasing weight can be an early sign that you are retaining water. Ask your doctor what your “dry” or “ideal” weight is and maintain your weight within 2 or 3 pounds of your ideal weight. Most people can gain 10 or more pounds before they begin retaining fluid in their ankles, feet, or

abdomen. Your heart must work harder to pump this extra fluid throughout the blood vessels in your body.

During each weigh-in, use the same scale and wear similar clothing (for example, don’t wear a heavy sweater and pants one day and lightweight pajamas the next day). Also, weigh yourself at the same time each day.

Follow a heart-healthy lifestyle

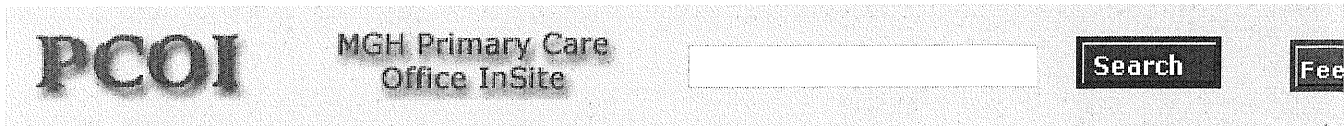
The following lifestyle changes are especially important if you have heart failure that was caused by a heart attack.

- If you smoke or chew tobacco, stop.
- If you are overweight, limit your total daily calories to lose weight (if recommended by your doctor).
- Limit your intake of foods that contain sugar, saturated fats, and cholesterol.
- Avoid or reduce alcohol intake.
- Increase your physical activity (as recommended by your doctor).
- If you have diabetes or another chronic health problem, do your best to keep it under control.
- Keep all doctor appointments.

Call your doctor promptly when problems occur

Do not wait for symptoms to become so severe that you need to seek emergency treatment. Call your doctor if you have:

- An unexplained weight gain of 2 pounds in one day or 5 pounds in one week.
- Swelling in your ankles, feet, legs, or abdomen that has worsened.
- Shortness of breath that has worsened.
- Extreme fatigue or decreased ability to complete daily activities.
- A fast heart rate (more than 120 beats per minute)
- Chest pain or discomfort during activity that is relieved with rest.
- Difficulty breathing during regular activities or rest.
- Constant dizziness or light-headedness
- A respiratory infection or cough that has worsened.



The TLC Diet to Prevent and Treat Heart Disease

Because you already have heart disease or are at high risk for developing it, your doctor has recommended the Therapeutic Life Style Changes (TLC) diet for you. This is a healthy and enjoyable way to eat that will help lower your blood cholesterol level. When you lower your blood cholesterol, you greatly reduce your risk of developing heart disease.

TLC Diet Overview:

- Less than 7% of the day's total calories should come from saturated fat.
- Limit total fat calories to no more than 25%-35% of the day's calories.
- Limit dietary cholesterol to no more than 200 milligrams a day.
- Limit sodium intake to 2400 milligrams a day.
- Consume just enough calories to achieve or maintain a healthy weight. If you are not sure, ask your doctor or nurse to help you decide upon a reasonable calorie level for you.

Use this table to estimate how many calories in your daily diet can come from fat.

Total Calories	Total Fat Calories	Saturated Fat Calories
1500 calorie diet	375 to 525	105 or less
2000 calorie diet	500 to 700	140 or less

If your cholesterol is not lowered enough on the TLC diet, your doctor may recommend a stricter version of the diet and/or prescribe cholesterol-lowering medicines along with the TLC diet. It's also important to stay active. Regular aerobic exercise such as walking or jogging helps to lower your cholesterol level.

Here is a guide to simple changes you can make to get going on the TLC diet. It is organized by food groups. You can make these changes gradually. Step by step, you will be on your way to a heart-healthy diet.

Meat, Poultry, Fish, Dry Beans, Eggs and Nuts

Choose only the leanest meats, poultry, fish and shellfish.

- Choose chicken and turkey without skin or remove skin before eating.
- Focus on fish. Some fish, like cod, have less saturated fat than chicken or meat.
- Since even the leanest meat, chicken, fish and shellfish have saturated fat and cholesterol, try to limit the total amount you eat to 5 ounces or less per day.
- Shellfish have little saturated fat and total fat, but vary in cholesterol content. Shrimp, for example, is high in cholesterol. But even shrimp can be enjoyed occasionally on the TLC diet provided you eat less than 200 milligrams (mg) of cholesterol a day. Three ounces of steamed shrimp has 167 mg cholesterol.

Meat substitutes

Dry beans and tofu are great meat substitutes that are low in saturated fat and cholesterol. Dry beans also have a lot of fiber, which can help lower cholesterol. Try adding ½ cup of beans to pasta, soups, casseroles, and vegetable dishes. Tofu takes on the flavor of marinades well. Try marinating tofu in a nonfat salad dressing or a tangy sauce and grilling or baking. Serve with vegetables and brown rice.

Eggs

Egg yolks are high in dietary cholesterol – each contains about 213 mg. So, it's a good idea to limit egg yolks to no more than 2 yolks per week. This includes the egg yolks in baked goods and processed foods.

Egg whites have no cholesterol. You can substitute them for whole eggs in recipes – two egg whites are equal to one whole egg. If a recipe calls for two eggs, try using one whole egg and two egg whites. You can also use cholesterol-free egg substitute. In most baked goods, you can't tell the difference.

Milk, yogurt and cheese group

Like high fat meats, regular dairy foods – such as whole and 2% milk, cheese, and ice cream – are high in saturated fat and cholesterol. However, dairy foods are a good source of calcium and other vitamins and minerals. You can still enjoy dairy foods – 2 to 3 servings a day – if you switch to low fat or nonfat versions. Your taste buds will adjust if you change over gradually. If you drink whole milk now, switch to 2% first. Then, after a few weeks, start drinking 1% and finally fat-free. After a few months on this diet, whole milk will taste too rich to you.

Fats and Oils

You can help lower your cholesterol level when you replace saturated fats with unsaturated fats. Remember to also limit the **total** amount of fats or oils in your diet to keep calories in check.

When buying fats and oils, remember to:

- Choose liquid vegetable oils that are high in unsaturated fats – like canola, corn, peanut, safflower, sesame, soybean and sunflower oils.
- Buy margarine made with unsaturated liquid vegetable oils as the first ingredient. Choose soft tub or liquid margarine or vegetable oil spreads.
- Limit butter, lard, fatback, and solid shortenings. They are high in saturated fat and cholesterol.
- Buy light or nonfat mayonnaise and salad dressing instead of the regular kind that are high in fat.

A word about margarine

You may have heard that margarine has a type of unsaturated fat called 'trans' fat.

'Trans' fats raise blood cholesterol more than other unsaturated fats. It's a good idea to avoid them. 'Trans' fats are formed when vegetable oil is hardened to become margarine or shortening, a process called hydrogenation. The harder the margarine or shortening, the more likely it is to contain 'trans' fat. Margarines that are free of 'trans' fats are now available. Read the ingredient label to choose margarine that is 'trans' fat free or contains liquid vegetable oil as the first ingredient rather than hydrogenated or partially hydrogenated oil. Soft tub and liquid margarines are usually the best choices.

Fruits and Vegetables

You should be eating at least 3 to 5 servings of fruits and vegetables each day. Fruits and vegetables are very low in saturated fat and total fat, and have no cholesterol. A diet rich in fruits and vegetables can help reduce your cholesterol level and fruits and vegetables contribute to good health in a variety of other ways.

To eat more fruits and vegetables, remember to:

- Add lots of vegetables to meat stews or casseroles.
- Make more vegetarian (meatless) main dishes.
- Wash and cut up raw vegetables (carrots, broccoli, cauliflower, lettuce, etc.) and store in the refrigerator for quick and easy use in cooking or snacking.
- Serve fresh fruit for dessert. Try freezing bananas, berries, melons, or grapes for a delicious frozen treat.
- Keep a bowl of fresh fruit on the kitchen table to make it easy to grab as a snack.
- To keep naturally low fat vegetables low in fat and saturated fat, season with herbs, spices, lemon juice, flavored vinegars, fat free or low fat mayonnaise or salad dressing.

Breads, Cereals, Rice, Pasta and Other Grains

Foods made from grains are generally high in starch and fiber and low in saturated fat. They generally have no dietary cholesterol, except for some bakery breads and sweet breads made with high-fat, high-cholesterol milk, butter and eggs. Bread, rice and pasta are high in carbohydrates, however. If you have high triglycerides and/or low HDL (or if you are watching your weight), you should watch your carbohydrate intake. Dark, chewy, whole-grain breads, brown rice and whole-wheat pasta are usually lower in carbohydrates.

When buying foods from this group, remember to:

- Choose whole-grain breads and rolls.
- Look for breads and cereals with high fiber.
- Buy dry cereals; most are low in fat. Limit high-fat granola or muesli made with coconut or coconut oil and nuts.
- Add fat free or 1% milk to cereal.
- Limit sweet baked goods made with lots of saturated fat, mostly from butter eggs and whole milk. You can make your own delicious muffins, biscuits and rolls, using low-fat ingredients.

For some good low-fat recipes, try one or more of these books:

- Sugar-Busters! Cut Sugar to Trim Fat, by H. Leighton Stewart. Ballantine Books, 1998.
- American Heart Association Low-Fat, Low-Cholesterol Cookbook: Heart-Healthy, Easy to Make Recipes that Taste , by American Heart Association. Times Books, 1997.
- The Complete Cooking Light Cookbook, by Cathy A. Wesler. Oxmoor House, 2000.
- The Mediterranean Diet Cookbook: A Delicious Alternative for Lifelong Health, by Nancy Harmon Jenkins. Bantam Doubleday Dell, 1994.

Heart Healthy Food Choices

	↑+ Choose:	↓- Decrease:
Fish, Chicken, Turkey, and Lean Meats	Fish, poultry without skin, lean cuts of beef, lamb, pork or veal, shellfish	Fatty cuts of beef, lamb, pork; spare ribs, organ meats, regular cold cuts, sausage, hot dogs, bacon, sardines, roe
Skim and Low-Fat Milk, Cheese, Yogurt, and Dairy Substitutes	Skim or 1% fat milk (liquid, powdered, evaporated) Buttermilk	Whole milk (4% fat): regular, evaporated, condensed; cream, half and half, 2% milk, imitation milk products, most nondairy creamers, whipped toppings
	Nonfat (0% fat) or low-fat yogurt	Whole-milk yogurt
	Low-fat cottage cheese (1% or 2% fat)	Whole-milk cottage cheese (4% fat)
	Low-fat cheeses, farmer, or pot cheeses (all of these should be labeled no more than 2-6 g fat/ounce)	All natural cheeses (e.g. blue, roquefort, camembert, cheddar, swiss)
	Nonfat cream cheese, nonfat sour cream	Cream cheeses, sour cream, low-fat or "light" cream cheese, low-fat or "light" sour cream
	Sherbet Sorbet	Ice cream
Eggs	Egg Whites (2 whites=1 whole egg in recipes), cholesterol-free egg substitutes	Egg yolks
Fruits and Vegetables	Fresh, frozen, canned, or dried fruits and vegetables	Vegetables prepared in butter, cream, or other sauces
Breads and Cereals	Homemade baked goods using unsaturated oils sparingly, angel food cake, low-fat crackers, low-fat cookies Rice, pasta	Commercial baked goods: pies, cakes, doughnuts, croissants, pastries, muffins, biscuits, high-fat crackers, high-fat cookies Egg noodles
	Whole-grain breads and cereals (oatmeal, whole wheat, rye, bran, multigrain, etc.)	Breads in which eggs are major ingredient
Fats and Oils	Baking cocoa	Chocolate
	Unsaturated vegetable oils: corn, olive, rapeseed (canola oil), safflower, sesame, soybean, sunflower	Butter, coconut oil, palm oil, palm kernel oil, lard, bacon fat
	Margarine or shortening made from one of the saturated oils listed above	
	Diet margarine	
	Mayonnaise, salad dressings made with unsaturated oils listed above	Dressings made with egg yolk
	Low-fat dressings	
	Seeds and nuts	Coconut

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Primary Care Operations Improvement Site prepared by the MGH Laboratory of Computer Science

UNDERSTANDING YOUR LIPID PROFILE

You recently had a measurement of your blood lipids (fats). You may have had either a total cholesterol with an HDL cholesterol level (which can be done on a non-fasting sample), or a full lipid profile, including a triglyceride level and an LDL cholesterol level (which should be done fasting). In general, cholesterol and HDL tests are used for screening people without coronary heart disease or other risk factors for heart disease (such as high blood pressure or diabetes). Full lipid profiles are generally done for people who have abnormal total cholesterol and HDL results, or who have known coronary heart disease or heart disease risk factors. This information will help you understand your test results.

TOTAL CHOLESTEROL: Elevated blood cholesterol is one of the major risk factors for coronary heart disease. Lowering blood cholesterol can reduce a person's risk of having a heart attack. A total cholesterol level below 200 mg/dl predicts a lower risk for coronary heart disease.

HIGH DENSITY LIPOPROTEIN (HDL): Lipid in the blood is attached to proteins called lipoproteins. HDL is referred to as "good cholesterol" because it carries cholesterol away from tissues (like coronary arteries), helping to keep arteries "clean" of cholesterol build up. High levels of HDL provide protection against coronary artery disease. Good HDL levels are greater than 40.

TOTAL CHOLESTEROL TO HDL RATIO: The total cholesterol value can be divided by the HDL value to compute a ratio. A ratio of 4.5 or less is associated with a low risk for coronary artery disease. **The ratio is more predictive of future risk than either the total cholesterol or HDL levels by themselves.**

LOW DENSITY LIPOPROTEIN (LDL): LDL carries cholesterol to tissues, where it can become deposited in blood vessel walls leading to blockages in arteries. LDL cholesterol is sometimes called the "bad" cholesterol and lower levels are better.

The best levels of LDL depend on your risk factors:

- <100 if you have known coronary heart disease or diabetes
- <130 if you have more than 2 risk factors for heart disease
- <160 if you have no more than 1 risk factor

Risk factors are age (men) ≥ 45 and (women) ≥ 55 , smoking, hypertension, low HDL <40 , family history of premature coronary heart disease (in male 1° relative < 55 or female 1° relative < 65).

TRIGLYCERIDES: Triglycerides are a form of fat and sugar, which are transported in the blood to tissues. Triglycerides greater than 200 mg/dl can be associated with an increased risk for coronary artery disease. Triglyceride levels are less important than cholesterol levels for predicting future risk. People with high triglycerides also tend to have a low HDL.

HOW TO IMPROVE YOUR LIPID PROFILE

1. **QUIT SMOKING** Cigarette, cigar, and pipe smoking lower HDL levels.
2. **FOLLOW A LOW CHOLESTEROL, LOW SATURATED FAT, HIGH FIBER DIET**
(Fat consumed should be polyunsaturated or monounsaturated) Information on a low cholesterol and saturated fat diet is on the back of this sheet.
3. **ACHIEVE AND MAINTAIN IDEAL BODY WEIGHT**
4. **EXERCISE** Regular aerobic exercise (e.g. walking, jogging, biking, rowing) increases HDL levels.
5. **IF LIPID LOWERING MEDICATION IS PRESCRIBED, TAKE IT AS DIRECTED TO ASSURE MAXIMUM BENEFIT.**

RECOMMENDED DIET MODIFICATIONS TO LOWER BLOOD CHOLESTEROL THE STEP-ONE DIET

	CHOOSE	DECREASE or AVOID
Meats	Fish, poultry without skin, lean cuts of beef, lamb, pork or veal, shellfish	Fatty cuts of beef, lamb, pork; spare ribs, organ meats, regular cold cuts, sausage, hot dogs, bacon, sardines, roe
Skim and Low-Fat Milk, Cheese, Yogurt, and Dairy Substitutes	<p>Skim or 1% fat milk (liquid, powdered, evaporated) Buttermilk</p> <p>Nonfat (0%) or low-fat yogurt</p> <p>Low-fat cottage cheese (1% or 2% fat)</p> <p>Low-fat cheese, farmer, or pot cheeses (all of these should be labeled no more than 2-6 g fat/ounce)</p> <p>Low-fat or “Light” cream cheese, low-fat or “Light” sour cream</p> <p>Sherbet, Sorbet</p>	<p>Whole milk (4% fat): regular, evaporated, condensed; cream, half and half, 2% milk, imitation milk products, most nondairy creamers, whipped toppings</p> <p>Whole-milk yogurt</p> <p>Whole-milk cottage cheese (4% fat)</p> <p>All natural cheese (e.g. blue, Roquefort, Camembert, cheddar, Swiss)</p> <p>Cream cheeses, sour cream</p> <p>Ice Cream</p>
Eggs	Egg Whites (2 whites=1 whole egg in recipes), cholesterol-free eggs substitutes	Egg yolks
Fruits and Vegetables	Fresh, frozen, canned, or dried fruits and vegetables	Vegetables prepared in butter, cream, or other sauces
Breads and Cereals	<p>Homemade baked goods using unsaturated oils sparingly, angel food cake, low-fat crackers, low-fat cookies</p> <p>Rice, pasta</p> <p>Whole-grain breads and cereals (oatmeal, whole wheat, rye, bran, multigrain, etc.)</p>	<p>Commercial baked goods: pies, cakes, doughnuts, croissants, pastries, muffins, biscuits, high-fat crackers, high-fat cookies</p> <p>Egg noodles</p> <p>Breads in which eggs are major ingredient</p>
Fats and Oils	<p>Unsaturated vegetable oils: corn, olive, rapeseed (canola oil), safflower, sesame, soybean, sunflower</p> <p>Diet margarine</p> <p>Mayonnaise, salad dressings made with unsaturated oils listed above</p> <p>Low-fat dressings</p> <p>Seeds and nuts</p>	<p>Butter, coconut oil, palm oil, palm kernel oil, lard, bacon fat</p> <p>Margarine or shortening made from one of the saturated oils listed above</p> <p>Dressings made with egg yolk</p> <p>Coconut</p> <p>Cashew, macadamia nuts</p>
Miscellaneous	Baking cocoa	Chocolate

Neurology

Brigham and Womens Hospital

Migraine Headache

What are migraine headaches?

Almost everyone has a headache from time to time. Migraine is a particular kind of headache; 28 million Americans have migraine headaches each year. Women are three times more likely to have migraine headaches than men are. Migraine often runs in families.

Migraine headaches affect people differently and come at different times. They often interfere with people's activities, forcing them to stop what they are doing and lie down in a quiet, darkened room. Some people may only get migraine headaches two or three times a year; others have them twice a week or even more often. Most people with migraine begin to have these headaches as young adults, but migraines can also affect children. Migraine headaches are most likely to affect women between the ages of 25 and 50.

People who get migraine headaches have some or all of these symptoms:

- Throbbing pain on one side of the head. The pain often lasts a long time, from hours to days.
- Nausea (with or without vomiting).
- Fatigue.
- Sensitivity to light and sound.
- Visual changes or other cues (auras) that happen about 15 minutes before the head pain begins. Some people see flashing lights or bright spots. Some experience a loss of vision, numbness, or tingling in the head, tongue, or one side of the face.

What causes migraine?

No one really knows the exact cause, but research shows that migraine is a genetic (inherited) condition. Some experts believe that migraine is caused by blood flow changes in the brain where the blood vessels dilate and become inflamed. For somebody prone to migraines, triggers such as certain foods, lack of sleep or menses can cause a headache episode.

How does the doctor make a diagnosis?

The doctor will ask you questions about the history of your symptoms, general health, family health, and you will have a physical exam. Sometimes, headaches happen because of other medical problems. Very occasionally, your doctor may want to do some medical tests to rule out these other conditions. There are no medical tests that tell you are having

a migraine headache, but a medical history is a good way to diagnose a migraine headache.

What is the treatment for migraine headaches?

The treatment your doctor recommends for you will depend on how severe your headaches are, how often you have them and the triggers that usually start or worsen your headaches. People often find that certain things they do, foods they eat or other factors can bring on a migraine. These things are called "triggers". They can be related to:

- **Food** (alcohol; caffeine; foods containing a chemical called tyramine such as aged cheeses, sour cream, and yogurt; chocolate; dairy foods; and food containing additives such as nitrates, MSG, or aspartame)
- **Lifestyle** (lack of sleep, fatigue, eating habits, stress, anxiety, even the quiet time after a stressful event)
- **Environment** (change in weather, high altitudes, bright or fluorescent lights or sunlight, loud noises, strong odor)
- **Hormone level** in women

One way to prevent migraines is to avoid the triggers that start them. That is relatively easy with some triggers, such as red wine, cheese or chocolate. However, your migraine triggers may be more difficult – or impossible – to avoid, things like changes in the weather, flickering lights or loud noises, or your menstrual period, if you are a woman.

You have an important role to play in your own treatment

You may find it helpful to keep a headache diary, in which you write down what you were doing when a headache started, how long the headache lasted and what, if anything, helped it to go away. This can help you identify triggers and prevent future headaches.

Learning a stress management technique, such as meditation or yoga, often helps prevent or reduce the severity of migraine headaches. Regular exercise is also beneficial. When you are having a migraine, it can help to place ice or a cold cloth over the area of pain. Gently massaging the area can also make it feel better.

Many different medicines, both over-the-counter and prescription, are used to treat migraine headaches. Sometimes medicines are used only when you have a headache. But if your headaches are frequent and severe, your doctor may recommend prophylactic (defensive) treatment.

Abortive treatment (treatment of a headache once it begins)

Treating a headache as soon as it starts is very important. With migraines, you may even be able to start treatment before the headache begins if you recognize signs that a headache is coming on (sensations that are known as an aura). It is also important to use medicine sparingly, but at an adequate dose. People who take medicine too often may

find that their headaches come back more often and may even be more intense. This is called 'rebound' headache.

For mild migraine headaches that do not significantly change your daily routine, higher doses of over-the-counter medicine are the first line of defense. You can choose from over-the-counter pain medicines such as aspirin, acetaminophen (Tylenol), nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Motrin, Advil) and naproxen (Naprosyn, Aleve).

Many over-the-counter pain medicines contain caffeine which can boost their anti-migraine effect for some people. People with stomach problems, kidney disease and bleeding conditions should not use aspirin or NSAIDs. Ask your doctor if you are not sure what medicine is right for you.

If over-the-counter pain relievers do not work for you, your doctor may suggest a prescription medicine that is geared especially toward migraines. Some prescription treatments commonly used for migraines are a group of medicines called triptans, medicines that act on serotonin, a chemical that may be involved in setting off migraine attacks. Some people take medicines to treat other symptoms besides the head pain, such as nausea or vomiting.

Prophylactic (defensive) Treatment

If your headaches are frequent and severe, you may be prescribed a drug to ward off migraines (prophylactic medicine). These drugs act over time to stop blood vessel swelling and decrease the frequency and intensity of migraines. They include: Beta blockers, antidepressants, methysergide, anticonvulsants, MAO inhibitors and calcium channel blockers. (Be sure that your doctor knows about any other drugs you are taking because some of these drugs can cause harmful interactions.)

When should I call the doctor?

Seek medical care quickly for a headache that comes on rapidly, is unusually severe, or is far different from other headaches that you have had. Call your doctor if you experience any of the following symptoms.

- Headaches that waken you from a sound sleep,
- are worse when lying down,
- worsen over time,
- come with fever or stiff neck,
- follow a head injury,
- come with disturbed speech, numbness, weakness, blackouts or difficulty remembering things.

Where can I find out more about migraine?

- The National Institute of Health has extensive health education materials at its web site. To find information about migraine, go to <http://www.nlm.nih.gov/medlineplus/migraine.html>
- The Benson-Henry Center for Mind Body Medicine at Massachusetts General Hospital has ongoing ‘medical symptom reduction’ programs to help patients with stress-related health problems learn relaxation techniques. For more information, visit the center’s website at <http://www.massgeneral.org/bhi/> or call 617-732-9775.

This document is intended to provide health related information so that you may be better informed.

It is not a substitute for your doctor's medical advice and should not be relied upon for treatment for specific medical conditions.

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Brigham and Womens Hospital

Tension Headaches

What are tension headaches?

Almost everyone has a headache from time to time. Tension headaches are by far the most common kind. People generally describe tension headaches as causing a dull pain in the forehead or at the sides and back of the head. Many people describe a tight feeling, as if a too-small hatband is squeezing the head. Some people also notice tenderness around the head, neck and shoulders. Tension headaches come on gradually and can last for as little as 30 minutes or as long as several hours or even days. The pain is usually mild to moderate. However, tension headaches can lead to other problems such as insomnia, fatigue, irritability, loss of appetite and difficulty concentrating.

What causes tension headache?

The exact cause of tension headache is unknown. In the past, doctors thought that tension headaches were connected to muscle contractions in the face, neck and scalp. They believed that these contractions were caused by tension or stress, thus the name 'tension headache.' Although stress and lack of sleep are the most frequent triggers of tension headaches, doctors now believe that this kind of headache actually develops from changes in certain brain chemicals such as serotonin and endorphins.

Migraine may trigger tension headaches in people who have both kinds of headaches. Because women are somewhat more likely than men to develop tension headaches, some doctors suspect that there could also be a link with fluctuating estrogen levels. The formal medical name for tension headache is now tension-type headache to show that the connection between tension and these headaches is no longer considered direct.

What can I expect my doctor or nurse to do?

Your doctor or nurse will ask questions about your general health and your family's health history. Sometimes headaches happen because of other medical problems and your doctor will want to rule out that possibility. You may have a physical exam.

You will also be asked questions about your symptoms – how often you have headaches and what the pain is like. There are three types of tension headaches based on how frequently they occur:

- Infrequent episodic tension headaches occur one day a month or less and the pain is usually mild.

- Frequent episodic tension headaches occur at least once but no more than 14 days a month and the pain can be mild to moderate.
- Chronic tension headaches occur 15 days or more each month and have been recurring for at least 6 months. The pain may be mild to severe.

There are no medical tests to tell you are having tension headaches. The doctor will rely on the physical exam and your description of your symptoms for a diagnosis.

What is the treatment for tension headaches?

The treatment your doctor recommends for you will depend on how severe your headaches are and how often you have them. In most cases, over-the-counter (OTC) medicines are the first thing the doctor suggests. You may find fast, effective relief by taking OTC pain relievers such as aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Motrin, Advil), acetaminophen (Tylenol) and naproxen (Naprosyn, Aleve). In some cases, people find more relief with combination medicines such as aspirin or acetaminophen combined with caffeine. People with stomach problems, kidney disease and bleeding conditions should not use aspirin or NSAIDs.

People with severe chronic tension headaches may require stronger painkillers or preventive medicines to reduce the frequency and severity of headache pain. These include prescription medicines such as isometheptene combinations (Midrin, Duradrin) or butalbital combinations (Fiorinal, Fioricet). In a few cases, the doctor may recommend a group of medicines called triptans, medicines that act on serotonin, one of the chemicals that may be involved in triggering tension headaches.

Doctors sometimes prescribe antidepressants to prevent tension headache, especially the chronic form. These medicines are not painkillers and the doctor is not prescribing them because you are depressed. Instead, certain antidepressants work on headache by stabilizing the levels of brain chemicals such as serotonin, which may be involved in the development of your headaches.

It is important to know that frequent use of some prescription pain relievers could lead to dependency. Using any pain reliever too often may cause a 'rebound effect' in which the medicine interferes with the body's natural painkilling mechanism, causing the pain to return, even stronger than before, once the medicine wears off. Also, some painkillers, prescription and OTC, can interact with other prescription or OTC medicines, so it's a good idea to check with your doctor about the benefits and risks of taking any medicine. Ask your doctor if you are not sure what medicine is right for you.

What can I do to help take care of myself?

Learning a stress management technique, such as meditation or yoga, often helps. Regular exercise is also beneficial. It's also important to get enough sleep and maintain a healthy diet. Some people find that good posture helps them avoid headaches. Try to avoid sitting, standing or working in one position for long periods of time. Alternative

therapies such as biofeedback, relaxation therapy, massage, and acupuncture may also help prevent and/or relieve tension headaches.

When should I call the doctor or nurse?

Seek medical care quickly for a headache that comes on rapidly, is unusually severe, or is far different from other headaches that you have had. Headaches that waken you from a sound sleep, are worse when lying down or worsen over time, come with fever or a stiff neck, follow a head injury, come with disturbed speech, numbness, weakness, blackouts or difficulty remembering things are not typical for a tension headache. Discuss these problems with your doctor promptly.

Where can I find out more about tension headaches?

- The National Institute of Health has extensive health education materials at its website. To find information about tension headache, go to <http://www.nlm.nih.gov/medlineplus/ency/article/000797.htm>
- The Benson-Henry Center for Mind Body Medicine at Massachusetts General Hospital has ongoing 'medical symptom reduction' programs to help patients with stress-related health problems learn relaxation techniques. For more information, visit the center's website at <http://www.massgeneral.org/bhi/> or call 617-732-9775.

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Dermatology

Acne – Questions and Answers

What is Acne?

Acne is the medical term for clogged pores (blackheads or whiteheads). In your teens and later, hormones can stimulate increased production of oil, which clogs pores. Bacteria can then grow in the pores, causing whiteheads and blackheads to form.

Is it caused by my diet, by stress, or what?

- Acne can be caused by hormonal changes. That's why it's common in teens. Also, that is why women notice that acne may come and go dependent on their cycles.
- Acne is NOT caused by the foods you eat. Following a healthy, low fat diet is a good idea for everyone, but will not clear up your acne.
- Acne can be worsened by stress
- Blackheads are from the exposure of the pimple to the air, they are not dirt, so you can't wash it away.

What can I do about it?

Acne is treated by trying to reduce inflammation and keep the oil and dirt out of pores. Pimples that are already on your face have to heal on their own. Most treatment is directed at preventing new blemishes. It can take 6 weeks to know if the treatments are working. There are many strategies and medicines to treat acne. Before starting medications, though, here are some things to help keep your face healthy

- Wash your face with a gentle soap like Dove or Lever 2000 daily or twice a day.
- Don't squeeze, pick, or pop pimples. Scars can form.
- Pull your hair away from your face during the day.
- If certain foods seem to make acne worse for you, avoid those foods.
- Avoid extreme stress and practice stress reduction
- Get exercise regularly
- Keep track of what you have tried for your acne and whether or not this has worked. This can help you and your doctor come up with an effective acne plan.

What medicines can I try?

You might start with some over the counter acne medicines. Benzoyl peroxide is very effective for many people with acne. You can use 5% or less. Higher percentages are irritating to the skin, without helping your acne more. There are other over the counter medicines, such as salicylic acid. You can try these. If you are allergic to aspirin or have severe allergies to any other medication, check first with your doctor.

What if they don't work?

Talk to your primary care doctor. He or she can prescribe some very effective acne medications that are available only by prescription. Examples of these include antibiotics and other medications for your face that are topical. If you are female, your doctor might offer you the birth control pill to help regulate your skin. If your acne is more severe, then he or she might offer you antibiotic pills to help control your acne.

When should I see a dermatologist?

If you have very severe, scarring or cystic acne, you should probably see a dermatologist sooner rather than later. Otherwise, it's reasonable to start treatment with your primary care doctor. If that treatment isn't working well, then you might consider a referral to a dermatologist.

Remember to be patient, because it takes 4-6 weeks to know if an acne treatment is working for you!

ECZEMA

Eczema is a type of dermatitis that is characterized by inflammation of the skin. It can be red, itchy, dry, flaky or blistering. Eczema develops when skin is sensitive to certain substances. It may occur all the time or “flare” up when contact with certain substances.

To treat eczema, apply a steroid cream right after bathing and again during the day as directed. (If you use a lubricant also, it can be applied after the steroid cream is rubbed in) Steroid creams include:

- 1% Hydrocortisone cream (apply twice a day), available over the counter;
- Triamcinolone acetonide, Flucinolone acetonide, or bethamethasone dipropionate (apply 2-3 times a day), by prescription only;
- Elocon cream (apply once a day) prescription only.

To prevent flare-ups of eczema, keep skin moist daily with a lubricant such as Nivea, Eucerin, Lubriderm or Aquaphor (ointment). For best results, apply the lubricant right after bathing or showering.

Also, avoid things known to trigger eczema. Such triggers include:

- Foods (margarine, egg whites, milk, aspartame and MSG). Be sure to check the ingredients if you are unsure whether the food may cause a flare up.
- Sweating. Avoid excess sweating by decreasing your activity in hot weather, drinking cold beverages, and try to stay in an air-conditioned environment whenever possible.
- Tight fitting clothes, wool fibers, harsh soaps or chemicals (such as chlorine, detergents, diesel or engine oils, and cleaners).

If you are exposed to an agent known to worsen or cause eczema, wash it off immediately with soap and tepid water.

In addition to applying steroid cream, take a 15-20 minute bath daily with a non-drying soap such as Dove, Neutrogena, Basis or Nivea. The skin should be patted dry after bathing. Avoid scratching the area and cut fingernails short. If you can't help scratching then try rubbing area with the palm of hand instead.

For relief of itching: take an oral antihistamine such as Benadryl (diphenhydramine), apply a steroid cream as listed above, or place wet/damp dressings on the area. Call your doctor if symptoms are not relieved after 7 days.

Hair Loss and Its Causes

What causes hair loss?

A number of things can cause hair loss. For example, about 3 or 4 months after an illness or a major surgery, you may suddenly lose a large amount of hair. This hair loss is related to the stress of the illness and is temporary. The stress of childbirth often causes hair loss. Sub-optimal nutritional status or diets can also cause hair loss.

Hormonal problems may cause hair loss. If your thyroid gland is overactive or underactive, your hair may fall out. This hair loss usually can be helped by treatment of the thyroid disease. Hair loss may occur if male or female hormones, known as androgens and estrogens, are out of balance. Correcting the hormone imbalance may end your hair loss.

Some medicines cause hair loss. This type of hair loss improves when you stop taking the medicine. Medicines that can cause hair loss include blood thinners (anticoagulants), medicines used for gout, medicines used in chemotherapy to treat cancer, vitamin A (if too much is taken), birth control pills and antidepressants.

Certain infections can cause hair loss. Children may have hair loss caused by a fungal infection of the scalp. The infection is easily treated with antifungal medicines.

Finally, hair loss may occur as part of an underlying disease, such as lupus or diabetes. Since hair loss may be an early sign of a disease, it is important to find the cause so that it can be treated.

Can improper care of my hair cause hair loss?

Yes. If you wear pigtails or cornrows or use tight hair rollers, the pull on your hair can cause a type of hair loss called traction alopecia. If the pulling is stopped before scarring of the scalp develops, your hair will grow back normally. However, scarring can cause permanent hair loss. Hot oil hair treatments or chemicals used in permanents may cause inflammation (swelling) of the hair follicle, which can result in scarring and hair loss.

What is common baldness?

The term “common baldness” usually means male-pattern baldness. Male-pattern baldness is the most common cause of hair loss in men. Men who have this type of hair loss usually have inherited the trait. Men who start losing their hair at an early age tend to develop more extensive baldness. In male-pattern baldness, hair loss typically results in a receding hair line and baldness on the top of the head.

Women may develop female-pattern baldness. In this form of hair loss, the hair becomes thin over the entire scalp.

Can my doctor do something to stop hair loss?

Perhaps. Your doctor will probably ask you some questions about your diet, any medicines you're taking, whether you've had a recent illness and how you take care of your hair. If you're a woman, your doctor may ask questions about your menstrual cycle, pregnancies and menopause. Your doctor may want to do a physical exam to look for other causes of hair loss. Finally, blood tests or a biopsy (taking a small sample of cells to examine under a microscope) of your scalp may be needed.

Is there any treatment for hair loss?

Depending on your type of hair loss, treatments are available. If a medicine is causing your hair loss, your doctor may be able to prescribe a different medicine. Recognizing and treating an infection may help stop the hair loss. Correcting a hormone imbalance or improving nutrition may prevent further hair loss.

Medicines may help slow or prevent the development of common baldness. One medicine, minoxidil (brand name: Rogaine), is available without a prescription. It is applied to the scalp. Both men and women can use it. Another medicine, finasteride (brand name: Propecia) is available with a prescription. It comes in pills and is only for men. It may take up to 6 months before you can tell if the medicine is working.

If adequate treatment is not available for your type of hair loss, you may consider trying different hairstyles or wigs, hairpieces, hair weaves, or artificial hair replacements.

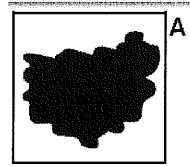
The ABCD'S of Melanoma and Skin Self-Exam

Melanoma is one type of skin cancer. By doing a simple monthly skin self-exam every month, you can improve your chances of finding a melanoma early. In addition to doing routine skin self-exams, people should have their skin checked regularly by a doctor or nurse specialist. A doctor can do a skin exam during visits for regular checkups.

Melanoma can occur anywhere on the body. Check all of your skin carefully.

During monthly skin self-exam look for the following ABCD'S of melanoma.

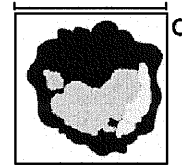
A. **Asymmetry:** One half of the area does not match the other half



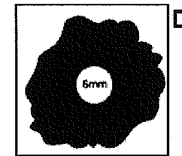
B. **Border:** The edges are uneven or ragged



C. **Color:** The color is uneven with more than one shade or color present



D. **Diameter:** Any change in size, or if the size is larger than a pencil eraser (6mm)



S. **Sensation:** There are changes in the way it feels (itching, dryness, scaling, lumpy, swollen, tender)

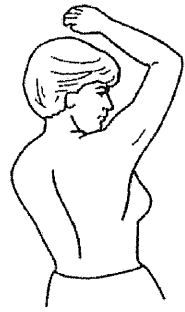
How to check your skin

After a bath or shower, stand in front of a full-length mirror in a well-lighted room. Use a hand-held mirror to look at hard-to-see areas.

1. Begin with the face and scalp and work downward. Look at the front and back of your body in the mirror, then raise your arms and check your right and left sides.



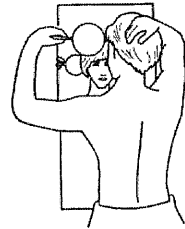
2. Look carefully with elbows bent at your forearms, underarms, fingernails and palms of your hands.



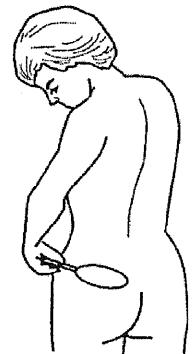
3. Check the backs of your legs and feet, toenails, soles of your feet, and between your toes.



4. Next, with the help of a mirror look at the back of your neck and scalp. Carefully check your scalp by parting your hair.



5. Finally, use a hand mirror and check your back, groin, and buttocks.



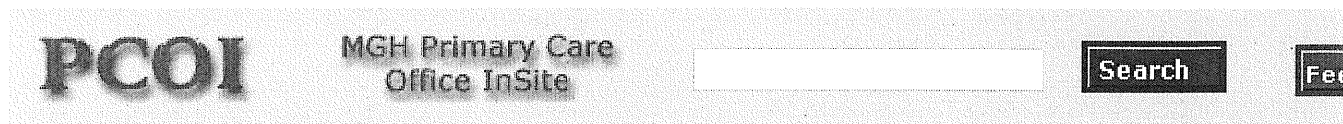
By checking your skin regularly, you will become familiar with what is normal for you. It may be helpful to record the dates of your skin exams and to write notes about the way your skin looks. If you find anything unusual, see your doctor right away.

April 15, 2008

POST-PROCEDURE CARE PATIENT EDUCATION

Cryotherapy (Liquid Nitrogen)

- You may experience some redness, throbbing, and mild pain immediately following treatment with liquid nitrogen.
- *Tylenol* tablets (2) every four hours or anti-inflammatory pain relievers such as *Motrin* or *Aleve* may help with the discomfort.
- The treatment site should be washed gently with soap and warm water twice a day.
- Two times per day, apply *Bacitracin* or *Polysporin* ointment to the wound until it has healed. If allergic to either of these ointments, substitute *Aquaphor* healing ointment. All of these ointments are over the counter products, which should be available in most pharmacies. Band-Aids are optional.
- One to two days after the cryotherapy or “freezing” treatment, the site may form a bluish-red blister. Following the blister stage, a thick black crust or scab will form. This may remain intact for 2-3 weeks. *These are the expected stages of wound healing after cryotherapy.*
- If your wound demonstrates signs or symptoms of infection such as fever, redness, warmth, pain, or cloudy yellow drainage, call the Nurse in BIMA at 732-7598 for advice on wound management.



What is Rosacea?

Rosacea (Ros-AY-shuh), also called acne rosacea, is a chronic skin disease that affects the face and the eyes. This disorder is characterized by redness, bumps, pimples, and, in advanced stages, thickened skin on the nose. Rosacea usually occurs on the face, although the neck and upper chest may also be involved. More than 50 percent of people with rosacea have related eye problems. Typical symptoms include redness, burning, tearing, and the sensation of a foreign body or sand in the eye. Infection of the eyelids may cause the lids to become inflamed and swollen.

Women are more often affected by mild to moderate rosacea than men, but the disorder is often more severe when it strikes men. Although rosacea can develop in people of any skin color, it is more likely to occur in people with fair skin. A tendency to develop rosacea may also be inherited.

Are there different kinds of rosacea?

Doctors generally classify rosacea into four types based on symptoms. The mildest kind is called pre-rosacea. Symptoms at this stage include frequent episodes of flushing and redness of the face and neck that come and go. Many things can trigger a flare-up, including exposure to the sun, emotional stress, alcohol, spicy foods, exercise, cold wind, hot foods and beverages, and hot baths. What causes a flare-up in one person may not cause a problem in another.

Another type, called vascular rosacea, is commonly seen in women. Blood vessels under the skin of the face dilate (telangiectasia) and may show through the skin in thin red lines. As a result, flushing and redness become persistent and, eventually, permanent. The affected skin may be slightly swollen and warm. Some people who have vascular rosacea may also develop pink bumps (papules) and pimples.

A condition called rhinophyma occasionally develops late in the course of rosacea, most commonly in men. Rhinophyma is characterized by an enlarged, bulbous, red nose. Both the oil-producing (sebaceous) glands and the surrounding connective tissues of the nose enlarge, and thick, knobby bumps may develop.

Some people may have more than one type of rosacea at a time. Other people can have any one type, including rhinophyma, without ever having had any of the others.

What causes it?

Doctors do not know the exact cause of rosacea but they believe that a combination of heredity and environment leads to its development. There are several factors that can make rosacea worse but do not cause it. For example, drinking alcohol can increase flushing and redness. Other factors known to aggravate rosacea include heat, strenuous exercise, sunlight, wind, cold, hot drinks, spicy foods, emotional stress, and coughing.

Can it be cured?

While rosacea cannot be cured, it can be treated and controlled. Treatment goals are to control the

condition and improve appearance. Your doctor may prescribe a topical antibiotic, such as metronidazole, that is applied directly to the affected skin. Your doctor will also advise you to use a sunscreen, with a sun-protecting factor (SPF) of 15 or higher, that protects against ultraviolet A and B light waves. You should apply sunscreen whenever you are going outdoors, under any circumstances.

For people with more severe cases, doctors often prescribe an oral (taken by mouth) antibiotic. Tetracycline, minocycline, erythromycin, and doxycycline are the most common antibiotics used to treat rosacea. Doctors usually treat the eye problems of rosacea with oral antibiotics, particularly tetracycline or doxycycline.

Some people respond quickly, while others require long-term therapy. If your problems persist, or if more intensive treatment is necessary, your doctor may refer you to a dermatologist, a medical doctor who specializes in diseases of the skin.

What can I do to help improve my condition?

The role you play in managing your rosacea is just as important as your doctor's. You can take several steps to keep rosacea under control.

- Keep a written record of factors that seem to trigger flare-ups.
- Develop a plan to avoid or minimize your exposure to these triggers. By doing this, you may actually reduce or eliminate the need for medication to control your rosacea.
- Use a sunscreen with a sun-protecting factor (SPF) of 15 or higher every day.
- Avoid using facial cleaning products, moisturizers, and cosmetics with alcohol or other ingredients that irritate your skin.
- If your eyes are affected, faithfully follow your doctor's treatment plan and clean your eyelids as instructed.

Where can I get more information?

The American Academy of Dermatology, a national professional organization of dermatologists, publishes pamphlets on many skin conditions, including rosacea. Single copies are available free. Send a self-addressed stamped envelope to American Academy of Dermatology, PO Box 4014, Schaumburg, IL 60168. The rosacea pamphlet can also be found on the academy's Web site, <http://www.aad.org/pamphlets/rosacea.html>.

Also, VisualDxHealth is a reliable website for patients who are interested in learning more about skin problems. The articles on this website are written and edited by physicians. VisualDxHealth also includes high-quality medical images to help patients identify eczema, psoriasis, rosacea, and many other skin problems. You can compare your own rashes, moles or other skin concerns to the images on VisualDxHealth. This may help you describe your symptoms to your doctor. To access the information on this website, activate this url: <http://www.visualdxhealth.com>

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ITCHINESS DUE TO DRY SKIN

(WINTER PRURITUS)

1. Limit bathing to 1-2 times per week.
2. Do not use hot water which dissolves body oils.
3. Use a bland soap, such as Dove, Basis, and use sparingly.
4. Add oil to bath water, such as Nivea, Alpha-Keri. (Caution that this will make tub slippery).
5. Use lotions after bathing, such as Eucerin, Lac-hydrin, Complex 15, Moisturel.
6. Antihistamines can be useful, such as chlorpheniramine (chlortrimeton) or Benadryl.

Urticaria –

Hives

Hives are pink swellings called “wheals” that occur in groups on any part of the skin. Each individual wheal lasts a few hours before fading away, leaving no trace. New hives may continue to develop as old areas fade. They can vary in size from as small as a pencil eraser to as large as a dinner plate and may join together to form larger swellings. When hives are forming they usually are very itchy, but may also burn or sting.

Hives are produced by blood plasma leaking through tiny gaps between the cells lining small blood vessels in the skin. A natural chemical called *histamine* is released from cells called “mast cells” which lie along the blood vessels in the skin. A number of different things including allergic reactions, chemicals in foods, or medications can cause a histamine release. Sometimes it’s impossible to find out why histamine is being released and hives are forming.

Hives are very common – 10-20 percent of the population will have at least one episode in their lifetime. Hives usually go away within a few days to a few weeks. Occasionally, a person will continue to have hives for many years.

When hives form around the eyes, lips or genitals, the tissue may swell excessively. Although frightening in appearance, the swelling usually goes away in less than 24 hours. Your dermatologist may use the term *angioedema* to describe this type of swelling. It’s also used to describe very deep large hives on other areas of the body.

Acute Urticaria

Hives are classified according to how long the attacks last and how frequently they occur. The term *acute urticaria* is used for hives lasting less than six weeks. With this type of hives, the cause or causes can usually be identified and eliminated. The most common causes of hives are foods, drugs or infections. Insect bites and internal disease may also be responsible. Other causes can be physical stimuli, including pressure, cold and sunlight.

Foods

The most common foods that cause hives are nuts, chocolate, fish, tomatoes, eggs, fresh berries and milk. Fresh foods cause hives more often than cooked foods. Food additives and preservatives may also be responsible.

Hives may appear within minutes or up to two hours after eating, depending on where the food is absorbed in the digestive tract.

Drugs

Almost any prescription or over-the-counter medication can cause hives. Some of those drugs include antibiotics (especially penicillin), pain medications, sedatives, tranquilizers and diuretics. Antacids, vitamins, eye and eardrops, laxatives, vaginal douches, or any other non-prescription item can be a potential cause of hives. If you have an attack of hives, it’s important to tell your doctor about all of the preparations that you use to assist him/her in finding the cause.

Infections

Many infections can cause hives. Viral upper respiratory tract infections are a common cause in children. Other viruses including hepatitis B may also be a cause, as well as a number of bacterial and fungal infections.

Chronic Urticaria

Bouts of hives lasting more than six weeks are called *chronic urticaria*. The cause of this type of hives is usually much more difficult to identify than that of *acute urticaria*. In studies of patients with *chronic urticaria*, the cause was identified in only a small percentage of patients. Your doctor will need to ask numerous questions in an attempt to find the possible cause.

Since there are no specific tests to determine the cause of hives, testing will vary depending on your medical history and based on a thorough examination by your dermatologist. Routine blood tests are of little or no value.

Physical Urticarias

Certain people can develop hives from sunlight, cold, pressure, vibration or exercise. Hives due to sunlight are called *solar urticaria*. This is a rare disorder in which hives come up within minutes of sun exposure on exposed areas and fade within one to two hours. Reaction to the cold is more common. Hives appear when the skin is warmed after exposure to cold. If the exposure to cold is over large areas of the body, large amounts of histamine may be released which can produce wheezing, flushing, generalized hives and fainting. A simple test for this type of hives can be done by applying an ice cube to the skin.

Cholinergic urticaria is tiny, about 1/8-inch bumps surrounded by white or red halos which come on with exercise, heat or emotion. These bumps itch intensely. Anything which raises the skin temperature can cause these tiny hives – sweating, sunlight, hot baths, blushing or anger.

The most common of the physical urticarias is called *dermatographism*. It affects about 5 percent of the population. Most people with this condition are otherwise healthy. Hives form from firmly stroking or scratching the skin. These hives may be very itchy. This condition can also occur along with other forms of urticaria. If it is present along with hives, finding and eliminating the cause usually clears the *dermatographism*. Otherwise, it may persist for months or even years.

Treatment

The best treatment for hives is to find the cause and then eliminate it. Unfortunately, this is not always an easy task. While investigating the cause of hives, or when a cause cannot be found, antihistamines are usually prescribed by your dermatologist to provide some relief.

Antihistamines work best if taken on a regular schedule to prevent hives from forming. No one antihistamine works best for everyone, so your doctor may need to try more than one or different combinations to find what works best for you.

In severe cases of hives, an injection of *epinephrine (adrenalin)* or a cortisone preparation, as prescribed by your dermatologist, may bring dramatic relief.

Warts

What are warts?

Warts are very small skin infections caused by viruses in the human papillomavirus (HPV) family. There are many kinds of HPV viruses. They cause warts to grow on different parts of your body. Sometimes warts are sexually transmitted and appear in the genital area, but most warts show up on the fingers, hands, feet, and sometimes on the face.

What do they look like?

Warts appear as small, hard bumps on the skin. They often have a rough surface (like a cauliflower). They can be pink, white or brown and can contain tiny spots inside that look like black specks. There are three main kinds of skin warts:

- **Common wart** – raised, rough, light-colored to brown, found mostly on the hands but can appear elsewhere.
- **Plantar** – rough, spongy, gray or brown with dark specks, only grow on the soles of the feet.
- **Flat** – flat or slightly raised, smooth and pink. Usually found on the face, hands and shins, flat warts often appear in clusters.

Can warts be passed from one person to another?

Warts on the genitals can be passed during sexual intercourse. It is important not to have unprotected sex if you or your partners has warts on the genital area.

Warts on the skin can be spread from one person to another when that person touches the warts. It is possible to develop a wart by sharing a towel with someone who has warts or by walking barefoot in locker rooms and showers used by other people. But skin warts are not very contagious. It usually takes a cut that breaks the skin to pass the infection. Although no one knows exactly why, some people are more likely to get warts than others are.

If you have warts, you can spread them to other parts of your body, so be sure to wash your hands after touching a wart. Also wash any grooming tools, such as nail clippers or pumice stones, that you use on parts of your body near a wart.

Will warts go away on their own?

Warts often do go away on their own, although it can take months, or even years, for the warts to disappear. Some warts will not go away on their own. In other cases, warts go away and then come back. If you are bothered by the way a wart looks or if it causes problems (like a wart on the sole of your foot that hurts when you walk), it's probably a good idea to get treatment.

Do warts need to be treated?

Some doctors believe that warts should be treated to prevent them from spreading and to weaken the HPV virus in your body, reducing the chances of warts coming back. But because more than half of skin warts disappear on their own within two years, it's ok to wait and see what happens. As long as the wart doesn't get bigger or change shape, you can continue to treat it at home. However, if you are 50 or older and

develop warts, or if a wart bleeds or grows quickly, ask your doctor or nurse to take a look at it. Some skin cancers start out looking like warts. If that is the case, it's important to catch it early and have the wart removed.

How are warts treated?

It's important to know that warts on the skin and genital warts are removed in different ways. This handout focuses on treating skin warts. Ask your doctor for more information if you are concerned about genital warts. *There are several different ways to treat skin warts:*

- **Salicylic acid.** You can buy salicylic acid (the main ingredient in aspirin) over the counter in drug stores as a liquid, gel or patch. The acid works by peeling away the dead skin cells of the wart. For the best results, begin by filing the wart down with an emery board or a pumice stone. Then soak the area in the bath or shower for 10-15 minutes to soften the skin before applying the acid. You must apply the acid once a day for 12 weeks, following the same procedure. If the wart is on thick skin such as the sole of your foot, the salicylic acid patch may be the best choice. The patch stays on and continues working for several days at a time. You may want to continue applying the acid for a week or two after the wart goes away to keep it from coming back.
- **Duct tape.** This simple home remedy actually works in many cases. To try it, cut out and apply a duct tape patch about the size of the wart. Keep the duct tape on for six days, then file and soak the wart and leave it uncovered overnight. In the morning, apply another patch. Continue this way for two months or until the wart goes away. You can also combine the salicylic acid with the duct tape treatment by covering the wart with duct tape after you apply the acid. No one knows why duct tape works. It may deprive the wart of oxygen, pull away virus-infected skin when it is peeled off, or both. An easy and painless treatment, it's worth a try.
- **Freezing.** Your doctor may use liquid nitrogen to freeze the wart. This treatment is called cryotherapy. Applying liquid nitrogen to the wart can hurt. To remove a wart for good, you may need to have several liquid nitrogen treatments.
- **Cutting and zapping:** If simpler treatments don't work, your doctor may try cutting the wart out or removing it with a laser. Either of these procedures can be done in the doctor's office, using a local anaesthetic.
- **Other treatments.** If nothing else works, your doctor can treat the wart with prescription drugs. Some of these drugs help your immune system fight the virus that is causing the wart. Others stop cell growth in the warty skin.

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POISON IVY AND SUMAC

Poison ivy grows as a shrub in wooded areas and yards, each leaf contains three leaflets.

Poison oak may grow as a vine but usually also grows as a shrub. Short fuzz may grow on the fruit, trunk and leaves. Similar to poison ivy, poison oak has three leaflets to each leaf. Poison sumac grows in standing water such as bogs and has 7 to 13 leaflets per leaf.

All three may cause a rash if you are sensitive to them. The rash is an allergic contact rash (dermatitis) caused by contact with an oil called urushiol (you-ROO-shee-ol). Urushiol is found in the sap of poison ivy, poison oak and poison sumac. The colorless to pale yellow oil that oozes from any cut or crushed part of the plant, including the roots, stems and leaves. After exposure to air, urushiol turns brownish-black, making it easier to spot. Contact with urushiol can occur in three ways

- Direct contact - touching the sap of the plant
- Indirect contact - touching something to which urushiol has spread. The oil can stick to the fur of animals, to garden tools or sports equipment, or to any objects that have come into contact with a crushed or broken plant such as clothes.
- Airborne urushiol particles, such as from burning plants, may come in contact with your skin

Once urushiol touches the skin, it begins to penetrate in minutes. In sensitive people, a rash appears as a line or streak, usually within 12 to 48 hours, but it can appear up to 3 weeks after exposure. Redness and swelling occur, often followed by blisters and severe itching. In a few days, the blisters may become crusted and begin to scale. The rash takes 10 days or more to fully heal.

The rash can affect almost any part of your body, especially where your skin is thinner, such as on the face. A rash develops less often on the soles of your feet and palms of your hands, where the skin is thicker. The rash does not spread, although it may seem to when it breaks out in new areas. This may happen because urushiol absorbs more slowly into skin that is thicker, such as on your forearms, legs and trunk.

After coming in contact with the plant, wash the area immediately (best if within 15 minutes). The following cleansers are best to use to remove the plant oil: Technu Oak-N-Ivy Cleanser, Fels Naphtha soap, or dish soap (Joy, Palmolive), but do NOT use dishwasher detergent. Wash with one of these cleansers 2-4 times a day for two to three days. Apply 1% hydrocortisone cream (available over the counter) on affected area. Air the wound out by not covering it. Call your doctor if the rash persists for more than 7 days.

To treat the itchiness, use a body powder (Gold Bond Medicated, Shower-to-Shower, or baby powder) or take an antihistamine such as Benadryl (diphenhydramine). Soaking the wounded area in an oatmeal bath (Aveeno) for 20-30 minutes a day can also help.

To prevent the spread, disinfect (using rubbing alcohol) all objects that you touch (steering wheel, door handles, keys, light switches, chairs, etc.). Change clothing (even shoe laces) and bedding after each use, then wash with soap or warm or hot water. Do not scratch the affected area. Prevent scratching by cutting fingernails short.

Avoid the following because they can sensitize the skin to the plant oil:

- alcohol
- witch hazel
- calamine lotion
- caladryl
- perfumes or colognes

Diet

CALCIUM CONTENT OF FOODS

Daily calcium requirements

Premenopausal woman: 1g / day

Postmenopausal woman: 1.5g / day

		PORTION SIZE	CALCIUM (MG)	CALORIES
MILK PRODUCTS	Ice cream	1 cup	176	270
	Ice cream (low fat)	1 cup	176	185
	Soft serve (3% fat)	1 cup	274	225
	Whole milk	1 cup	291	150
	Skim milk	1 cup	302	85
	2% lowfat milk	1 cup	297	120
	Buttermilk (<1% fat)	1 cup	657	340
	Evaporated milk (whole)	1 cup	738	200
	Evaporated milk (skim)	1 cup	129	91
	Fudgesicle	1	240	220
	Frozen yogurt	1 cup	200	160
	Yogurt (custard style)	6 oz	274	140
	Yogurt (nonfat)	8oz	294	130
	Instant breakfast	1 packet	130	148
	Vanilla Pudding	1 cup	285	99
	Soy milk	1 cup	10	79
CHEESE	Blue	1 oz	150	100
	Camembert	1 1/3 oz	147	115
	Cheddar	1 oz	204	115
	Cottage	1 cup	126	215
	Parmesan	1 Tbsp.	69	25
		1 oz	390	130
	Swiss	1 oz	219	95
	American	1 oz	174	105
PEAS & BEANS	Navy beans	1 cup (cooked)	95	225
	Kidney	1 cup (cooked)	74	230
	Lima	1 cup (cooked)	55	260
	Soybeans	1 cup (cooked)	131	235
	Chickpeas	1 cup (cooked)	80	270
CEREALS & GRAINS	Raisin Bran (Kellogg's)	¾ cup	10	90
	Total	¾ cup	120	90
	Cream of Wheat (instant)	1 cup	54	140
	Oatmeal (mix n eat)	1 packet	20	100
	(fortified)		163	105
	Cheerios	1 ¼ cup	48	110
	Rice (cooked)	1 cup	21	225
	Bulgar (uncooked)	½ cup	25	300
	Bread, Wheat, enriched	1 slice	32	65

		PORTION SIZE	CALCIUM (MG)	CALORIES
VEGETABLES	Asparagus (cuts and tips)	1 cup, cooked	43	45
	Beet Greens (leaves/stem)	1 cup, cooked	164	140
	Broccoli	1 cup, cooked	71	45
	Brussels Sprouts	1 cup, cooked	56	60
	Cabbage	1 cup, cooked	50	30
	Carrots	1 cup, cooked	48	70
	Celery	1 stalk, raw	14	5
	Collard greens	1 cup, cooked	148	25
	Dandelion greens	1 cup, cooked	147	35
	Endive	1 cup, raw	26	10
	Green Beans	1 cup, cooked	58	45
	Mustard Greens	1 cup, cooked	104	20
	Parsley	10 sprigs, raw	13	5
	Parsnip	1 cup, cooked	58	125
	Peas, green	1 cup, cooked	38	125
	Potatoes, plain, baked, no skin	1 medium	8	145
		1 medium	32	115
	Sweet potato, baked	1 cup	55	162
	Potatoes, mashed with milk	1 cup	292	322
	Potatoes, Au gratin	1 cup	64	85
	Pumpkin, canned	1 cup, raw	54	10
	Spinach	1 cup, cooked	245	40
		1 cup, cooked	49	35
	Summer squash	1 cup, cooked	29	80
	Winter squash	1 cup, cooked	94	40
	Kale	1 cup, cooked	249	50
	Turnip greens	½ cup	20	2
	Watercress (fresh)	1	9	25
	Tomato			
FRUITS	Dates	10	27	228
	Figs (fresh)	10	180	370
	(dried)	10	269	475
	Cantaloupe	1 cup, cubed	18	57
	Orange	1 medium	52	60
	Pineapple (canned)	1 cup	22	208
	Plums	1 medium	3	36
	Raisins	½ cup	35	218
	Prunes	10 dried, pitted	43	201
	Strawberries	1 cup	21	45
	Watermelon	1 cup, pieces	13	50
	Rhubarb (fresh, diced)	1 cup	170	26

		PORTION SIZE	CALCIUM (MG)	CALORIES
OTHERS	Kelp	1 oz raw	48	10
	Tofu	2 ½ x 2 ¾ x 1	108	85
	Miss	1 cup	188	470
	Spirulina, dried	1 oz	34	80
	Tahini	1 Tbsp	21	90
	Dried agar	1 oz	15	74
	Kefir Beverage	1 cup	350	160
	Molasses (light)	1 T	33	43
	(blackstrap)	1 T	137	43
	Blueberry Muffin (small)	1	15	135
	Pizza (15 in diam)	1 slice	220	290



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MEDICAL MANAGEMENT

FocuS

An update from Partners Community HealthCare, Inc.

Week of September 18, 1998

The DASH Diet

People with hypertension or just concern about cardiovascular disease may benefit from the DASH diet. DASH stands for Dietary Approaches to Stop Hypertension. This diet is rich in fruits, vegetables, and low fat dairy foods, and low in saturated and total fat. As reported in the 4/17/97 issue of *The New England Journal of Medicine*, the DASH diet was able to lower blood pressure in a prospective randomized trial. This two-page information sheet was adapted from DASH materials, and may be useful for discussions with your patients.

A 2,000 Calorie/Day DASH Diet

(The number of calories per day should be adjusted to help one maintain or reach ideal weight)

Food Group	Daily Servings	1 Serving Equals:	Examples and Notes	Significance to the DASH Diet Pattern
Grains and grain products	7-8	1 slice bread 1/2 cup dry cereal 1/2 cup cooked rice, pasta, or cereal	whole wheat breads, English muffin, pita bread, bagel, cereals, grits, oatmeal	major sources of energy and fiber
Vegetables	4-5	1 cup raw leafy vegetable 1/2 cup cooked vegetable 6 oz vegetable juice	tomatoes, potatoes, carrots, peas, squash, broccoli, turnip greens, collards, kale, spinach, artichokes, beans, sweet potatoes	rich sources of potassium, magnesium, and fiber
Fruits	4-5	6 oz fruit juice 1 medium fruit 1/4 cup dried fruit 1/2 cup fresh, frozen or canned fruit	apricots, bananas, dates, grapes, oranges, orange juice, grapefruit, grapefruit juice, mangoes, melons, peaches, pineapples, prunes, raisins, strawberries, tangerines	important sources of potassium, magnesium, and fiber
Low fat or nonfat dairy foods	2-3	8 oz milk 1 cup yogurt	skim or 1% milk, skim or low fat buttermilk, nonfat or low fat yogurt, part skim mozzarella cheese, nonfat	major sources of calcium and protein

		1.5 oz cheese	cheese	
Meat, poultry, fish	2 or less	3 oz cooked meats, poultry, or fish	select only lean; trim away visible fats; broil, roast, or boil, instead of frying; remove skin from poultry	rich sources of protein and magnesium
Nuts	1/2	1.5 oz or 1/3 cup or 2 tblsp seeds 1/2 cup cooked legumes	almonds, filberts, mixed nuts, peanuts, walnuts, sunflower seeds, kidney beans, lentils	rich sources of energy, magnesium, potassium, protein, and fiber

Sample menu

Food	Amount	Servings Provided
Breakfast	6 ounces	1 fruit
o Orange juice	8 ounces (1 cup)	1 dairy
o 1 ounce low fat milk	1 cup	2 grains
o corn flakes (with 1 tsp sugar)	1 medium	1 fruit
o banana	1 slice	1 grain
o whole wheat bread (with 1 tbsp jelly)	1 tsp	1 fat
o soft margarine		
Lunch	3/4 cup	1 poultry
o chicken salad	1/2 slice, large	1 grain
o pita bread		1 vegetable
o raw vegetable medley: (3-4 sticks each of carrots and celery; 2 radishes; 2 leaves of loose leaf-lettuce)	1.5 slice	1 dairy
o part skim mozzarella cheese	8 ounces	1 dairy
o 1% low fat milk	1/2 cup	1 fruit
o fruit cocktail in light syrup		
Dinner	3 ounces	1 fish
o herbed baked cod	1 cup	2 grains
o scallion rice	1/2 cup	1 vegetable
o steamed broccoli	1/2 cup	1 vegetable
o stewed tomatoes		1 vegetable
o spinach salad (1/2 cup raw spinach; 2 cherry tomatoes; 2 slices cucumber)	1 tblsp	1/2 fat
o light Italian salad dressing		
o whole wheat dinner roll		
o soft margarine		
o melon balls		

	1 small	1 grain
	1 tsp	1 fat
	1/2 cup	1 fruit
Snacks	1 ounce (1/4 cup)	1 fruit
○ dried apricots	1 ounce (3/4 cup)	1 grain
○ mini-pretzels	1.5 ounce (1/3 cup)	1 nuts
○ mixed nuts		
Diet ginger ale	12 ounces	0

Tips on eating the DASH Diet

- Make gradual changes in your eating habits.
- Center your meals around carbohydrates such as past, rice, beans, or vegetables.
- Treat meat as one part of the whole meal instead of the focus.
- Use fruits or low fat, low calorie foods such as sugar free gelatin for dessert and snacks.
- The DASH diet should be part of a lifestyle that includes choosing foods lower in salt and sodium, keeping a healthy weight, being physically active, and, if you drink alcohol, doing so in moderation.

Eating Healthy Basics

Nutrition means eating well-balanced meals. Nutrition, along with exercise and medications (insulin or oral diabetes pills), is important for good diabetes control. Good diabetes control means keeping your blood-sugar level as close to normal (nondiabetic level) as possible.

People with diabetes have the same nutritional needs as anyone else. Regular, well-balanced meals may help to improve their overall health. Eating healthy foods in the right amounts and keeping weight under control may help diabetes management.

Which Foods Are Healthy?

No single food will supply all the nutrients your body needs, so good nutrition means eating a variety of foods.

Food is divided into four main groups. They are:

1. Fruits and vegetables (oranges, apples, bananas, carrots, and spinach).
2. Whole grains, cereals, and bread (wheat, rice, oats, bran, and barley).
3. Dairy products (whole or skim milk, cream, and yogurt).
4. Meats, fish, poultry, eggs, dried beans, and nuts.

It's important to eat foods from each group every day. By doing that, you will make sure that your body has all the nutrients it needs.

The main nutrients in food are *carbohydrates, proteins, fats, vitamins, and minerals*. Nutrients help your body work right and make young bodies grow.

Carbohydrates give you energy. Healthy choices are dried beans, peas, and lentils; whole grain breads, cereals, and crackers; and fruits and vegetables. Protein is need for growth and is a good back-up supply of energy. Healthy choices include lean meats and low-fat dairy products.

Foods high in fiber are healthy, too. Fiber comes from plants and may help to lower blood-sugar and blood-fat levels. Foods high in fiber include: bran cereals, cooked beans and peas, whole-grain bread, fruits, and vegetables.

Which Foods Are Unhealthy?

Fat is a nutrient, and you need some fat in your diet. But too much fat isn't good for anyone. And it can be very harmful to people with diabetes.

Too much fat or cholesterol may increase the chances of heart disease and/or hardening of the arteries. People with diabetes have a greater risk of developing these diseases than those without diabetes. So, it is very important that you limit the fat in your diet.

Fat is found in many foods. Red meat, dairy products (whole milk, cream, cheese, and ice cream), egg yolks, butter, salad dressings, vegetable oils, and many desserts are high in fat. To cut down on fat and cholesterol:

1. Choose lean cuts of meat. Remove extra fat.
2. Eat more fish and poultry (without the skin).
3. Use diet margarine instead of butter.
4. Drink low-fat or skim milk.
5. Limit the number of eggs you eat to three or four a week and choose liver only now and then.

Too much salt may worsen high blood pressure. Many foods contain salt. Sometimes, you can taste it (as in pickles or bacon). But there is also hidden salt in many foods, such as cheeses, salad dressings, and canned soups. When using salt or fat, remember: a little goes a long way.

People with diabetes should eat less sugar. Foods high in sugar include: desserts such as frosted cake and pie, sugary breakfast foods, table sugar, honey, and syrup. One 12-ounce can of regular soft drink has nine teaspoons of sugar.

Finally, good advice is to stay away from alcohol. If you like an alcoholic drink now and then, ask your dietitian for advice.

How Do You Set Up A Plan For Eating Healthy Foods?

You and your dietitian should work together to design a meal plan that's right for you and includes foods that you enjoy. A diabetes meal plan is a guide that tells you how much and what kinds of food you can choose to eat at meals and snack times.

A good meal plan should fit in with your schedule and eating habits. The right meal plan will also help keep your weight where it should be. Whether you need to lose weight, gain weight, or stay where you are, your meal plan can help.

GASSY FOODS DIET

What is it? A gassy foods diet means not eating foods that cause gas. Some foods cause you gas after you eat them.

Care:

- There are other things that you can do to keep from getting gas. Do not use straws or drink from bottles with narrow openings. Eating slowly and not smoking will also lessen gas. Drink fewer bubbly liquids, such as soda pop or beer. Do not eat foods that have a lot of air in them, such as whipped cream or meringue.
- Do not eat the foods below for many weeks or until your gas goes away. You may be able to eat small amounts of these foods again. When you are ready to try these foods, add one food at a time to see if you get gas. Wait a few days before trying a new food.
- Sipping drinks, chewing gum, or sucking hard candy make you swallow often. This may also cause you to make more gas.

THE FOODS BELOW CAUSE GAS

- | | |
|--|---|
| <ul style="list-style-type: none"> • DAIRY: <ul style="list-style-type: none"> • Cream • Ice cream • Ice milk • Milk • Milk products | <ul style="list-style-type: none"> • Lima beans • Onions • Radishes • Rutabaga • Sauerkraut • Turnips |
| <ul style="list-style-type: none"> • HIGH FAT FOODS: <ul style="list-style-type: none"> • Fatty meats • Fried foods • Gravies • Pastries • Rich cream sauces | <ul style="list-style-type: none"> • ARTIFICIAL SWEETENERS: <ul style="list-style-type: none"> • Mannitol TM • Sorbitol TM |
| <ul style="list-style-type: none"> • VEGETABLES: <ul style="list-style-type: none"> • Broccoli • Brussels sprouts • Cabbage • Cauliflower • Corn • Cucumber • Green pepper • Kohlrabi | <ul style="list-style-type: none"> • FRUITS: <ul style="list-style-type: none"> • Apples • Bananas • Melon • Prunes • Raisins • GRAINS: <ul style="list-style-type: none"> • Bran cereal or breads • Large amounts of wheat products |

Care Agreement: Discuss your treatment options with your caregiver. You can work with him/her to decide which medicine and care will be used to treat you. You always have the right to refuse treatment.

Guide to a HIGH FIBER DIET

What is Dietary Fiber?

Dietary fiber is undigested plant residue that passes almost intact through the digestive system.

How much fiber do I need?

The recommended amount of daily fiber intake is 20 to 35 grams.

Why do I need it?

Because it adds bulk to help keep other food substances moving through the digestive tract. Fiber also holds water and tends to soften the stool and add bulk.

Are there different kinds of fiber?

There are two types of dietary fiber, soluble and insoluble. While they work differently, both are important for proper bowel function. Most fiber sources contain both kinds of fiber

sources in varying amounts. A balanced diet should have both types of fiber.

How will fiber help me – long term?

If you modify your diet now, you may be able to reduce the risk of certain diseases. Many researchers believe that lack of fiber in the diet is implicated in certain intestinal diseases. Constipation can result from lack of fiber and fluid in the diet. The straining and pressure caused by constipation can help bring on hemorrhoids and may aggravate diverticular disease.

How about eating out?

Ask that your sandwiches be served on whole grain bread or rolls. If you make the salad bar your main course, be sure to include beans rather than just plain lettuce. Try new vegetables. And choose fruit for dessert.

MAGNESIUM FACT SHEET

What is it and what does it do?

Magnesium is a mineral that is found in cells, muscles, and bones of the body. A well-balanced diet is believed to supply adequate amounts of magnesium since it occurs abundantly in foods. About 1/3 of ingested magnesium is absorbed, the rest is excreted through the urine, sweat, and stool.

Magnesium is needed for building bones and protein, releasing energy from the muscles, adjusting the body to cold temperatures, and allowing nerve impulses to go to the body. It can help with muscle cramps and some forms of palpitations. It also promotes resistance to tooth decay by holding calcium in the tooth enamel.

What is suggested?

It is recommended that women consume 320 milligrams of magnesium per day. Men should consume 420 milligrams of magnesium per day. Magnesium deficiencies can occur in people with malabsorption, alcoholism, following surgery, or loss of body fluids with vomiting. Drugs may also decrease magnesium absorption such as some high blood pressure medications, diuretics and alcohol.

Where do we find it?

HIGH MAGNESIUM FOODS

(more than 30 milligrams)

Meats and other Protein Foods:

Serving size: 4 oz. or ½ cup

Salmon, tuna, fresh fillets, sardines, poultry, turkey, red meat, peanut butter, roasted almonds, roasted cashews, cooked beans, legumes

Dairy Products:

Serving size: 1 oz. or 1 cup

Dry skim milk, soybean milk, chocolate milk, yogurt, cheddar cheese, eggs

Breads and Cereals:

Serving size: ½ cup

Sesame seeds (1 oz.), corn meal, rye flour, soybean flour, corn flour, whole wheat cereal, processed bran, bran cereal, oats, granola, rice, whole wheat bread, enriched spaghetti, muffins, dark chocolate

Fruits and Vegetables:

Serving size: ½ cup

Avocado, spinach (cooked)

MEDIUM MAGNESIUM FOODS

(1-30 milligrams)

Meats and other Protein Foods:

Serving size: 4 oz. or ¼ cup

Fish sticks, cooked eggs, organ meats, ham

Dairy Products:

1 cup ice cream (prepacked, not from machines)

1 oz. most cheese

Breads and Cereals:

Serving size: ½ cup

Corn grits, corn bread, white bread, white rice, spaghetti, tortillas, farina, noodles, crackers

Fruits* and Vegetables:

(Use cooked vegetables and/or canned fruits)

Serving size: ½ cup

Brussel sprouts, broccoli, cabbage, tomatoes, beets, berries, peaches, canned cherries

* May use raw: cantaloupe, orange

TIPS FOR INCREASING MAGNESIUM IN YOUR DIET

1. Steam your vegetables instead of boiling them to help retain your minerals
2. Snack on dry roasted nuts
3. Buy enriched products such as breads and spaghetti
4. Use whole grain products such as whole wheat bread, rye bread, and grains cereals
5. Eat at least one cooked green vegetable a day

MAGNESIUM SUPPLEMENTS: (over the counter, no prescription needed)

Magnesium Oxide 250 mg tablets, taken 1-2 times per day

POTASSIUM RICH FOODS

BASIC INFORMATION:

Potassium is the predominant positively charged electrolyte in body cells. The flow of potassium and sodium in and out of the cells helps maintain the normal functioning of the heart, brain, kidney, and skeletal muscles. It promotes regular heartbeat, muscle contractions and nerve transmissions. A potassium-enriched diet may be recommended for a patient with low serum potassium levels. Low levels of potassium seldom result from dietary deficiency since many foods contain potassium. Instead, the low level is usually due to illness, injury or trauma, or from a certain drugs such as some diuretics and steroids.

Foods high in potassium	Amount of serving	Potassium (mg.)
Cereals:		
Kellogg's All Bran	½ cup	532
Nabisco 100% Bran	½ cup	354
Bran Flakes	1 cup	251
Shredded Wheat	1 cup	155
Fruit:		
Orange juice	1 cup	479
Dried apricots	¼ cup	454
Cantaloupe	¼ medium	412
Prunes	¼ cup	353
Banana	1 small	338
Grapefruit juice (canned)	1 cup	360
Tomato juice	1 cup	552
Avocado	½	510
Peaches dried	4 medium halves	330
Raisins	3 tablespoons	225
Cooked beans:		
Pinto beans	½ cup	531
Kidney beans	½ cup	452
Lentils	½ cup	374
Black beans	½ cup	309
Canned beans	½ cup	332
Vegetables:		
Baked potato	1 medium	593
Baked winter squash	1 cup	590
Baked sweet potato	¾ cup	528
Beet greens	½ cup	417
Chard (large leaves)	½ cup	563
Peas (cooked)	½ cup	296
Spinach (fresh)	½ cup	440
Lima beans (canned or frozen)	½ cup	473
Other:		
Canned tomato sauce	½ cup	459
Blackstrap molasses	2 tablespoons	1218
Sardines (canned in oil)	3 ounces	459
Chocolate (unsweetened/bitter)	1 ounce	249

According to the FDA's (Food and Drug Administration) food labeling guidelines (effective 5-94), the listing of the potassium content on food products is a voluntary, rather than a mandatory one. Therefore, even if potassium isn't shown on the label, it can still be a component.

Purines In Food

The following foods have very high purine levels, and should be avoided when possible:

Anchovies	Mackerel
Bouillon	Meat extracts
Brains	Mince ment
Broth	Mussels
Consomme	Partridge
Dried legumes	Roe
Goose	Sardines
Gravy	Scallops
Heart	Shrimp
Herring	Sweetbreads
Kidneys	Yeast (baker's and brewer's)
Liver	Yeast extracts (e.g., Marmite, Vegemite)

These foods have high purine levels:

Fish
Poultry
Meat

These foods have moderately high purine levels:

Asparagus	Oatmeal
Cauliflower	Peas
Legumes	Soy
Lentils	Spanish
Mushrooms	Tripe

Low purine foods:

Beverages	Ice cream
Butter	Milk
Cereals	Noodles
Cheese	Nuts
Cocoa	Refined wheat flour
Corn	Tapioca
Cornbread	Vegetables
Eggs	White Bread
Fruit Juices	White rice
Fruits	
Gelatin	

VITAMIN K FOOD LIST

Foods	Portion Size	Vitamin K Content
BEVERAGES		
Coffee (brewed)	10 cups	L
Cola (regular and diet)	3 ½ fl oz	L
Fruit juices (assorted types)	3 ½ fl oz	L
Milk	3 ½ fl oz	L
Tea (black, brewed)	3 ½ fl oz	L

CEREALS AND GRAIN PRODUCTS

Bread (assorted types)	4 slices	L
Cereal (assorted types)	3 ½ oz	L
Flour (assorted types)	1 cup	L
Oatmeal (instant, dry)	1 cup	L
Rice (white)	½ cup	L
Spaghetti (dry)	3 ½ cup	L

VEGETABLES

Asparagus (raw)	7 spears	M
Avocado (peeled)	1 small	M
Broccoli (raw and cooked)	½ cup	H
Brussels sprouts		
(sprout and top leaf)	5 sprouts	H
Cabbage (raw)	1 ½ cups (shredded)	H
Cabbage (red, raw)	1 ½ cups (shredded)	M
Carrot	2/3 cup	L
Cauliflower	1 cup	L
Celery	2 ½ stalks	L
Coleslaw	¾ cup	M
Collard greens	½ cup (chopped)	H
Cucumber peel (raw)	1 cup	H
Cucumber (peel removed)	1 cup	L
Eggplant	1 ¼ cups (pieces)	L
Endive (raw)	2 cups (chopped)	H
Green scallion (raw)	2/3 cup (chopped)	H
Kale (raw leaf)	¾ cup	H
Lettuce (raw, heading bib, red leaf)	1 ¾ cups (shredded)	H
Mushroom	1 ½ cups	L
Mustard greens (raw)	1 ½ cups (chopped)	H
Onion (white)	2/3 cups (chopped)	L
Parsley (raw and cooked)	1 ½ cups (chopped)	H
Peas (green, cooked)	2/3 cup	M
Pepper (green, raw)	1 cup (chopped)	L
Potato	1 medium	L
Pumpkin	½ cup	L
Spinach (raw leaf)	1 ½ cups	H
Tomato	1 medium	L
Turnip greens (raw)	1 ½ cups (chopped)	H
Watercress (raw)	3 cups	H

Foods	Portion Size	Vitamin K Content
DAIRY PRODUCTS		
Butter	6 tbsp.	L
Cheddar Cheese	3 ½ oz	L
Sour cream	8 tbsp.	L
Yogurt	3 ½ oz	L
Eggs	2 large	L

FATS

Margarine	7 tbsp.	M
Mayonnaise	7 tbsp.	H
Oils: canola	7 tbsp.	H
salad		
soybean		
Oils: olive	7 tbsp.	M
Oils: corn	7 tbsp.	L
sesame		
peanut		
sunflower		
safflower		

FRUITS

Apple	1 medium	L
Banana	1 medium	L
Blueberries	2/3 cup	L
Cantaloupe (pieces)	2/3 cup	L
Grapes	1 cup	L
Grapefruit	½ medium	L
Lemon	2 medium	L
Orange	1 medium	L
Peach	1 medium	L

MEAT AND FISH

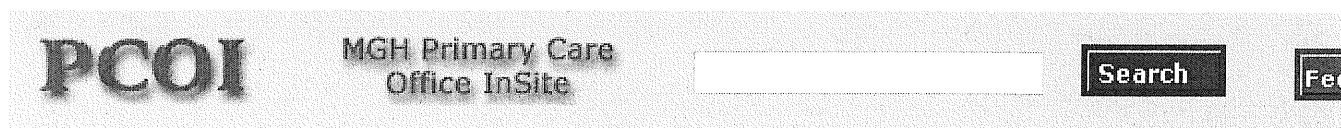
Abalone	3 ½ oz	L
Beef (ground)	3 ½ oz	L
Chicken	3 ½ oz	L
Mackerel	3 ½ oz	L
Meatloaf	3 ½ oz	L
Pork, meat	3 ½ oz	L
Tuna	3 ½ oz	L
Turkey, meat	3 ½ oz	L

OTHERS

Beans (pod, raw)	1 cup	M
Honey	5 tbsp.	L
Jell-O® Gelatin	1/3 cup	L
Peanut butter	6 tbsp.	L
Pickle (dill)	1 medium	M
Sauerkraut	1 cup	M
Soybean (dry)	½ cup	M

H = High
M = Medium
L = Low

Endocrine



What is the Metabolic Syndrome?

The metabolic syndrome is a combination of health risks that increase your chance for developing heart disease, stroke and diabetes.

What are these health risks?

You can be diagnosed with metabolic syndrome if you have three or more of the following:

- A waistline of 40 inches or more for men and 35 inches or more for women.
- Blood pressure of 130/85 mm Hg or higher.
- Fasting triglyceride level above 150 mg/dl
- Fasting low level of HDL ("good") cholesterol (below 40 mg/dL for men and below 50 mg/dL for women).
- A fasting blood glucose (sugar) level higher than 100 mg/dL.

What are the symptoms of metabolic syndrome?

Usually there are no immediate symptoms. Medical problems associated with metabolic syndrome develop over time. If you are concerned that you may have metabolic syndrome, talk with your doctor.

What causes metabolic syndrome?

The exact cause of metabolic syndrome is unknown. Research suggests that it is caused by a combination of your genetic make-up and lifestyle choices, including the types of food you eat and your level of physical activity.

How does metabolic syndrome lead to diabetes and heart disease?

Metabolic syndrome triggers a series of biochemical changes in the body. One of the first things that happens is that the body begins to resist insulin, a hormone that helps regulate blood sugar. As a result, blood sugar levels build up. Consistently high levels of blood sugar can cause harmful changes in the body, including:

- Damage to the lining of coronary and other arteries, increasing risk of heart disease or stroke.
- Changes in the kidneys' ability to remove salt, leading to high blood pressure, heart disease and stroke.
- Increased risk of blood clot formation which can block arteries and cause heart attacks and strokes.
- Slowing of insulin production, which can trigger type 2 diabetes.

Who is most likely to develop metabolic syndrome?

The likelihood of developing metabolic syndrome increases with age. It is also more common among blacks and Hispanic-Americans than among Caucasians. Being overweight also increases the risk of

developing metabolic syndrome, particularly if there is weight gain in the abdominal area, giving you an apple shape rather than a pear shape.

How can I prevent or reverse metabolic syndrome?

Since physical inactivity and excess weight contribute to the development of metabolic syndrome, getting more exercise and losing weight can help reduce or prevent the complications associated with this condition. Moderate weight loss, in the range of 5 to 10 percent of body weight, can help restore your body's ability to process insulin. Increased activity also improves insulin levels, as well as blood pressure, cholesterol levels and the risk of developing diabetes. If you have high blood pressure or high blood cholesterol levels, your doctor may also prescribe medications to manage these problems.

This document is intended to provide health related information so that you may be better informed. It is not a substitute for your doctor's medical advice and should not be relied upon for treatment for specific medical conditions.

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Weekly Record of Blood Sugar Test Results

Name: _____ Clinician Name/Phone Number: _____

Recommended Testing Times and Frequency: _____

BG Goals: Fasting After Meals/Bedtime: _____ Pre-Lunch & Dinner: _____ After Meals/Bedtime: _____

(Please photocopy this sample chart before you begin writing on it so that you will have blank copies to use in the future.)

Date	Breakfast		Lunch		Dinner		Bed/night		Notes
	Pre	Post	Pre	Post	Pre	Post	Pre	3AM	

Each time you test your blood sugar, it's important to write down the result. Your clinician will advise

you about what times and how often you need to test your blood sugar and show you how to use this chart to keep the information. You may use the notes column to record what you eat, how much exercise you do, or whether a problem occurred. You might try to observe specific times when your blood sugar is particularly high or low, and what might have been responsible (for example, something related to your diet, your activity, or a medication). Bring your charts with you when you see your clinician. The charts can help your clinician decide if any adjustments would be appropriate in your medications or regarding your eating and exercise plans.

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visite a su médico, lleve consigo estos cuadros. Los cuadros pueden ayudar a su médico a decidir si necesita realizar algún cambio en su medicación, su plan alimenticio o sus ejercicios físicos.

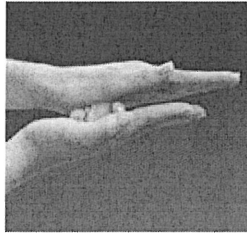
El objetivo de este documento es proporcionar información sobre la salud para que usted esté mejor informado. No debe interpretarse como un sustituto de las recomendaciones del médico. La información contenida en este documento no deberá utilizarse con el propósito de realizar tratamientos para condiciones médicas específicas.

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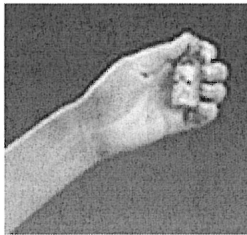
Insulin Administration

Your doctor or diabetes educator will explain how to use your insulin. He or she will then watch you do the steps listed below:

1. First, wash your hands. If your insulin is cloudy, gently mix the insulin by either rolling the vial between the palms of your hands or turning the vial over from end to end a few times.



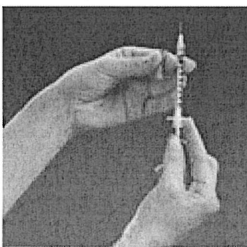
2. If this is a new vial, remove the flat, colored cap, but not the rubber stopper or the metal band under the cap.



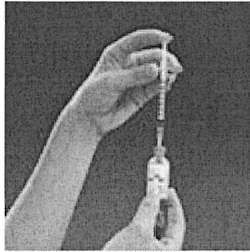
3. Clean the rubber stopper with an alcohol swab.



4. Remove the cover from the needle. Pull the plunger back to draw air into the syringe. Pull back until the tip of the plunger reaches the line for the number of units required.



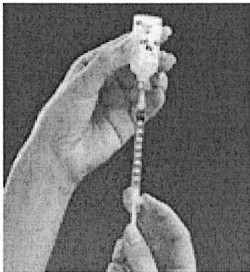
5. Push the needle through the rubber stopper. Press the plunger to push air into the vial of insulin.



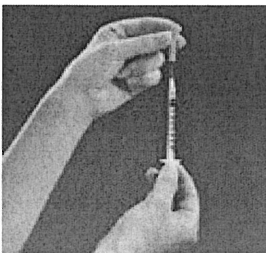
6. Turn the vial and syringe upside down. The tip of the needle should be in the insulin. Holding the vial with one hand, use the other to pull back on the plunger. This will pull insulin into the syringe. Stop when the plunger is at the line appropriate for your dose.



7. Look at the insulin in the syringe. If you see any air bubbles:
 - a. Use the plunger to push the insulin back into the vial. Then slowly pull the plunger back to the line appropriate for your dose of insulin.
 - b. Repeat this until there are no large air bubbles in the syringe.



8. Make sure the tip of the plunger is at the line showing your dose of insulin. Double-check your dose. Use a magnifier if needed. Pull the needle out of the rubber stopper. If you need to lay the needle down before taking your shot, put the cover back on the tip to protect it.

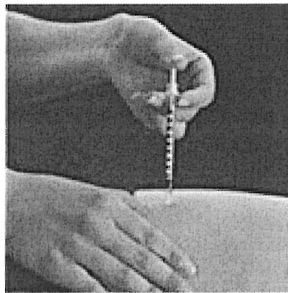


Injecting Your Insulin

1. Choose an injection site.
 - Make sure the skin is clean.
 - Pinch up a large area of skin.
 - Push the needle into the skin, going straight in at a 90-degree angle.
 - Make sure the needle is all the way in.



2. Push the plunger all the way down to inject the insulin in your body.
 - Release the pinched skin, count to five slowly, and pull the needle straight out.
 - Do not rub the place where you gave your shot.
 - Safely dispose of used needles and syringes. Your doctor, pharmacist, diabetes educator or state health authorities can tell you how.



Sometimes, patients are required to combine two types of insulin, NPH and Regular, into one syringe. When mixing insulins, it is important to remember to draw up the clear insulin, or the Regular insulin, first. The NPH insulin, or cloudy insulin, should always be drawn up into the syringe second.

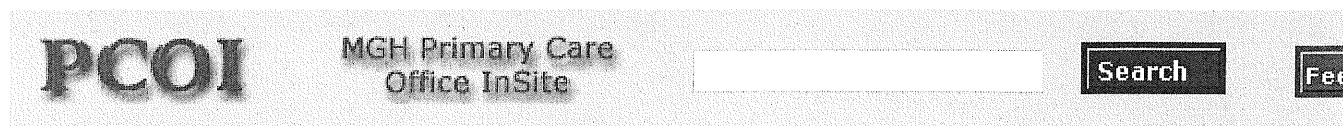
When you're sick: Information for diabetics

Here are some important things to remember when you're sick:

- Keep taking your diabetes medication (pills or insulin), even if you do not feel well. If you are sick for a long time, you may need to take insulin, even if you didn't before. Your health care provider will let you know what you'll need to do.
- If you don't feel up to eating regular foods, try light foods such as fruit juice, gelatin desserts, broth, milk, or yogurt. Eat a sugar-containing food every three to four hours so your body doesn't start breaking down fat and producing ketones, which can make your blood acidic.
- Drink plenty of liquids. Your body loses water and minerals quickly when you are ill and must be replaced. This is especially important if you have fever, vomiting, or diarrhea.
- Try to measure your blood sugar level often. If your blood sugar is higher than the level determined by your health care provider, check your urine for ketones. If you have ketones in your urine, call your health care provider.
- If you are taking other medications to treat your illness, be sure to ask your health care provider or pharmacist if these drugs will interfere with your blood sugar level.

Plan Ahead!

You can't schedule an illness, but you can develop a "sick day" plan of action to control your diabetes before you get sick. Speak to your health care provider about what you need to do if you get sick. He or she will tell you how often you should test your blood sugar, whether you should test for ketones, and what foods and drugs are recommended. Keep your health care provider's number in a handy place and know where to get help on weekends and after hours.



Tips on Good Foot Care

The National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health

Because of poor circulation and nerve damage to the feet, people with diabetes are more likely to develop infections even from a minor foot injury. An untreated cut or corn, for instance, can become infected and may result in amputation. For this reason, people with diabetes should treat their feet with special care. By following some simple foot care tips, people with diabetes can dramatically reduce their risk of amputation and lead healthy, active lives.

Simple steps to protect your feet:

Every day:

- Check your feet for cuts, sores, bumps and red spots.
- Wash and dry your feet; dry between your toes.
- Protect your feet from hot and cold temperatures.
- Wear socks and shoes that fit well.
- Don't go barefoot.
- Don't smoke.

When your toenails need trimming:

- Trim your toenails straight across -- and only if you can see well.
- If you can't see well or your toenails are thick or yellowed, have a foot doctor trim them.
- Don't cut into the corners of your toenails.
- Don't cut corns and calluses.
- Don't use razor blades, corn plasters, or liquid corn or callus removers.

When you go to your health care provider, ask him/her to:

- Look at your bare feet at each visit. As a reminder, take off your shoes and socks.
- Check your feet for sense of feeling and your pulse at least once a year.
- Show you how to take care of your feet.

Call your doctor right away if you have a sore on your foot!

Healthy Feet Check List

Take off your shoes and socks and place your feet in a comfortable position with your legs supported. If you answer "yes" to any of the following questions, talk to your health care provider.

1. Rotate your ankles up and down, in and out. Do they seem stiff? Do they hurt?
2. Wiggle your toes. Now spread your toes. Do they seem stiff? Do they hurt? Do your muscles cramp?
3. Check your ankles and feet for swelling. Is the swelling usually worse after being up and about all day?
4. Check your toes for deformities. Do your toes overlap? Are they crooked? Do you have a bunion?

To keep your feet in top form, follow these suggestions:

- With your feet propped up, rotate your ankles and wiggle your toes.
 - Walk for exercise.
 - Prop your feet up when you're sitting.
 - Do not sit for long periods of time without getting up and walking around.
 - Wear shoes that accommodate deformities.
-

Prescription and Certification for Therapeutic Footwear

Patient Name: _____ HIC #: _____

Address: _____

I certify that all of the following statements are true:

1. This patient has diabetes mellitus. –ICD-9 Code: _____
(ICD-9 diagnosis codes 250.00-250.93)
2. This patient has one or more of the following conditions (*check all that apply*):

<input type="checkbox"/> History of partial or complete amputation of the foot	<input type="checkbox"/> History of previous foot ulceration
<input type="checkbox"/> Peripheral neuropathy with evidence of callus formation	<input type="checkbox"/> Foot deformity
	<input type="checkbox"/> History of pre-ulcerative callus
	<input type="checkbox"/> Poor circulation
3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) and/or inserts because of his/her diabetes.
5. Change to be effected: ☐ Prevention of foot ulcers
 ☐ other _____

Additional relevant information, such as systemic conditions or allergies to specific materials:

Prescribing Physician Information

Signature: _____ Date: _____

Name: _____ DEA # _____

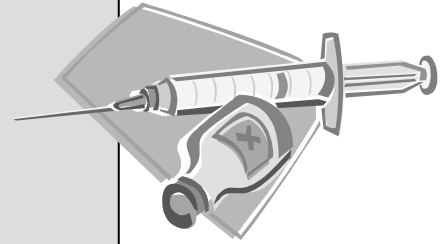
Medicare UPIN # _____ Medicare Provider # _____

LOW BLOOD SUGAR

What is hypoglycemia?

Hypoglycemia or a low blood sugar reaction occurs when the blood sugar drops below the normal level (for most people below 60mg/dL is considered below normal).

Hypoglycemia occurs when there is not enough sugar in your blood to provide the energy your body needs. Your body may not function properly and you may not feel well. This may be caused by too much insulin or diabetes medication, too little food or skipping a meal, or too much physical activity.



How do I know if I have hypoglycemia?

Symptoms can include:

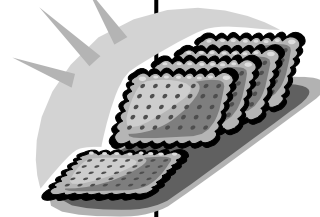
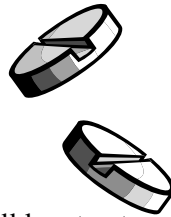
- | | | |
|-----------------------------------|----------------------|---------------|
| ~Sudden hunger | ~Personality changes | ~Drowsy |
| ~Slurred / slow speech | ~Blurred vision | ~Sweating |
| ~Nervous / excited | ~Headache | ~Irritability |
| ~Shaking / dizzy | ~Confusion | ~Convulsions |
| ~Fast / racing heart | ~Poor coordination | ~Passing out |
| ~Difficulty concentrating | | |
| ~Numbness / tingling around mouth | | |

What should I do if I think my blood sugar is low?

If possible, check your blood glucose level. If it is less than 60mg/dL or if you cannot check your level, treat with one of the following:

- ✓ ½ glass of fruit juice
- ✓ 2-3 Glucose tablets
- ✓ 6-7 hard candies (not sugar-free)
- ✓ ½ can of soda (not diet)

- ✓ Wait 15 minutes, retest glucose level, if still low treat again with one of the above. If you still don't feel better call your provider or go to the nearest emergency room.



How can I prevent getting hypoglycemia?

The best way to prevent low blood sugar is to:

1. Eat on time
2. Make sure you eat enough food for the medication that you are taking
3. Do not drink alcohol with out eating food
4. Take your medication on time
5. Be prepared- carry glucose tablets or a small juice box with you in the event that your meal is delayed or you are more physically active than usual
6. Plan for exercise- eat more to cover the exercise.

ENT

Insight into causes and treatment of earwax buildup

Never put anything smaller than your elbow in your ear! Cotton swabs are for cleaning belly buttons – not ears. You have probably heard these admonitions from relatives and doctors since childhood... read on to find out what they meant.

The Outer Ear and Canal

The outer ear is the funnel-like part of the ear you can see on the side of the head, plus the ear canal (the hole which leads down to the eardrum).

The ear canal is shaped somewhat like an hourglass – narrowing part way down. The skin of the outer part of the canal has special glands that produce earwax. This wax is supposed to trap dust and dirt particles to keep them from reaching the eardrum. Usually the wax accumulates a bit, dries out and then comes tumbling out of the ear, carrying dirt and dust with it. Or it may slowly migrate to the outside where it can be wiped off. The ear canal may be blocked by wax when attempts to clean the ear push wax deeper into the ear canal and cause a blockage. Wax blockage is one of the most common causes of hearing loss.

Should You Clean Your Ears?

Wax is not formed in the deep part of the ear canal near the eardrum, but only in the outer part of the canal. So when a patient has wax blocked up against the eardrum, it is often because he has been probing his ear with such things as cotton-tipped applicators, bobby pins, or twisted napkin corners. These objects only push the wax in deeper. Also, the skin of the ear canal and the eardrum is very thin and fragile and is easily injured.

Earwax is healthy in normal amounts and serves to coat the skin of the ear canal where it acts as a temporary water repellent. The absence of earwax may result in dry, itchy ears.

Most of the time the ear canals are self-cleaning; that is, there is a slow and orderly migrations of ear canal skin from the eardrum to the ear opening. Old earwax is constantly being transported from the ear canal to the ear opening where it usually dries, flakes, and falls out.

Under ideal circumstances, you should never have to clean your ear canals. However, we all know that this isn't always so. If you want to clean your ears,

you can wash the external ear with a cloth over a finger, but do not insert anything into the ear canal.

What are the symptoms of wax buildup?

- partial hearing loss, may be progressive
- tinnitus, noises in the ear
- earache
- fullness in the ear or a sensation the ear is plugged

Self Treatment

Most cases of earwax blockage respond to home treatments used to soften wax if there is no hole in the eardrum. Patients can try placing a few drops of mineral oil, baby oil, glycerin, or commercial drops, such as Debrox®, or Murine® Ear Drops in the ear. These remedies are not as strong as the prescription wax softeners but are effective for many patients. Rarely, people have allergic reactions to commercial preparations. Detergent drops such as hydrogen peroxide or carbamide peroxide may also aid in the removal of wax. Patients should know that rinsing the ear canal with hydrogen peroxide (H₂O₂) results in oxygen bubbling off and water being left behind – wet, warm ear canals make good incubators for growth of bacteria. Flushing the ear canal with rubbing alcohol displaces the water and dries the canal skin. If alcohol causes severe pain, it suggests the presence of an eardrum perforation.

When Should I See My Doctor?

If you are uncertain whether you have a hole (perforation or puncture) in your eardrum, consult your physician prior to trying any over-the-counter remedies. Putting eardrops or other products in the presence of an eardrum perforation may cause an infection. Certainly, washing water through such a hole could start an infection. In the event that the home treatments discussed in this leaflet are not satisfactory, or if wax has accumulated so much that it blocks the ear canal (and hearing), your physician may prescribe eardrops designed to soften wax, or he may wash or vacuum it out. Occasionally, an otolaryngologist (ENT specialist) may need to remove the wax using microscopic visualization.

Saline Nasal Irrigation and Steam Heat Treatment for Sinus Congestion

Saline Nasal Irrigation

One of the simplest, cheapest, and most effective ways to prevent and treat sinus problems is nasal irrigation. You can purchase saline nasal irrigation kits in the pharmacy. You can also make your own irrigation solution using tap water, table salt, and baking soda. This can often relieve sinusitis symptoms, reduce reliance on nasal sprays and antibiotics, and improve your quality of life. At least twice a day, follow these steps:

1. Stir 1 teaspoon of salt into 2 cups of lukewarm water.
2. Add ½ teaspoon of baking soda to lessen stinging symptom during irrigation.
3. Fill a small bulb syringe with the saltwater solution. (If you prefer, you can use a small pitcher called a neti pot to stream the solution through your nose. Or you can purchase an inexpensive nasal irrigation kit with a squeeze bottle, such as NeilMed's Sinus Rinse, at most drugstores.)
4. Lean over your bathroom or kitchen sink, insert the tip of the syringe just inside one nostril, and gently squeeze the bulb. The water will run back out the nostril (or possibly the opposite nostril) and into the sink. Use at least one full bulb of solution.
5. Repeat the procedure in the other nostril.

Steam Heat

Adequately humidify your home, especially bedroom.

Take a hot bath or shower.

Drink a hot beverage.

Create a steam tent. Fill a bowl with hot water. Drape a towel over your head so that it forms a tent over your head. Carefully lean over the bowl. Caution regarding burning your skin.

Benign Paroxysmal Positional Vertigo (BPPV)

What is benign paroxysmal positional vertigo?

Vertigo is the sudden sensation that you are unsteady or that your surroundings are moving. Benign paroxysmal positional vertigo (also called BPPV) is the most common kind of vertigo.

BPPV is an inner ear problem that causes you to suddenly feel dizzy when you move your head in a certain direction, lie down from an upright position, turn over in bed or sit up in the morning. Moving your head to look up can also make you feel dizzy.

Although BPPV can be bothersome, it is rarely a serious problem. Episodes of BPPV are usually short, lasting less than a minute, and the problem tends to come and go. In some cases, BPPV goes away by itself with little or no treatment.

What causes BPPV?

Your inner ear contains tiny calcium particles that help you keep your balance. Normally, these particles are distributed evenly in the inner ear's three canals. When you move your head, the calcium particles stimulate nerve cells inside the canals. These cells send your brain a signal telling it what direction your head is moving.

However, these calcium particles can break loose and clump together in one of the ear's canals. When this happens, the nerve cells tell your brain that your head has moved more than it actually has. This incorrect signal results in vertigo. In most cases, BPPV is something that happens as part of aging. It can also occur after a blow to your head or, less often, as a result of a virus that infects your ear.

How does my doctor know I have BPPV?

Your doctor may suspect BPPV if you feel dizzy when you move your head certain ways. Your doctor will do a physical exam, ask you some questions and review your medical history. If there is doubt about what is causing your dizziness, your doctor may order one or more tests to rule out more serious problems.

What can I do to cope with BPPV symptoms?

- Get out of bed slowly. Sit on the edge of the bed for a minute before standing up.
- Be careful when you bend to pick something up or when you raise your head back to get something from an upper cabinet. Make these movements slowly.
- Sit or lie down right away whenever you feel dizzy.
- Be careful when getting up from lying back at the dentist's office, beauty parlor or barbershop, or during activities, such as yoga or massage.

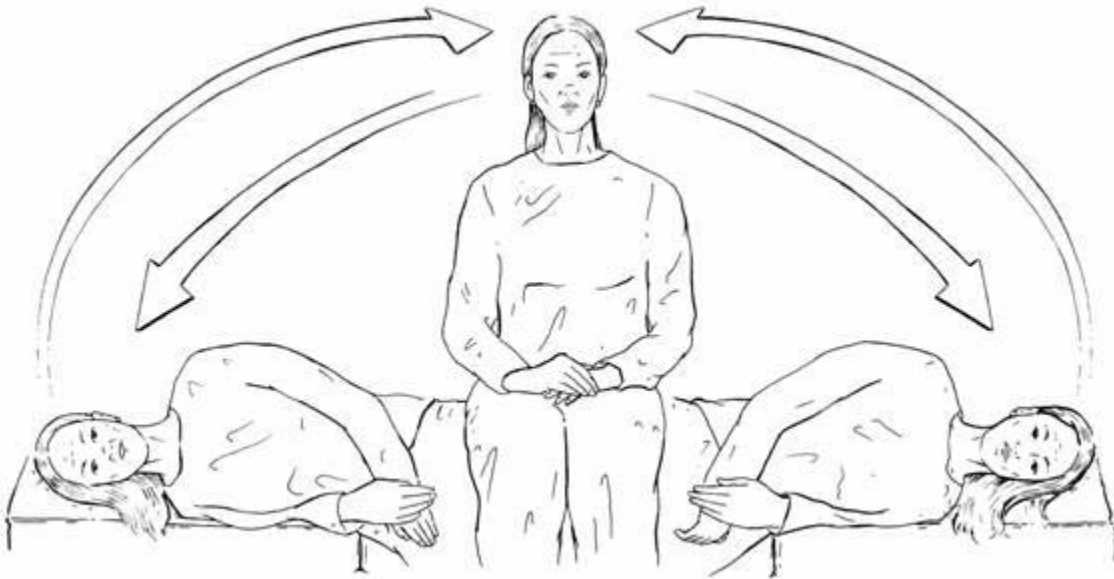
How is BPPV treated?

Your doctor may recommend some simple head movements that you can do at home. These movements, called the Brandt-Daroff exercise, can help move the calcium particles in the canals in your inner ear. This easy exercise can stop the symptoms and may keep the dizziness from coming back.

How to Do the Brandt-Daroff Exercise

1. Sit on the edge of a bed or sofa with your legs hanging over the side. Sit near the middle so that you can lie down in either direction.
2. Quickly lie down onto your right side, resting your right ear on the bed or sofa, looking straight ahead. Hold this position for 30 seconds (or until any dizziness passes, whichever is longer).
3. Return to the upright position looking straight ahead. Hold this position for thirty seconds.
4. Quickly lie down onto your left side, resting your left ear on the bed or sofa, looking straight ahead. Hold the position for 30 seconds or until any dizziness passes.
5. Return to the upright position looking straight ahead for 30 seconds.

The five steps above make up one 'set' of the Brandt-Daroff exercise. Do five repetitions of this set - it should take about ten minutes. Try to do two or three exercise sessions a day for 10 days to 2 weeks. You can do one exercise session in the morning, another at lunchtime and/or one before you go to bed. If your symptoms go away after one week of doing these exercises, you can cut back to 2 repetitions three or four times a week for the next week.



This document is intended to provide health related information so that you may be better informed.

It is not a substitute for your doctor's medical advice and should not be relied upon for treatment for specific medical conditions.

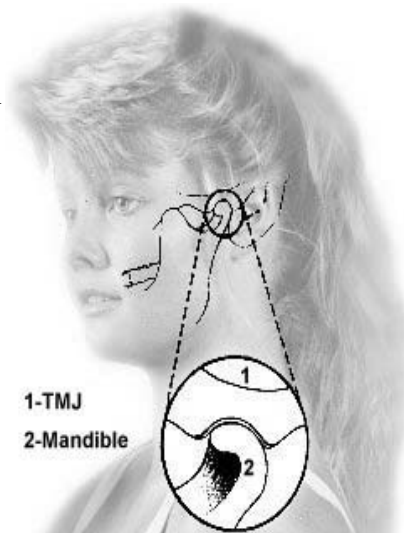
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Primary Care Operations Improvement Site prepared by the MGH Laboratory of Computer Science

Temporo-Mandibular Joint Disorder (TMJ Disorder)

What is TMJ Disorder?

TMJ Disorder affects the jaw joint and the muscles that control chewing. The temporo-mandibular joint is the joint that opens and closes the mouth. It is located on both sides of your face, just in front of either ear. The most common form of TMJ Disorder is myofascial pain, discomfort or pain in the muscles that control jaw function. Sometimes the pain spreads into the neck and shoulder muscles.

The good news is that for most people, TMJ Disorder does not mean that a serious problem is developing. In most cases, the discomfort is occasional and temporary. The pain eventually goes away with little or no treatment. Only a small percentage of people with this condition develop significant, long-term symptoms.



What are the symptoms of TMJ Disorder?

Symptoms include:

- Jaw pain that gets worse with chewing, yawning or opening the mouth
- Locking or catching of the jaw joint
- Limited ability to open the mouth
- A bite that feels 'off,' uncomfortable, or as if it is frequently changing
- Headaches or pain in the shoulder, back or neck
- Clicking, popping or grating sounds with movement of the jaw
- Dizziness, visual changes, earache or ringing in the ears
- Diminished hearing

What causes it?

Stress, either mental or physical, may cause or aggravate TMJ Disorder. People with this condition often clench or grind their teeth at night, which tires the jaw muscles and causes pain. It is not clear, however, whether stress is the cause of the clenching/grinding and subsequent jaw pain, or the result of dealing with chronic jaw pain or dysfunction.

Serious injury to the jaw or temporo-mandibular joint can cause TMJ Disorder. A heavy blow, for example, can fracture the bones of the joint or damage the disc, disrupting the smooth motion of the jaw and causing pain or locking. Arthritis in the jaw joint may also result from injury. Other causes of TMJ are less clear. Experts used to think that a bad bite (malocclusion) could trigger the condition, but the latest research does not support that idea.

How does the doctor know I have TMJ Disorder?

The doctor will ask about your symptoms and medical history, and perform a physical exam, focusing on your mouth, jaw joints, and ears. In most cases, your description of the symptoms and this exam give the doctor enough information to make the diagnosis. Your doctor may also order x-rays.

What is the treatment for TMJ Disorder?

Because most TMJ problems are temporary and do not get worse, simple treatment is all that is usually needed to relieve discomfort. Treatment may include:

- **Pain relief**, using a soft diet to reduce pain while chewing, hot or cold packs, and acetaminophen (Tylenol) or nonsteroidal anti-inflammatory drugs (Advil, Nupren) as needed. In some cases, the doctor may prescribe muscle relaxants or inject the jaw with pain relieving medicine such as lidocaine or cortisone.
- **Physical therapy**. Gentle massage or stretching exercises, transcutaneous electrical nerve stimulation (TENS), and biofeedback may reduce pain and help muscles to relax.
- **Stress reduction**. Counseling to learn stress management and relaxation techniques.
- **Dental procedures**. A splint or mouth guard can be made to wear in your mouth to relax your jaw muscles and prevent clenching or grinding of your teeth.
- **Surgical treatments**. The surgical treatments currently available have not been proven to work and are only used as a last resort if pain becomes unbearable. Keep in mind that for most people, discomfort from TMJ Disorder will eventually go away whether treated or not. Simple self-care practices are often effective in easing symptoms.

What can I do to help reduce symptoms?

- Ask your dentist to make a night guard to prevent grinding your teeth at night.
- Try to limit jaw movements and learn to relax your jaw.
- Don't chew gum
- Learn a relaxation technique to help you cope with stress.

Where can I find out more about TMJ Disorder?

The TMJ Association
<http://www.tmj.org>

American Academy of Otolaryngology/Head and Neck Surgery
<http://www.entnet.org/healthinfo/topics/tmj.cfm>

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Gastrointestinal Problems

Tapering Your Acid Blocking Medication

When you have been taking an acid blocking medication such as omeprazole (Prilosec) or lansoprazole (Prevacid) for several weeks, your body gets used to being on that medicine. If you stop the medicine all at once you may have “acid rebound,” causing even more acid in your stomach than you had before taking the medicine. This page explains how to taper your medicine to avoid that problem.

If you have been taking your medicine once a day:

1. Take the medicine only every other day for two weeks
If you have symptoms on the “off” day you can take an over-the-counter acid blocking medicine twice a day on those days. (for example Pepcid AC, Tagamet HB, Zantac 75, or Axid AR)
2. After two weeks, stop the medicine.
If your symptoms return, let your doctor know.

If you have been taking your medicine twice a day:

1. Take the medicine only once a day for 1 week.
If you start having symptoms again, let your doctor know.
2. Then take the medicine only every other day for 1 week.
If you have symptoms on the “off” day you can take an over-the-counter acid blocking medicine twice a day on those days. (for example Pepcid AD, Tagamet HB, Zantac 75, or Axid AR)
3. After these two weeks, stop the medicine.
If your symptoms return, let your doctor know.

If you have been diagnosed with GERD (GastroEsophageal Reflux Disease) and you have been taking your medicine twice a day for GERD:

1. Take your medicine only once a day for one week.
If you start having symptoms again, let your doctor know.
2. Then take your medicine every other day for one week. Your doctor will prescribe you another more gentle medicine for the “off” day.
3. After these two weeks, stop your old medicine (the Prilosec or Prevacid), and continue to take the newer medicine until your doctor tells you to stop it.

...and if you have been taking your medicine once a day for GERD:

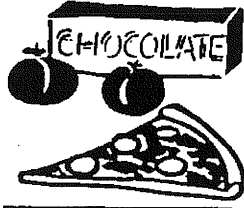
1. Take the medicine every other day for two weeks. Your doctor will prescribe you another more gentle medicine for the “off” day.
2. After these two weeks, stop your old medicine (the Prilosec or Prevacid), and continue to take the newer medicine until your doctor tells you to stop it.

C O P I N G • W I T H

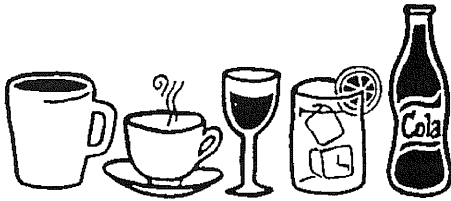
HEARTBURN & REFLUX

If you are one of the millions of people who suffer from heartburn, the most common symptom of reflux, there are things you can do to improve your health and enhance the quality of your life.

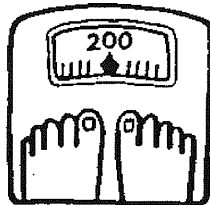
1. Avoid spicy, acidic, tomato-based, or fatty foods like chocolate, citrus fruits, and fruit juices.



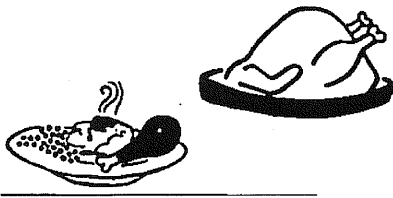
2. Limit your intake of coffee, tea, alcohol, and colas.



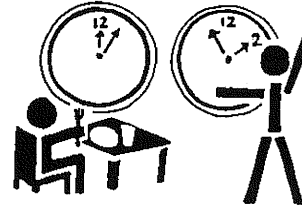
3. Watch your weight. (Being overweight increases intra-abdominal pressure, which can aggravate reflux.)



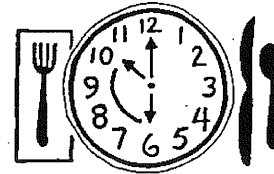
4. Don't gorge yourself at mealtime. Eat moderate amounts of food.



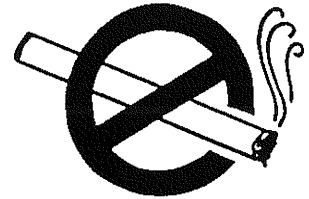
5. Don't exercise too soon after eating.



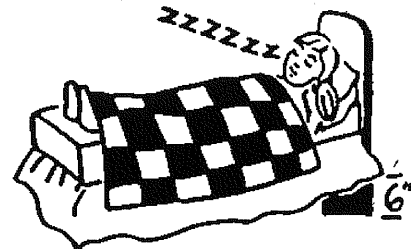
6. Avoid bedtime snacks and eat meals at least 3 to 4 hours before lying down.



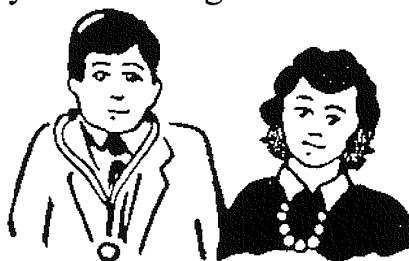
7. Stop (or at least cut down on) smoking.



8. Elevate the head of your bed with blocks.



9. See your physician if you are taking antacids three or more times a week.



Irritable Bowel Syndrome

What is irritable bowel syndrome?

Irritable bowel syndrome (IBS) is a common disorder of the intestines, which can cause abdominal pain, cramping, and bloating, as well as diarrhea, constipation, or both. As many as 15% of adults in the US have symptoms of this condition.

What is the cause of IBS?

No one is exactly sure what causes these symptoms in susceptible people, but some studies have shown that people with IBS have greater sensitivity of the intestines to normal stimuli such as stretch. This increased sensitivity of the nerves in the intestines may cause pain and cramping even in the setting of normal digestion and bowel function.

Is IBS dangerous?

There is no cure for IBS, but it is not a life-threatening condition, and it does not indicate any increased risk for cancer or other intestinal disorders.

What can I do to reduce my symptoms?

- What to eat: Increasing your fiber intake may help to reduce your symptoms. Fiber can help to keep stools soft, but formed, whether you typically have trouble with constipation or diarrhea. You can increase fiber intake by eating whole-grain breads and cereals, fruits, and vegetables.

You can also take a fiber supplement, such as psyllium (Metamucil, Fiberall), polycarbophil (FiberCon), or methylcellulose (Citrucel). Regardless of how you increase your fiber intake, you should be sure to drink 6-8 cups of fluid daily for the best results.

Individual fiber supplements should be started at a low dose and then increased gradually for best results as described below.

- **Psyllium:** start at 1 tablespoon per day, mixed with 8 ounces of water or juice; results occur within 2-3 days. If symptoms are not adequately improved after 3 days, the dose can be increased to 1 tablespoon twice per day. After another 3 days, the dose can be increased further to 1 tablespoon three times per day if needed.
- **Polycarbophil:** start with 2 caplets taken once per day with 8 ounces of water or other fluid. Results occur within 3 days of regular use. If symptoms are not adequately improved after 3 days, the dose can be increased to 2 caplets twice per day. The dose can be increased to as much as 2 caplets four times per day

if needed. It is best to wait 3 days before each dose increase, in order to allow the fiber to take effect. Each dose should be taken with 8 ounces of fluid.

- **Methylcellulose:** start with 2 caplets or one tablespoon of powder taken once per day with 8 ounces of water or other fluid. Results occur within 3 days of regular use. If symptoms are not adequately improved after 3 days, the dose can be increased to 2 caplets twice per day or one tablespoon of powder twice per day. The dose can be increased to as much as 2 caplets six times per day or one tablespoon of powder three times per day if needed. It is best to wait 3 days before each dose increase, in order to allow the fiber to take effect. Each dose should be taken with 8 ounces of fluid.
- **What to limit:** If diarrhea is your main symptom, your doctor may recommend that you limit the amount of dairy products (milk, cheese, yogurt) that you eat for a few weeks to see if you have lactose intolerance. Lactose intolerance is a condition in which dairy foods cannot be properly digested, which can lead to diarrhea and gas. This condition can mimic IBS or can worsen the symptoms of IBS.

If you find that your symptoms improve when you avoid dairy products, it will be important for you to take a calcium supplement to make up for the calcium that you are no longer getting from dairy foods. The recommended daily intake of calcium is 1000 mg for men and for premenopausal women and 1500 mg for postmenopausal women.

- **What to avoid:** Certain foods increase intestinal gas – avoiding them can reduce your symptoms of gas and bloating. Examples include: beans, cabbage, onions, celery, carrots, raisins, apricots, prunes, wheat germ, pretzels, and bagels.

Caffeine can cause watery stools – it can be found in coffee, tea, and many sodas.

Large meals can cause cramping and diarrhea in people with IBS. Eating smaller meals frequently throughout the day may help your symptoms.

By keeping track of what you eat and how foods relate to your symptoms, you may discover some specific foods that trigger your symptoms. Avoiding these foods may be helpful in reducing your symptoms. Let your doctor know what foods affect your symptoms so you can decide together what to avoid, while being sure that you are getting adequate nutrition.

Are there medicines that can help reduce symptoms from IBS?

If simple dietary changes do not adequately relieve your symptoms, talk with your doctor about medication options for treatment of IBS. Your doctor may recommend a medicine, such as loperamide (Imodium), to reduce diarrhea; there are also medicines, such as lactulose, that can improve chronic constipation. Some medicines, such as hyoscyamine sulfate (Levsin), are used primarily for treatment of abdominal pain. Your doctor can discuss with you whether one or more of these medicines might be beneficial for you.

Using Fiber Supplements

Fiber supplementation may improve symptoms of constipation or diarrhea. Many fiber supplements are available (some products include Citrucel, Metamucil, Benefiber and FiberCon). Fiber supplements contain psyllium husk or polycarbophil, which are concentrated sources of soluble fiber. They are available as tablets, powders to mix in water or juice, or as wafers that are eaten like crackers.

If you haven't taken fiber supplements before, they may cause stomach cramps, gas, and bloating until your system gets used to them. To avoid these symptoms, you can start at a low dose and increase slowly to the recommended dose. You may adjust your dose upward or downward on a weekly basis.

To use these products follow these instructions:

Citrucel or Metamucil (powder, wafer or soft chew, capsules):

- Starting dose: ½ -1 teaspoon of powder mixed in 8 ounces glass of beverage or ½- 1 wafer, or 1 capsule 1-3 times a day.
- Then increase to 1-3 teaspoons(s) of powder mixed in 8 ounces glass of beverage, or 1 –2 wafers, or 2 capsules 1-3 times a day.
- The maximum recommended dose is 3 tablespoons, 6 wafers, or 6 capsules per day.

Benefiber:

- Starting dose: 1-2 teaspoon(s) of powder into 4-8 ounces drink or soft food.
- Increase slowly to 1-2 tablespoon(s) up to 3 times per day.
- The maximum recommended dose is 6 tablespoons per day.

FiberCon Caplets:

- Starting dose: 1 caplet 1 - 4 times a day. Take each tablet with a full glass of water.
- Then increase to 2 caplets 1-4 times a day as needed.
- The maximum recommended dose is 8 caplets per day.

Remember, these products are not laxatives; they will not induce a bowel movement. You must take them daily regardless of your perceived need. Also, it's important for you to remember that powders must be mixed in a glass of water or juice, do not swallow them dry. If you use the wafers, take each dose with a full glass of water and drink plenty of fluids throughout the day. If you take any other prescription medicines ask your doctor or pharmacist if they interact with fiber supplements and consider taking the fiber products at least 2 hours before or 2 hours after taking other medicines.

Constipation

What is constipation?

Constipation is infrequent or uncomfortable bowel movements. Your stools may be very hard or slow-moving, making them so difficult to pass that you have to strain. Or you may feel like you still need to have a bowel movement even after you've had one. Normal frequencies for bowel movements may vary from 3 times a day to 3 times a week, depending on the person. What is more important is whether there is a change in frequency.

What causes constipation?

As the food you eat passes through your digestive tract, your body takes nutrients and water from it. This process creates a stool, which is moved through your intestines with muscle contractions (squeezing motions). A number of things can affect this process. They include:

- not drinking enough fluids,
- not being active enough,
- not eating enough fiber,
- taking certain drugs,
- not going to the bathroom when you have the urge to have a bowel movement,
- changing your routine (e.g. travel),
- regularly using laxatives,
- having certain medical conditions.

Any of these things can cause the stools to move more slowly through your intestines, leading to constipation. If you are constipated for a long time, you could develop a condition called diverticulosis.

How do I treat my constipation?

The main thing in treating constipation is to be sure you're eating enough fiber (20-35 grams a day) and drinking enough fluids. This helps your stools move through your intestines by increasing the bulk of your stools and making your stools softer. The simplest way to add more fiber to your diet is to eat more fresh fruits, fresh vegetables, and whole-grain foods. You should try to eat 5 or more servings of fruits and vegetables every day. Whole grains are easiest to eat as cereals, such as 100% bran or shredded wheat cereals. Bran, oats, or whole-wheat flour may be baked into breads or muffins. You can also sprinkle bran flakes onto other foods, such as salads, yogurt, or cereal. Look for these products in the oatmeal section at the supermarket. Quaker unprocessed brand is usually easy to find. Your clinician can give you more information on Dietary Fiber and the Fiber Content of Foods to help you choose foods that are high in fiber.

Make sure to include at least 6-8 glasses of water daily. Increasing your physical activity will also help.

Should I use laxatives?

Laxatives should generally be avoided. They aren't meant for long-term use. An exception to this is bulk-forming laxatives. Bulk-forming laxatives work naturally to add bulk and water to your stools so that they can pass more easily through your intestines. Bulk-forming laxatives can be used every day. (Remember to drink water!) They include oat bran, psyllium (one brand: Metamucil), polycarbophil (one brand: FiberCon) and methylcellulose (one brand: Citrucel). Some of these products are available as wafers, which are tastier and easier to eat.

How do I prevent constipation?

- Don't resist the urge to have a bowel movement.
- Set aside time to have a bowel movement. A good time may be after breakfast or any other meal.
- Eat more fiber
- Drink plenty of fluids--at least 8 glasses a day. Fluids can include water, juices, soup, herbal tea and other drinks.
- Don't take laxatives too often.
- Exercise or move around more.

When do I call my physician?

Talk to your doctor if you notice any blood in your stools, if constipation is new and unusual for you, if you're constipated for 3 weeks or more, or if you're in pain.

Where can I find out more about constipation?

- The American Gastroenterological Association has some helpful information on its web site. Click on http://www.gastro.org/patient-center/digestive-conditions/constipation#Constipation_Basics.
- For some more ideas on what causes constipation and how to avoid it, go to the National Digestive Diseases Information Clearinghouse on the web at <http://digestive.niddk.nih.gov/ddiseases/pubs/constipation/>.

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Hemorrhoids

What is a hemorrhoid?

A hemorrhoid is a swollen vein in the area around the anus, the opening through which stool passes. Hemorrhoids are a very common health problem. Many people have both internal and external hemorrhoids.

- **Internal hemorrhoids** develop inside the anal passageway. They are usually not painful but they can cause a small amount of bleeding, most often with bowel movements.
- **External hemorrhoids** develop around the rim of the anus where they can cause itching and discomfort.

What are the signs of hemorrhoids?

You may see a bit of blood on the toilet paper after having a bowel movement. You might also see traces of blood on your stool or coloring the water inside the toilet bowl. You may feel a bulge or lump in the area around your anus.

What causes them?

Hemorrhoids can develop from chronic constipation, straining to pass stools, and recurrent diarrhea. Women sometimes get hemorrhoids from pregnancy and childbirth. As you get older, you are more likely to develop hemorrhoids.

What is the treatment for hemorrhoids?

Although hemorrhoids are annoying, they are not usually a serious medical problem. Most of the time, you can relieve the symptoms of hemorrhoids with home treatments. However, if you notice rectal bleeding, it is important to see your doctor for an examination. Your doctor will check to see whether the bleeding is coming from hemorrhoids or from something more serious, such as rectal cancer.

Recommended home treatments include:

- Increasing the amount of **fiber** in your diet. A fiber-rich diet softens stools so that they pass more easily, reducing pressure on hemorrhoids.
 - **High-fiber foods** include beans, broccoli, carrots, bran, whole grains and fresh fruits. Ask your doctor for patient handouts on dietary fiber and fiber content of foods. To avoid bloating and gas, add these foods gradually over a period of several days. Drinking enough fluids (six to eight cups a day) helps you digest fiber and also helps soften stools.
 - If you don't think you are getting enough fiber in your diet, you can also buy **fiber supplements** in the drug store (without a prescription). Some brand names are Metamucil, Citrucel, Konsyl and Perdiem Plain. Flavored and artificially

sweetened varieties are available. The usual dose is 2 teaspoons or 2 packets in liquid once or twice a day.

- **Sitz baths.** Sitting in a tub filled with warm water for 10 to 15 minutes several times a day can ease discomfort. (Large pharmacies and medical supply stores also sell convenient plastic sitz bath devices that fit into a toilet.) The warm water will keep the area clean, and the warmth will reduce inflammation. Be sure to dry the rectal area thoroughly after each sitz bath. If you work, try taking a sitz bath in the morning, upon your return from work and before bedtime.
- Applying a **cold compress** or icepack to the anal area, or try a cool cotton pad soaked in witch hazel.
- **Petroleum jelly or aloe vera gel**, applied to the anal area, can soothe the skin. Over-the-counter hemorrhoid preparations containing hydrocortisone can reduce swelling, but use them sparingly because they can dry out your skin.

If hemorrhoids do not respond to these measures, your doctor may recommend medical treatment.

Medical treatments for small to medium, mostly internal hemorrhoids can usually be done in a surgeon's office. They include:

- **Rubber-band ligation** – A rubber band is slipped around the base of the hemorrhoid to cut off its circulation. Once it has been deprived of its vital blood supply, the banded hemorrhoid withers and falls off. This is the most effective and most common treatment.
- **Sclerotherapy** – an irritating chemical solution is injected directly into the hemorrhoid or the area around it. The solution interferes with blood flow inside the hemorrhoid, causing it to shrink.
- **Laser therapy, infrared light therapy, electro-cauterization or freezing** therapy are all used to shrink hemorrhoids.

For patients who have large hemorrhoids, or prominent external hemorrhoids, **hemorrhoidectomy** (surgically removing the hemorrhoids) is sometimes recommended. This is an outpatient procedure done under anesthesia. It usually has excellent results.

What can I do to prevent another flare-up of hemorrhoids?

- Eat plenty of fiber-rich foods.
- Drink plenty of liquids. To help keep your stool soft, it's a good idea to drink between six and eight glasses of water daily.
- Exercise regularly. Twenty to thirty minutes of brisk walking daily helps to stimulate easier bowel movements.
- Respond immediately to the urge to have a bowel movement. Do not postpone until the time is more convenient.

Home Treatments for Hemorrhoids

To avoid making hemorrhoids worse:

- After a bowel movement, blot the area gently with white toilet paper moistened with water. You can also use Baby Wipes or other premoistened towels (such as Tucks) for this purpose.
- In the bath or shower, use only soaps without perfumes or dyes. Avoid rubbing the anal area. Gently pat dry with a soft, absorbent or cloth.

To relieve pain and itching:

- **Apply ice** several times a day for 10 minutes at a time. Follow this by placing a warm compress on the anal area for another 10 to 20 minutes.
- **Take a sitz bath** once or twice a day. Sit in a tub or a pan of plain, warm water (at bath water temperature) for 15 to 20 minutes. You can buy a plastic sitz bath basin that fits into the toilet at larger pharmacies and medical supply stores. The sitz bath water keeps the area clean, decreases redness and swelling, and relaxes the muscles.

To prevent hemorrhoids from coming back:

- **Add more fiber** to your diet to prevent constipation. Focus on fruits, vegetables, and whole grains. Fiber supplements such as Citrucel and Metamucil can also add bulk to the diet. You can buy fiber supplements at a drug store without a prescription. They are not laxatives. They do not stimulate the bowel to move. They just help make your bowel movements soft and less irritating. Follow the label instructions for use. Be sure to drink plenty of water or other fluids when you increase the fiber in your diet.
- **Get more exercise.** Moderate exercise – 30 minutes or more three or four times a week – helps keep your bowels functioning properly. Brisk walking, swimming, gardening, dancing, housework – any activity that gets you moving will do. Vary the kinds of exercise you do to keep it interesting.

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Infectious Diseases

Staph Infections and MRSA

What is a staph infection?

Conditions known as staph infection are caused by the bacterium *Staphylococcus aureus*. Many healthy people carry staph bacteria in their noses or on their skin without getting sick. According to the Centers for Disease Control, between 25% and 30% of Americans carry staph bacteria without getting sick. But when the skin is punctured or broken, staph bacteria can enter the wound and cause infections, which can lead to other health problems.

What does MRSA mean?

MRSA stands for methicillin-resistant *staphylococcus aureus*. Most varieties of staph bacteria are easily-treated with common antibiotics such as methicillin, oxacillin, penicillin and amoxicillin. MRSA is a type of staph that resists treatment with methicillin as well as other more common antibiotics. Only about 1% of Americans carry the MRSA bacteria.

Who gets staph infections?

Staph infections, including MRSA, occur most frequently among people in hospitals and healthcare facilities (such as nursing homes and dialysis centers) who have weakened immune systems. These healthcare-associated staph infections include surgical wound infections, urinary tract infections, bloodstream infections, and pneumonia.

What is community-associated MRSA?

Staph and MRSA can also cause illness outside of hospitals and healthcare facilities. MRSA infections that are acquired by otherwise healthy people who have not been hospitalized or had a medical procedure (such as dialysis, surgery, catheters) recently are known as community-associated MRSA infections. These community-associated infections usually show up as skin infections, such as pimples and boils, and occur in otherwise healthy people.

What does a staph or MRSA infection look like?

Staph bacteria, including MRSA, can cause skin infections that are red, painful, and may have pus or other drainage. More serious staph infections can cause pneumonia, blood stream infections, or surgical wound infections.

How are staph infections spread?

Staph infections are most often spread through hand contact. Staph can pass from person to person when you shake hands or come into any kind of physical contact with a person who has an infection. It can also spread through contact with personal items, such as a towel, or contaminated surfaces, such as an exercise mat, that an infected person has used. You can also carry staph bacteria from one part of your body to another on dirty hands and under dirty fingernails. It is possible - but unusual -- for staph infections to spread through the air (when someone sneezes, for instance).

How can I prevent staph or MRSA skin infections?

1. Keep your hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer.
2. Keep cuts and scrapes clean and covered with a bandage until healed.
3. Avoid contact with other people's wounds or bandages.

4. Avoid sharing personal items such as towels or razors.
5. If you belong to a health club and use shared equipment such as exercise mats or weight machines, use a barrier (clothing or a towel) between your skin and shared equipment. Wipe surfaces of equipment before and after use.

How are staph and MRSA infections treatable?

Most localized staph and MRSA skin infections can be treated by washing the skin with an antibacterial cleanser, applying an antibiotic ointment prescribed by a doctor, and covering the skin with a clean dressing. To keep the infection from spreading, use a towel only once when you clean an area of infected skin, then wash it (or use disposable towels). Many staph skin infections may be treated by draining the abscess or boil and may not require antibiotics. Drainage of skin boils or abscesses should only be done by a healthcare provider.

For more serious staph and MRSA infections, your doctor may prescribe an antibiotic. If you are given an antibiotic, take all of the doses, even if the infection is getting better, unless your doctor tells you to stop taking it. Do not share antibiotics with other people or save unfinished antibiotics to use at another time.

If the infection is not getting better after a few days of the treatment your doctor has suggested, call your doctor. If other people you know or live with get the same infection, tell them to contact their healthcare provider.

Is it possible that my staph or MRSA skin infections will come back after it is cured?

Yes. It is possible to have a staph or MRSA skin infection come back (recur) after it is cured. To prevent this from happening, follow your doctor's directions while you have the infection and follow the prevention steps after the infection is gone.

If I have a staph or MRSA skin infection, what can I do to prevent other people from getting infected?

1. **Cover your wound.** Keep wounds that are draining, or have pus, covered with clean, dry bandages. Follow your doctor's instructions on proper care of the wound. Pus from infected wounds can contain staph and MRSA, so keeping the infection covered will help prevent the spread to others. Bandages or tape can be discarded with the regular trash.
2. **Clean your hands.** You, your family, and others in close contact should wash their hands frequently with soap and warm water or use an alcohol-based hand sanitizer, especially after changing the bandage or touching the infected wound.
3. **Do not share personal items.** Avoid sharing personal items such as towels, washcloths, razors, clothing, or uniforms that may have had contact with the infected wound or bandage. Wash sheets, towels, and clothes that become soiled with water and laundry detergent. Drying clothes in a hot dryer, rather than air-drying, also helps kill bacteria in clothes.
4. **Talk to your doctor.** Tell any healthcare providers who treat you that you have or had a staph or MRSA skin infection.

What should I do if someone I know has a staph or MRSA infection?

If you know someone that has a staph or MRSA infection you should maintain good hygiene and follow the prevention steps listed above.

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How to choose a cold remedy

Although conventional drugs can't shorten the course of a cold, they can relieve its symptoms. To simplify your choice of over-the-counter products, consider only targeted, single-ingredient remedies; multisymptom "shotgun" products generally cost more and pose unnecessary risks of side effects from ingredients you may not need. To narrow your search, follow the recommendations below. We've listed a few widely sold brand name, single-ingredient medicines. Most of the ingredients are also available in generic or store-brand products. Be sure to check labels for side effects and drug interactions.

Symptoms; treatments & ingredients	Guide to choosing
NASAL CONGESTION	
Drops, sprays: Oxymetazoline (Afrin 12-Hour, Neo-Synephrine 12-Hour, Vicks Sinex 12-Hour); Phenylephrine (4-Way Fast Acting, Neo-Synephrine 4-Hour, Rhinall); Xylometazoline (Natu-Vent, Otrivin) Prescription spray: Ipratropium (Atrovent) Pills: Pseudoephedrine (Simply Stuffy, Sudafed Non-Drowsy Maximum Strength)	Sprays and drops are generally safer, faster, and more effective than pills. But don't use for more than 2 or 3 days, to avoid "rebound" congestion. If OTC "non-prescription" drugs do not help, this might help for runny nose. Short acting (4-6 hour) pills are less likely to cause side effects.
SORE THROAT	
Lozenges, sprays: Benzocaine (Cepacol Maximum Strength, Mycinettes, Spec-T); Dyclonine (Sucrets Maximum Strength, Sucrets Throat Spray); Hexylresorcinol (Sucrets Sore Throat); Menthol (Extra Strength Vicks, Maximum Strength Halls Plus, N'ice'n Clear) Phenol (Cheracol Sore Throat Spray, Children's Vicks Chloraseptic Throat Spray)	Dyclonine eases soreness (usually caused by postnasal drip) more effectively and for longer than others.
HEADACHE, MUSCLE ACHES, AND FEVER	
Pills: Acetaminophen (Aspirin-Free Anacin, Panadol, Tylenol); Aspirin (Bayer, Ecotrin Norwich); Ibuprofen (Advil, Motrin IB); Ketoprofen (Orudis-KT); Naproxen (Aleve)	Acetaminophen is generally easiest on the stomach. Don't give aspirin to children; it may cause potentially deadly Reye's syndrome.
COUGHS	
Cough Suppressant: Dextromethorphan (Benylin, Robitussin Maximum Strength Cough, Vicks 44 Cough Relief); Diphenhydramine (AllerMax, Benadryl Allergy) Expectorant: Guaifenesin (Hytuss, Robitussin, Scot-Tussin Expectorant)	Use for dry, nonproductive cough. Dextromethorphan is generally safer and more effective than diphenhydramine. Use if you're coughing up phlegm. Don't take suppressant and expectorant, a conflicting mix in many cold remedies.
For Diabetics: Diabetic Tussin, Golightly Menthol Cough drop, Clear Cough Syrup.	

Conjunctivitis: What You Need to Know

What is conjunctivitis?

Conjunctivitis, also called ‘pink eye,’ is an inflammation or infection of the conjunctiva, the clear membrane that covers the white part of the eye and the inner surface of the eyelids. Conjunctivitis may be alarming because it can make the eye very red and itchy, but it is a common condition that usually clears up quickly with or without treatment.

What are the symptoms of conjunctivitis?

- A very red, itchy eye, which may be followed by a similarly infected second eye.
- Watery discharge or mucous from the eye.
- "Grains of sand" or gritty sensation in the eye.
- Sensitivity to light.

Conjunctivitis may make you feel as if you’ve got something in one or both of your eyes that you just can’t remove. When you wake up in the morning, your eyes may seem to be pasted shut from the discharge coming from your eyes.

What causes conjunctivitis?

It is commonly caused by a viral or bacterial infection. It can also be caused by an allergic reaction to eye-drops, cosmetics or something in the air that gets in your eye. People who wear contact lenses are more likely to develop conjunctivitis because the lenses (especially extended wear lenses) can irritate the eye.

Is it contagious?

Conjunctivitis is very contagious for the two weeks following its onset. It can be spread from one eye to the other by touching the infected eye with your fingers, and then touching the other eye. You can spread the infection to other people by sharing any articles – towels, cosmetics, or pillows – that may have had contact with the infected eye.

Is it important to see my doctor for conjunctivitis?

Although conjunctivitis may get better without treatment, it’s still a good idea to see your doctor. Your doctor can check for inflammation of the cornea or any other problems that could affect your vision.

How does my doctor know that I have conjunctivitis?

Your doctor will probably be able to tell what the problem is just from looking at your eye. Sometimes the doctor will also take a sample of eye secretions to send to the lab to be sure what kind of infection you have. In some cases, your primary care doctor may refer you to an eye doctor.

What are the treatments for conjunctivitis?

The treatment depends on what is causing the problem.

- For **bacterial conjunctivitis**, your doctor may prescribe antibiotic eyedrops or antibiotic ointment.
- **Viral conjunctivitis** will not respond to antibiotic medicines, just as a cold does not respond to antibiotic treatment. Your doctor may recommend an over-the-counter eyedrop to help relieve symptoms until the infection clears on its own.
- For **allergic conjunctivitis**, the doctor may prescribe eyedrops that contain antihistamines or other medications to relieve symptoms and reduce allergic reactions.

How can I keep conjunctivitis from spreading?

Practicing good hygiene is the best way to control the spread of the infection. Here are some important things to remember:

- Always wash your hands with soap and water before and after touching the eye area.
- Do not share towels, pillows, cosmetics, face cloths or eating utensils with others.
- To prevent spreading the infection, avoid facial contact with others.
- Do not swim for two weeks after conjunctivitis appears.
- Do not use any eye cosmetics while the infection is present. *Discard all cosmetics used after the infection symptoms began.*
- Do not wear contact lenses until the infection is gone. *Discard any contact lenses you used while you had symptoms.*

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Herpes: What You Need to Know

What is herpes?

Herpes is a very common sexually transmitted disease. It is an infection caused by two different but closely related viruses, herpes simplex virus type 1 (HSV1) and type 2 (HSV2). Both are very easy to catch, and both have similar symptoms. When the infection is around the mouth, it is called oral herpes, almost always caused by HSV1. When it is around the sex organs, it is called genital herpes, usually caused by HSV2, but sometimes by HSV1.

How is herpes spread?

Direct contact with the virus can spread herpes. This includes touching, kissing, and sexual contact (vaginal, anal and oral). Moist areas of the mouth, throat, anus, eyes and genitals are very easily infected. Herpes can infect skin where it is cut, chafed, burned or has a rash or other sores. Herpes can be passed from one partner to another, or from one part of your own body to another part. If one partner has oral herpes, he/she can pass the virus during oral sex and cause genital herpes. Herpes is most easily spread when there are open sores, but it can be spread even when there are no visible sores. Symptoms of herpes usually begin 2 to 20 days after the virus first enters the body, but sometimes the first occurrence goes undiagnosed.

What are the symptoms of oral herpes?

Oral herpes appears as small blisters, also called 'cold sores.' These blisters appear in the mouth area, including on the lips, gums, tongue, roof of the mouth, and inside the cheeks. The blisters can be painful, especially when they are touched. Oral herpes sometimes causes other symptoms such as fever and muscle aches.

What are the symptoms of genital herpes?

The first occurrence of symptoms during the first infection of genital herpes is called *primary herpes or primary herpes outbreak*. . You may have a tingling or itching in the genital area at first. You could have pain or soreness in the buttocks, legs, and groin area. Small, red bumps appear on the area near where the virus entered the body - on the genitals, thighs, or buttocks. These bumps turn into blisters or open sores. Between 24 and 72 hours after the small blisters show up, they can burst and leave painful sores. Other symptoms of herpes include burning, pain with urinating, swollen lymph glands, muscle aches, headache, fever, nausea, and an achy, run-down feeling.

Symptoms usually go away within 3 weeks, even faster if you are treated with medication. The sores usually scab over and heal without scars. But after going away, the virus stays in the body. It can flare up and cause an outbreak of sores again, at any time from a few days to as much as years later. This is called *recurrent genital herpes*.

What are the symptoms of recurrent genital herpes?

Symptoms with recurrent genital herpes can vary. Often, people notice so-called 'classic' blisters, while others might have small bumps or sores. Symptoms of recurrent herpes

usually heal more quickly than first episodes, often in a few days, and become weaker with each outbreak.

Symptoms are sometimes mistaken for other conditions, such as jock itch, insect bites, or yeast infection. They can be found anywhere in the genital area, as well as the thighs, buttocks or the anus. A day or two before lesions appear, many people experience itching, tingling or discomfort in the area the lesions will develop. Such warning symptoms are called the *prodrome*.

How is herpes diagnosed?

Your doctor can usually diagnose herpes by talking with you, looking at the sores and by testing fluid taken from the sores. The fluid collected is sent to a lab to find out whether HSV is present and also what type of HSV is present. Occasionally, a blood test for herpes may be used.

Does everyone with herpes have symptoms?

No, some people with herpes do not have symptoms. Others have such mild symptoms that they may not recognize the infection for many years. However, they can still spread the virus.

About one in five adults in the United States has genital herpes. An estimated two-thirds of these people have not been diagnosed and don't know they have it.

Can herpes be active without causing symptoms?

Yes, even with someone who has herpes outbreaks they recognize, there will still be days when the virus reactivates and travels to the skin without causing noticeable symptoms. This is often called 'asymptomatic shedding' or 'unrecognized' herpes.

What causes an outbreak?

It is not clear exactly what causes outbreaks. Doctors think that the following factors may be involved: other infections, physical or emotional stress, fever, skin irritation (such as sunburn), and hormonal changes.

How often do outbreaks occur?

This can vary from person to person. After you have primary herpes (first occurrence of herpes symptoms), symptoms go away but the virus stays in your body. Half of the people who have herpes don't have any more outbreaks after the first occurrence of symptoms. Some people only get a few outbreaks, while others get many. People can have many outbreaks in a row and then go months or years without one. People with illnesses that weaken the immune system, like leukemia or HIV, are more likely to get outbreaks.

How do I tell my partner that I have herpes?

The idea of talking to your partner about herpes probably makes you nervous, but sharing this information is important and can help you build or maintain an honest and caring relationship. By sharing information about herpes, you are showing that you respect and

care about yourself as well as your partner. Pick a neutral setting and a time you won't be interrupted. What you say will depend on your unique situation, how long you have been in the relationship and whether or not you have already had sex with your partner. You may find that it helps to give your partner a copy of this handout so he or she can get the facts about the virus. Then you can talk about how to have safer sex.

How can I reduce the risk of transmitting herpes?

- **Tell your partner.** Both partners should understand the basics of herpes prevention. Because herpes is often unrecognized, your partner may want to be tested.
- **Abstain from sex when symptoms are present.** This includes oral sex.
- **Use condoms between outbreaks.** Condoms don't provide 100% protection because the virus may be on skin the condom doesn't cover, but used consistently, condoms do help reduce the risk of transmission. Using condoms can also lower the risk of getting other infections like HIV, since sores would otherwise provide a way for other infections to enter the body.
- **Daily medication.** If taken daily, antiviral medication helps prevent outbreaks and reduces the chance that you will transmit herpes to a sex partner, whether or not you have symptoms. The best treatment for herpes may be a combination of taking prescription medication to suppress the virus (especially if you have frequent outbreaks) and using condoms to provide additional protection.

How can I find out when I got herpes and who gave it to me?

Tests to diagnose herpes are not always able to tell the difference between a primary and secondary outbreak of the virus. A test can tell you that you have the herpes virus but may not pinpoint exactly when your herpes infection first developed. The best thing to do is to talk to your partner or partners about herpes. Having this conversation does not guarantee that you will find out how you got herpes, but it may help protect you and others from spreading the virus.

What about treatment?

Three prescription treatments are currently approved for genital herpes: Acyclovir (Zovirax), Valacyclovir (Valtrex) and Famciclovir (Famvir). All three drugs are similar in terms of how well they work. They are all safe to use and have few side effects. The major difference in these drugs is how often you must take them.

- **Episodic Therapy**

This means taking the medicine during an outbreak to speed healing. You begin taking the medicine at the first sign of prodrome (warning symptoms) and continue as prescribed.

- **Suppressive Therapy**

This involves taking medicine every day. Suppressive therapy greatly reduces the number of outbreaks for most people, and prevents symptoms altogether for some. It can also greatly reduce asymptomatic shedding. Taking suppressive medicine daily can also reduce the risk of transmitting herpes to an uninfected partner.

What should I know if I am pregnant?

If you have herpes, it's important to talk with your doctor about it during an early prenatal visit. If you are not sure whether you have the virus, ask your doctor about testing. Most women with genital herpes have vaginal deliveries and healthy babies. If a woman has an outbreak of herpes at the time of delivery, a Cesarean section may be done to prevent the virus from being transmitted to the baby during birth.

If you are pregnant and your partner has herpes, don't have sex during active outbreaks and consider using condoms and suppressive therapy at other times. The risk of passing the virus to a newborn is greatest when a pregnant woman contracts herpes late in pregnancy, so considering abstaining from sex during the last trimester.

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HPV and Genital Warts

Human Papillomavirus and Genital Warts

What is Human Papillomavirus (HPV)?

Human papillomavirus (HPV) is one of the most common causes of sexually transmitted diseases (STDs). Papillomas are flat growths, also called warts. There are about 100 different strains, or types, of HPV. Most of them are harmless. Some strains cause warts on hands and feet. Other strains cause genital warts and a few cause genital infections that can lead to cancer.

How is HPV spread?

HPV is spread through skin-to-skin contact in the genital area. HPV is the most common sexually transmitted infection in the United States. It has been estimated that 75 to 80% of sexually active adults will have a genital HPV infection by the age of 50.

How does my doctor know I have HPV?

HPV is easy to diagnose when a patient has genital warts. A **Pap smear test** may show that HPV is present when the patient does not have warts. In the Pap test, cells from around the cervix are examined under a microscope. If a woman's Pap test is abnormal, it may be because she has an HPV infection.

What is the treatment for HPV?

The human papilloma virus usually clears spontaneously within two years. Genital warts often go away without any treatment. Your doctor may recommend watchful waiting to see whether the virus clears by itself. Your doctor can also offer you several kinds of treatment.

- You can use a cream or a liquid solution on the infected area. (If you are pregnant, tell your doctor. Some of these creams and solutions can hurt the baby.)
- The doctor can freeze or burn the warts off.
- Surgery is possible for large warts that will not go away with other treatments.

Although treatments can get rid of the warts, there is no treatment to get rid of the virus. If the virus is still in your body, the warts may come back after treatment.

How can HPV be prevented?

The FDA has approved two vaccines, Gardasil and Cervarix, that protect against many strains of HPV. Girls and women between the ages of 9 and 26 should be vaccinated. Gardasil is also recommended for boys and men between the ages of 11 and 26. This vaccine will prevent the

development of genital warts in boys and young men and will also prevent transmission of HPV to their sexual partners.

You can also prevent an HPV infection by avoiding direct contact with the virus. If you or your sexual partner have warts that you can see in the genital area, you should not have sex until the warts are treated. If you know you have HPV, even if there are no warts, you should let your partner know before you have sexual contact.

Latex condoms will help but they are not effective against HPV in every case. A condom will protect you when your partner's HPV infection is in a genital area that is covered or protected by the condom (such as the penis or cervix), but you can not rely on a condom to protect you from infections on skin around the genital area. However, because condoms can protect you from getting most STDs, including the AIDS virus, it is always a good idea to use them.

Can HPV and genital warts cause complications?

Some types of HPV can cause cervical cancer. However, having an HPV infection does not mean you will get cervical cancer. It just means you face a higher risk than women who do not have HPV. The most important thing you can do is to have **regular pelvic exams and Pap tests**. The Pap test detects changes in the cells of the cervix at an early stage. So having the test performed regularly helps to ensure that conditions such as cervical dysplasia that may lead to cancer are caught early and treated.

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LYME DISEASE

Should I be tested for Lyme disease?

What is Lyme disease?

Lyme disease is an infection caused by the bacteria *Borrelia burgdorferi*. It is spread by tiny ticks (deer ticks in Massachusetts) infected with the disease.

How does my doctor diagnose Lyme disease?

Your doctor may consider Lyme disease if you have been bitten by a tick, have a rash commonly seen in Lyme disease, or if you have certain symptoms seen in a variety of diseases including Lyme. Your doctor will do a physical examination and talk with you about your symptoms and your medical history. The size of the tick, how long it was on you, where you were exposed and the time of year are all important in determining whether the tick may carry Lyme disease.

If you have the distinctive circular rash (like a bull's eye with a pale center and bright red rim) that characterizes Lyme disease, diagnosis is fairly simple. Four out of five people who are infected develop this rash at the site of the tick bite, usually within a few days after infection.

When the rash does not appear, diagnosis is more difficult. Other early symptoms such as headache, stiff neck, fever, chills, aches and pain can look like symptoms of other flu-like illnesses

Is there a blood test for Lyme disease?

A blood test is sometimes used to confirm a diagnosis of Lyme disease. Because Lyme disease bacteria are difficult to find in the body's tissues and fluids, the test looks for signs that antibodies (substances in the blood that fight bacteria) are forming. Lyme antibodies usually take at least 5-6 weeks to develop. The test that is done at MGH is called the ELISA (enzyme-linked immunosorbent assay). A small blood sample is taken from a vein in your arm and checked for antibodies. If the results of the ELISA test are positive, another test called a Western blot is automatically ordered to confirm results. Cost of testing is \$183 and may not be covered by health insurance.

I was bitten by a tick. Should I have the blood test?

Usually not. Every deer tick does not carry Lyme disease, even in areas like Massachusetts where Lyme disease is prevalent. Most people who are bitten by ticks -- even infected ticks -- do not develop Lyme disease. According to the US Centers for Disease Control, only between 1% and 5% of people who get bitten by a tick develop Lyme disease. Finding and removing the tick is the best thing you can do to reduce your risk.

If you see the bull's eye rash on your skin, there is no need for testing. Your doctor will begin treatment right away. If you catch the infection within 72 hours, a single dose of an antibiotic may be all you need. If symptoms develop after 72 hours, your doctor will probably treat you with a course of antibiotics taken for 2 weeks. Testing is not necessary in this case because it would not change the course of treatment, and results would most likely be negative this early.

If the rash does not appear but you have other symptoms and other illnesses have been ruled out, testing won't help. It takes weeks for antibodies to develop, so early tests are usually negative. Your physical exam and tick exposure are enough to guide your doctor's diagnosis. Since it is important to begin treatment as soon as possible if you *do* have Lyme disease, holding off treatment to wait for test results would be a waste of time.

I recently found a tick on my body. Should I be tested?

First, you should be clear about what kind of a tick bit you. Deer ticks are tiny, the size of a poppy seed or the head of a pin, much smaller than dog ticks, which are the size of a pencil eraser or a watermelon seed.

Patients without symptoms do not need to be tested. Ticks usually crawl around your body for quite a while before taking a bite, and a tick must be attached to your skin for at least 24 hours before it can transmit the bacteria that causes Lyme disease. Testing should only be done to confirm a diagnosis when your doctor strongly suspects Lyme disease - and if test results could alter the course of treatment.

I have muscle aches, joint pain and I am always tired. Could these be signs of Lyme disease I developed years ago? Would a test help me find out?

The symptoms you describe - joint pain, muscle pain, fatigue, weakness or numbness in the arms and legs - could be signs of Lyme disease but they could also be caused by much more common illnesses such as arthritis, fibromyalgia, or chronic fatigue syndrome. It is very unlikely that you would have been bitten by an infected tick without noticing it and never developed the characteristic warning rash but developed symptoms years later due to infection. In fact, the chances are one in a hundred or less.

Testing makes sense only if you have risk factors for Lyme disease (i.e. you live in a high-risk area or you spend lots of time in the woods) as well as symptoms, and if your doctor suspects that your symptoms suggest Lyme disease. Blood tests are not always reliable. False-positive and false-negative results are not uncommon and they can make it harder, not easier, to find out what is really causing your problems.

It is not a good idea to take antibiotics *just in case* you have Lyme disease. Antibiotics are strong drugs that can cause harm when they are not used appropriately.

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Pulmonary Diseases

Using Your Peak Flow Meter

What is a peak flow meter?

A peak flow meter is a device that measures how well air moves in and out of your lungs. During an asthma attack, your airways are tight, narrow, and filled with mucus. Peak flow meters can tell you if your airways are narrowing hours or even days before an asthma attack.

Why should I use a peak flow meter?

Peak flow meters help you and your doctor:

- Learn what triggers your asthma attacks
- Decide how well your medicines are working
- Decide when to add or stop a medicine
- Decide when to seek emergency care

How do I use a peak flow meter?

Follow these five steps:

1. Move the indicator to the bottom of the numbered scale.
2. Stand up.
3. Take a deep breath in, filling your lungs completely.
4. Place the mouthpiece in your mouth and close your lips around it. Do not put your tongue inside the hole.
5. Blow out as hard and fast as you can in one single blow.

Repeat steps 1 through 5 two more times.

Record your best number in your peak flow diary.

What does the peak flow number mean?

The peak flow meter measures your ability to push air out of your lungs. The number you get is the rate that air is forced out of your lungs.

What is a normal rate?

A “normal” peak flow rate depends on many factors, including your age, height, weight, sex, and asthma status. You can find your personal best peak flow rate. Then, you can compare future results to your personal best number.

How do I find my personal best number?

Your personal best peak flow number is the highest number you can achieve over a two to three week period when your asthma is under good control. Good

control is when you feel good and do not have any asthma symptoms.

What do I do if my peak flow is low?

Your peak flow number is read like the colors of a traffic light.

1. GREEN ZONE: GO!

Your peak flow is between _____ - _____.
(80-100% of your personal best)

Your breathing is good with no cough, wheeze, or chest tightness during work, school, or exercise.

ACTION:

- Continue your daily medications as prescribed.

2. YELLOW ZONE: CAUTION!

Your peak flow is between _____ - _____.
(50-80% of your personal best)

Asthma symptoms are present (cough, wheeze, chest tightness), you need to use your rescue inhaler, or you are waking in the night with symptoms.

ACTION:

- Take your rescue inhaler.
- AND, keep taking your daily medication.
- You might need to increase your other asthma medicines as directed by your doctor
- Special instructions: _____

3. RED ZONE: DANGER!

Your peak flow is less than _____.
(Less than 50% of your personal best)

ACTION:

- Take your rescue inhaler.
- **AND CALL YOUR DOCTOR OR EMERGENCY ROOM NOW.**

Your doctor can also:

1. Tell you how often to measure your peak flow
2. Help you figure out your green, yellow, and red zone numbers
3. Tell you what medicines you should take while in each peak flow zone
4. Give you a chart to record your peak flow numbers

Asthma Action Plan



General Information:

☐ Name _____
☐ Emergency contact _____ Phone numbers _____
☐ Physician/Health Care Provider _____ Phone numbers _____
☐ Physician Signature _____ Date _____

Severity Classification

- ☐ Mild Intermittent ☐ Moderate Persistent
☐ Mild Persistent ☐ Severe Persistent

Triggers

- ☐ Colds ☐ Smoke ☐ Weather
☐ Exercise ☐ Dust ☐ Air pollution
☐ Animals ☐ Food
☐ Other _____

Exercise

1. Pre-medication (how much and when) _____
 2. Exercise modifications _____

Green Zone: Doing Well

Peak Flow Meter Personal Best = _____

Symptoms

- ☐ Breathing is good
☐ No cough or wheeze
☐ Can work and play
☐ Sleeps all night

Control Medications

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Meter

More than 80% of personal best or _____

Yellow Zone: Getting Worse

Contact Physician if using quick relief more than 2 times per week.

Symptoms

- ☐ Some problems breathing
☐ Cough, wheeze or chest tight
☐ Problems working or playing
☐ Wake at night

Continue control medicines and add:

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Meter

Between 50 to 80% of personal best or _____ to _____

IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick relief treatment, THEN

- ☐ Take quick-relief medication every 4 hours for 1 to 2 days
☐ Change your long-term control medicines by _____
☐ Contact your physician for follow-up care

IF your symptoms (and peak flow, if used) DO NOT return to the GREEN ZONE after 1 hour of the quick relief treatment, THEN

- ☐ Take quick-relief treatment again
☐ Change your long-term control medicines by _____
☐ Call your physician/Health Care Provider within _____ hours of modifying your medication routine

Red Zone: Medical Alert

Ambulance/Emergency Phone Number: _____

Symptoms

- ☐ Lots of problems breathing
☐ Cannot work or play
☐ Getting worse instead of better
☐ Medicine is not helping

Continue control medicines and add:

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Meter

Between 0 to 50% of personal best or _____ to _____

Go to the hospital or call for an ambulance if

- ☐ Still in the red zone after 15 minutes
☐ If you have not been able to reach your physician/health care provider for help
☐ _____

Call an ambulance immediately if the following danger signs are present

- ☐ Trouble walking/talking due to shortness of breath
☐ Lips or fingernails are blue

How To Use Your Inhaler

- 1) ***Shake the inhaler well*** immediately before each inhalation.

- 2) ***Remove the cap from the mouthpiece.***

A strap will keep the cap attached to the inhaler even when the mouthpiece is exposed. If the cap becomes lost, inspect the mouthpiece for the presence of foreign objects before use.

It is recommended with this inhaler, as with other aerosol medications, to test it before use. Test spray your inhaler according to the instructions provided.

- 3) ***Breathe out through the mouth. Stand or sit upright.***

Place the mouthpiece of the inhaler in your mouth and close lips around it tightly. Alternatively, you may hold the inhaler up to 2 inches away from your open mouth.

- 4) ***While breathing in deeply and slowly through the mouth, press down firmly and fully on the top of the metal canister*** with your index finger.

- 5) ***Continue to inhale and try to hold your breath for 5 to 10 seconds.***

Remove the inhaler from your mouth and release your finger from the canister before breathing out.

- 6) ***Wait about 30 seconds and shake*** the inhaler before you take your next inhalation. Follow the same instructions as you did for your first.

- 7) ***Replace the mouthpiece cap after each use.***

- 8) ***Cleanse the inhaler thoroughly and frequently.*** Remove the metal canister and cleanse the inhaler and the cap at least once a day by rinsing with warm, running water. After thoroughly drying the inhaler and cap, replace the canister into the inhaler with a gently twisting motion.

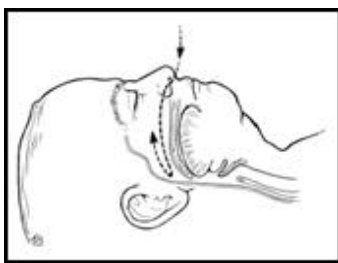
- 9) ***Discard the canister after you have used the labeled number of inhalations.*** You should not use it beyond this indicated number because the correct dose amount can no longer be guaranteed.

Sleep Apnea: What You Need to Know

What is obstructive sleep apnea?

Obstructive sleep apnea (OSA) is a common disorder. If you have sleep apnea, your throat becomes blocked during sleep. You stop breathing for short periods of time. You may snore loudly, then be very quiet. You might also gasp or snort in your sleep. Your breathing may be interrupted over and over again throughout the night, disrupting your sleep. Even though you don't remember waking up often during the night, you feel tired all day.

Sleep apnea may have serious consequences. It is associated with excessive daytime sleepiness, which may result in car accidents. People with sleep apnea are also more likely to have (or to develop) high blood pressure, diabetes, heart failure, heart rhythm problems and stroke.



What causes obstructive sleep apnea?

During normal sleep, your throat muscles keep your throat open and air flows into your lungs. However, in obstructive sleep apnea, the throat briefly collapses, blocking your intake of air. This happens when:

- Your throat muscles and tongue relax more than is normal.
- Your tonsils and adenoids are large.
- You are overweight. The extra soft tissue in your throat makes it harder to keep the throat area open.
- The shape of the bones in your head and neck provide a smaller than usual airway in the mouth and throat.

How does my doctor test for obstructive sleep apnea?

First, your doctor will take a medical history that includes asking you about how you sleep and how you function during the day. Your doctor may look into your mouth, throat and nose for problems that can interfere with breathing. Your weight, blood pressure and heart rate may be measured. Your doctor will likely refer you to a sleep lab for an overnight test to find out what happens to your breathing when you sleep.

What should I expect when I go for a sleep test?

You will stay overnight at the sleep lab and specialists there will use a polysomnogram (PSG) to record information while you sleep. The PSG is a painless, risk-free test. You will go to sleep as usual and a sleep center technician will watch you on a monitor to make sure the equipment is working. The PSG will record:

- Brain activity.
- Eye movement.
- Muscle activity.
- Breathing and heart rate.
- How much air moves in and out of your lungs while you are sleeping.
- The percent of oxygen in your blood.

You may sleep all night while the test is being conducted or the test may be divided into two parts. This second kind of test is called a ‘split night study.’ Many doctors prefer the split night study because it provides more information quickly. Patients frequently prefer the split night study, too, because it means keeping just one appointment.

During the first part of the split night study, your sleep is monitored. If you show signs of sleep apnea, the sleep center specialist wakes you to start treatment with a continuous positive airway pressure (CPAP) device. The CPAP is a soft plastic mask connected to a flexible hose and a small air blower. The blower sends a gentle, steady stream of air through your nose into your throat. This keeps the throat structures from blocking your air passage. The specialist will continue to watch you on the monitor as you use the CPAP and make any necessary adjustments to make the CPAP comfortable.

How is sleep apnea treated?

If you have **mild sleep apnea**, you can make changes to improve or even cure the problem. These changes might be all you need or they may work best when used along with other types of treatment.

- **Sleep on your side instead of your back.** Sleeping on your side may help keep your throat open. If you find it hard to change your sleep position, try sewing a pocket or sock onto the back of a T-shirt or pajama top. Put a few tennis balls into this pocket or sock and to keep you from rolling onto your back while you sleep. You can also sleep with a wedge-shaped pillow behind you or use a couple of pillows to keep your head elevated during the night.
- **Avoid alcohol, smoking and medications that make you sleepy.** They can make breathing slower and more shallow. They also make your muscles relax, which can cause or worsen sleep apnea. Talk to your doctor if you take medications to help you sleep.
- **Lose weight if you are overweight.** Extra weight puts pressure on your neck tissues and lungs, making breathing harder. Even a little weight loss can improve your symptoms. Getting close to your ideal weight may even cure sleep apnea.

- **Exercise regularly.** Exercise can help you lose weight, tone your muscles, and make your lungs work better. Try something simple, like walking, at first. Ask your doctor for information on starting an exercise program.
- **Unblock your nose.** If a stuffy nose makes it difficult to breathe at night, treating the problem can help treat sleep apnea. Your doctor can suggest medications for allergies or sinus problems. Nasal strips applied to the bridge of the nose can aid breathing. If physical problems, like a deviated septum or polyps, are blocking your nose, your doctor may recommend surgery.

Some people with mild sleep apnea find it helpful to use a **mouthpiece, a custom-fit oral appliance** made by a dentist or orthodontist. The mouthpiece adjusts your lower jaw and your tongue to help keep the airway in your throat open while you are sleeping.

The CPAP (continuous positive airway pressure) device (described above) is the most common treatment **for moderate to severe sleep apnea**. CPAP has been shown to reduce daytime sleepiness, risk of heart problems, high blood pressure and car accidents due to sleep apnea. It also improves quality of life for patients with the condition.

If these lifestyle changes and/or devices aren't enough, surgery can help some people with sleep apnea. A variety of surgeries are used, ranging from removing the tonsils, adenoids or uvula (the tissue that hangs from the back of the roof of your mouth) to restructuring the nose and the lower jaw.

How can I help my partner cope with my sleep apnea?

Making lifestyle changes to improve or even cure sleep apnea is a good way to help your partner sleep easier. Treatments such as the CPAP device can also help. Your partner may be able to reduce the impact of your sleep apnea with a few lifestyle changes of his/her own:

- Your partner can try going to bed before you so that he/she is already asleep when you start to snore.
- Your partner can wear earplugs to bed. A fan or other source of background noise may also help drown out snoring.

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Renal Disease



24-Hour Urine Collection

1. Start the 24-hour urine collection on a Sunday, Monday, Tuesday, Wednesday or Thursday. If you work Monday through Friday, Sunday would be the best day to start.
2. All 24-hour urine collections require a special bottle. Some bottles contain preservatives for special testing and others are plain clean, dry bottles. Ask your doctor or nurse which kind of container you need. He or she will provide the container or tell you where you can get one. Put your name and MGH unit number (from your blue card) on the container.
3. On the day you start the collection, do not save the first morning urine you pass. Then collect all your urine day and night for the next 24 hours.

Example: Sunday morning, 7:00 a.m.: Empty your bladder but do not save the urine. After that, save ALL urine voided, day and night. Empty your bladder again at 7:00 a.m. Monday morning and add the urine to the container. Then stop the collection.

If you forget to add some urine to the bottle, the collection needs to be started over again. Tests are not accurate if the collection is not complete.

4. Drink plenty of fluids during the collection period.
5. Keep the urine collection in a cool area (a basement is fine if you'd rather not use the refrigerator).
6. Return the collected urine in its container to the office or lab on the day the collection is completed. It's best to put the bottle in a plastic bag. Make sure to bring your lab slip from your doctor or nurse.

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Diet and Kidney Stones

If you have kidney stones, you may need to follow a special diet. First, your doctor will run tests to find out what type of stones you form. If your stone is available for analysis, this will be much easier. From these tests, the doctor can determine which diet changes may be right for you.

What is a kidney stone?

A kidney stone is a hard mass that forms from crystals in the urine. In most people, natural chemicals in the urine stop stones from forming.

Are all kidney stones the same?

No. The most common types of kidney stones are made from calcium phosphate and calcium oxalate. Individual treatment for kidney stones depends on the types of kidney stones that are formed. Your doctor may recommend blood and urine tests to find out more about the kind of stone you have. This information will help your doctor provide dietary advice that is exactly right for you. However, there are some rules that most people with kidney stones can follow.

Is there a diet I can follow to prevent me from having more kidney stones?

Sometimes following a special diet may be enough to prevent you from forming more kidney stones. Other times, diet and medications may be needed. Here are some tips to help you get started on a diet to prevent kidney stones:

- Drink at least four to eight glasses of water a day and double that amount in hot weather.
- Eat more fruits and vegetables.
- Eat less beef, chicken and fish. Try eating a vegetarian diet two days a week or cutting your meat intake by 30 percent.
- Cut back on salt. Most of the salt in our diets comes from prepared foods, not from salt we add at the table. If you're eating fast food more than twice a week, you're getting a lot of salt in your diet.

I have heard that dairy products are not good for people with kidney stones? Will I have to avoid dairy products and other high calcium foods?

Doctors used to believe that people with kidney stones should avoid dairy products and other foods with high calcium content. But recent studies have shown that foods high in calcium, including dairy products, may help prevent calcium stones. Taking calcium in pill form, however, may increase the risk of developing stones. If you can't get enough calcium from the food you eat and must take a supplement, be sure to take your calcium supplement with food. Always be sure that your doctor knows about any supplements you take.

Are there other foods that are not good for me?

There are two kinds of calcium kidney stones: phosphate and oxalate. Some research suggests that limiting high oxalate foods may help reduce the chance of forming another stone for people with calcium oxalate stones. Foods that are high in oxalate include: spinach, peanuts, almonds, cashews, rhubarb, beets, beans, berries (blackberries, raspberries, strawberries, gooseberries, etc.), some types of chocolate, bran cereals, Concord grapes, potatoes and draft beer.

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Musculoskeletal Problems

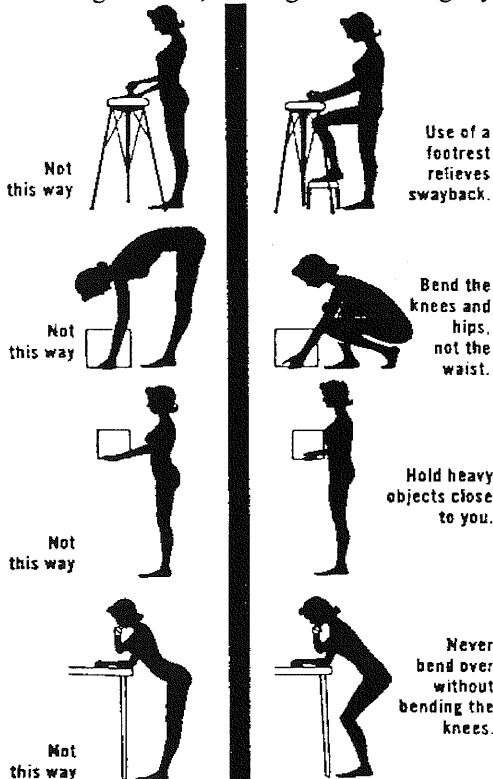
Your back and how to care for it

Whatever the cause of low back pain, part of its treatment is the correction of faulty posture. But good posture is not simply a matter of "standing tall." It refers to correct use of the body at all times. In fact, for the body to function in the best of health it must be so used that no strain is put upon muscles, joints, bones, and ligaments. To prevent low back pain, avoiding strain must become a way of life, practiced while lying, sitting, standing, walking, working, and exercising. When body position is correct, internal organs have enough room to function normally and blood circulates more freely.

With the help of this guide, you can begin to correct the positions and movements which bring on or aggravate backache. Particular attention should be paid to the positions recommended for resting, since it is possible to strain the muscles of the back and neck even while lying in bed. By learning to live with good posture, under all circumstances, you will gradually develop the proper carriage and stronger muscles needed to protect and support your hard-working back.

HOW TO STAY ON YOUR FEET WITHOUT TIRING YOUR BACK

To prevent strain and pain in everyday activities, it is restful to change from one task to another before fatigue sets in. Housewives can lie down between chores; others should check body position frequently, drawing in the abdomen, flattening the back, bending the knees slightly.



CHECK YOUR CARRIAGE HERE

In correct, fully erect position, a line dropped from the ear will go through the tip of the shoulder, middle of hip, back of kneecap, and front of anklebone.

Incorrect:
Lower back is arched or hollow.



Incorrect:
Upper back is stooped, lower back is arched, abdomen sags.



Incorrect:
Note how, in strained position, pelvis tilts forward, chin is out, and ribs are down, crowding internal organs.

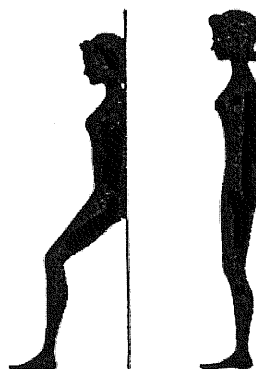


Correct:
In correct position, chin is in, head up, back flattened, pelvis held straight.



To find the correct standing position:

Stand one foot away from wall. Now sit against wall, bending knees slightly. Tighten abdominal and buttock muscles. This will tilt the pelvis back and flatten the lower spine. Holding this position, inch up the wall to standing position, by straightening the legs. Now walk around the room, maintaining the same posture. Place back against wall again to see if you have held it.



HOW TO SIT CORRECTLY

A back's best friend is a straight, hard chair. If you can't get the chair you prefer, learn to sit properly on whatever chair you get. To correct sitting position from forward slump: Throw head well back, then bend it forward to pull in the chin. This will straighten the back. Now tighten abdominal muscles to raise the chest. Check position frequently.

Relieve strain by sitting well forward, flatten back by tightening abdominal muscles, and cross knees.



Use of footrest relieves swayback. Aim is to have knees higher than hips.



Correct way to sit while driving, close to pedals. Use seat belt or hard backrest, available commercially.



TV slump leads to "dowager's hump," strains neck and shoulders.



If chair is too high, swayback is increased.



Keep neck and back in as straight a line as possible with the spine. Bend forward from hips.



Driver's seat too far from pedals emphasizes curve in lower back.



Strained reading position. Forward thrusting strains muscles of neck and head.



HOW TO PUT YOUR BACK TO BED

For proper bed posture, a firm mattress is essential. Bedboards, sold commercially, or devised at home, may be used with soft mattresses. Bedboards, preferably, should be made of $\frac{3}{4}$ inch plywood. Faulty sleeping positions intensify swayback and result not only in backache but also in tingling, and pain in arms and legs.

Incorrect:
Lying flat on back makes swayback worse.



Use of high pillow strains neck, arms, shoulders.



Sleeping face down exaggerates swayback, strains neck and shoulders.



Bending one hip and knee does not relieve swayback.



Correct:
Lying on side with knees bent effectively flattens the back. Flat pillow may be used to support neck, especially when shoulders are broad.



Sleeping on back is restful and correct when knees are properly supported.



Raise the foot of the mattress eight inches to discourage sleeping on the abdomen.



Proper arrangement of pillows for resting or reading in bed.



EXERCISE – WITHOUT GETTING OUT OF BED Exercises to be performed while lying in bed are aimed not so much at strengthening muscles as at teaching correct positioning. But muscles used correctly become stronger and in time are able to support the body with the least amount of effort.



Do all exercises in this position. Legs should not be straightened.



Bring knee up to chest. Lower slowly but do not straighten leg. Relax. Repeat with each leg 10 times.

Bring both knees slowly up to chest. Tighten muscles of abdomen, press back flat against bed. Hold knees to chest 20 seconds, then lower slowly.



Relax. Repeat 5 times. This exercise gently stretches the shortened muscles of the lower back, while strengthening abdominal muscles. Clasp knees, bring them up to chest, at the same time coming to a sitting position. Rock back and forth.

EXERCISE – WITHOUT ATTRACTING ATTENTION

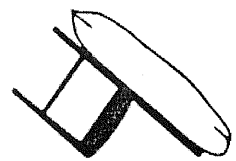
Use these inconspicuous exercises whenever you have a spare moment during the day, both to relax tension and improve the tone of important muscle groups.

1. Rotate shoulders, forward and backward.
2. Turn head slowly side to side.
3. Watch an imaginary plane take off, just below the right shoulder. Stretch neck, follow it slowly as it moves up, around and down, disappearing below the other shoulder. Repeat, starting on left side.
4. Slowly, slowly touch left ear to left shoulder; right ear to right shoulder. Raise both shoulders to touch ears, drop them as far down as possible.
5. At any pause in the day – waiting for an elevator to arrive, for a specific traffic light to change – pull in abdominal muscles, tighten, hold it for the count of eight without breathing. Relax slowly. Increase the count gradually after the first week, practice breathing normally with the abdomen flat and contracted. Do this sitting, standing, and walking.

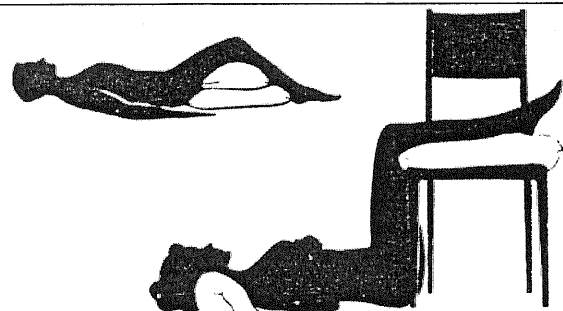
WHEN DOING NOTHING, DO IT RIGHT

Rest is the first rule for the tired, painful back. The following positions relieve pain by taking all pressure and weight off the back and legs.

Note pillows under knees to relieve strain on spine. For complete relief and relaxing effect, these positions should be maintained from 5 to 25 minutes.



A straight-back chair used behind a pillow makes a serviceable backrest.

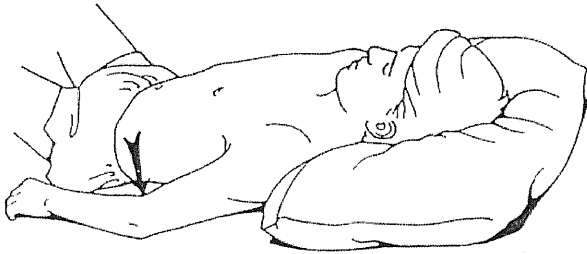


RULES TO LIVE BY – FROM NOW ON

1. Never bend from the waist only; bend the hips and knees.
2. Never lift a heavy object higher than your waist.
3. Always turn and face the object you wish to lift.
4. Avoid carrying unbalanced loads; hold heavy objects close to your body.
5. Never carry anything heavier than you can manage with ease.
6. Never lift or move heavy furniture. Wait for someone to do it who knows the principles of leverage.
7. Avoid sudden movements, sudden “overloading” of muscles. Learn to move deliberately, swinging the legs from the hips.
8. Learn to keep the head in line with the spine, when standing, sitting, lying in bed.
9. Put soft chairs and deep couches on your “don’t sit” list. During prolonged sitting, cross your legs to rest your back.
10. Your doctor is the only one who can determine when low back pain is due to faulty posture. He is the best judge of when you may do general exercises for physical fitness. When you do, omit any exercise that arches or overstrains the lower back backward bends, or forward bends, touching the toes with the knees straight.
11. Wear shoes with moderate heels, all about the same height. Avoid changing from high to low heels.
12. Put a foot-rail under the desk, and a footrest under the crib.
13. Diaper the baby sitting next to him or her on the bed.
14. Don’t stoop and stretch to hang the wash; raise the clothesbasket and lower the washline.
15. Beg or buy a rocking chair. Rocking rests the back by changing the muscle groups used.
16. Train yourself vigorously to use your abdominal muscles to flatten your lower abdomen. In time, this muscle contraction will become habitual, making you’re the envied possessor of a youthful body profile!
17. Don’t strain to open windows or doors.
18. For good posture, concentrate on strengthening “nature’s corset” – the abdominal and buttock muscles. The pelvic roll exercise is especially recommended to correct the postural relation between the pelvis and the spine.

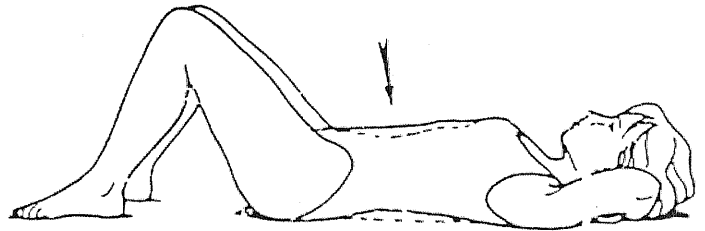
DEPARTMENT OF REHABILITATION SERVICES
BACK EXERCISES
Stage I

ABDOMINAL ISOMETRIC



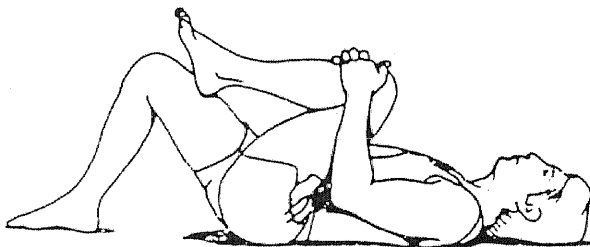
Lying on back with knees bent, tighten stomach. Hold 5 seconds.

PELVIC TILT



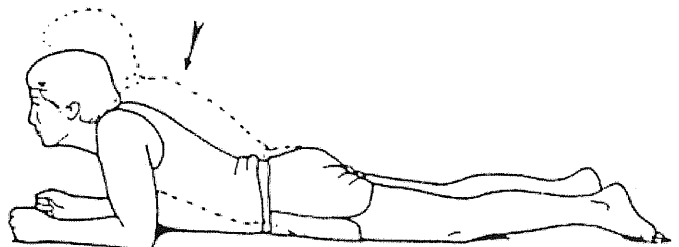
Flatten back by tightening stomach muscles and buttocks. Hold 5 seconds.

LUMBAR STRETCH – FLEXION



Pull one knee in to chest until a comfortable stretch is felt in the lower back or buttocks. Repeat with opposite knee. Hold 5 seconds.

LUMBAR STRETCH – EXTENSION



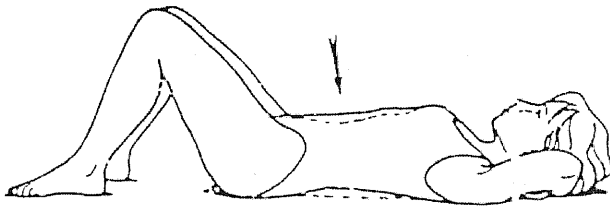
Raise up on elbows as high as possible, keeping hips on floor. Hold 10-20 seconds.

BACK EXERCISES – STAGE I

- Exercise on a firm surface 2-3 times a day.
- Breathe slowly and deeply with all exercises.
- Increase to doing each exercise 10 times. Stop any exercise that is not tolerated, continue doing the others.
- Try either heat or cold to relax muscles before exercising.
- Sleep on your side with a pillow between your knees, or on your back with pillows under your knees.
- To get out of bed, roll onto your side and push yourself up with your hands. This method will keep your back straight.
- Do not sit for more than 30 minutes without standing and stretching.
- Check and correct your posture frequently. Don't slouch; sit upright and stand tall.
- Keep moving! Walk. Increase distance and time as your tolerance allows.
- If you have difficulty progressing your exercises or activity level let your physician know. You may benefit from physical therapy.

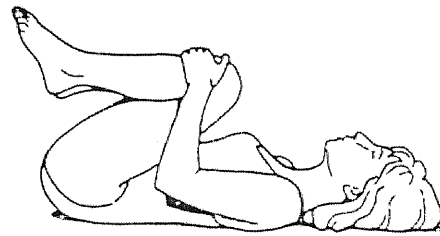
DEPARTMENT OF REHABILITATION SERVICES
BACK EXERCISES
Stage II

PELVIC TILT



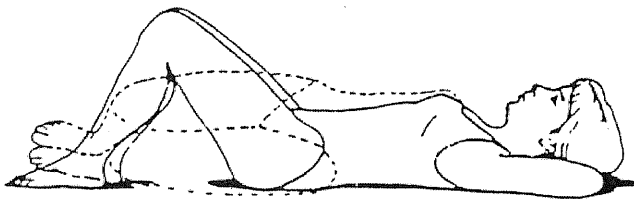
Flatten back by tightening stomach muscles and buttocks. Hold 5-10 seconds.

LUMBAR AND HIP STRETCH



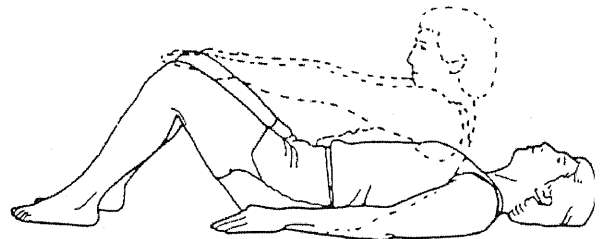
Pull both knees into chest until a comfortable stretch is felt in lower back. Hold 5-10 seconds.

LOWER TRUNK ROTATION STRETCH



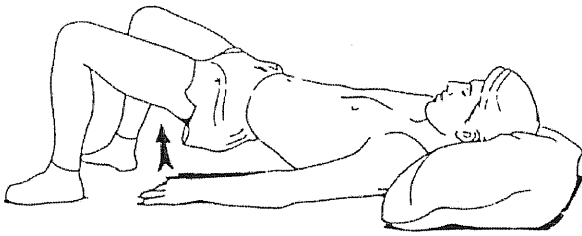
Keeping back flat and feet together, rotate knees to one side. Hold 5-10 seconds and then rotate to other side.

CURL-UP



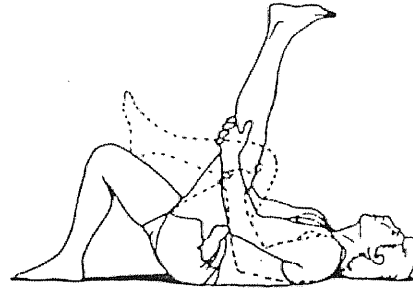
With arms at sides, tilt pelvis to flatten back. Tighten abdominal muscles and raise head and shoulders. Hold for 5-10 seconds.

BRIDGING



Slowly raise buttock from floor, keeping stomach tight. Hold 5-10 seconds, relax.

HAMSTRING STRETCH



Support back of knee with hands or towel. Straighten knee and hold position for 5-10 seconds, relax.

BACK EXERCISES – STAGE II

- Gradually increase the number of repetitions of each exercise until you can do them 10 times each; 2-3 times a day.
- Stop any exercise or activity that increases your back pain.
- Walk 30 minutes daily.
- Slowly return to your regular exercises and activities.
- Sit in a chair that will support your back.
- Stand in “good posture,” head up, shoulders back.
- Bend at the knees, not at your back.
- Avoid twisting.

What to do about rotator cuff tendinitis

The best way to treat the most common cause of shoulder pain is with simple home therapies.

Swinging a tennis racket, digging in the garden, placing a book on a high shelf, and reaching back to insert your arm into a sleeve — these are some of the movements made possible by the shoulder's enormous range of motion. We use this mobility in so many activities that when the shoulder hurts, it can be disabling. For younger people, sports injuries are the main source of trouble, but the rest of us have more to fear from the normal wear and tear that, over time, weakens shoulder tissues and leaves them vulnerable to injury. The risk is greatest for people with occupations or hobbies that require repetitive or overhead movements, such as cashiering, using a computer, painting, gardening, tennis, or swimming.

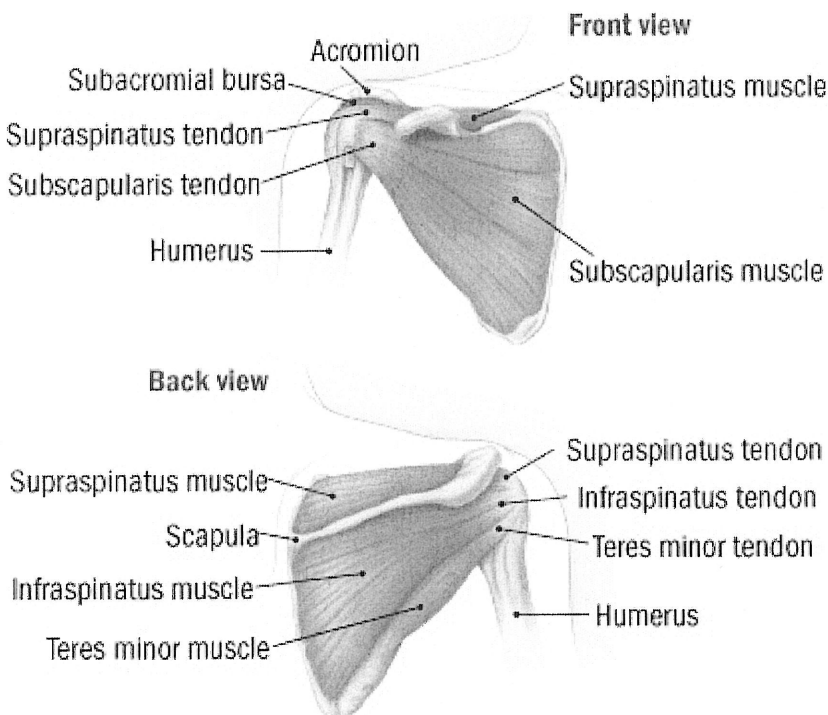
The most common cause of shoulder pain is rotator cuff tendinitis — inflammation of key tendons in the shoulder. The earliest symptom is a dull ache around the outside tip of the shoulder that gets worse when you push, pull, reach overhead, or lift your arm up to the side. Lying on the affected shoulder also hurts, and the pain may wake you at night, especially if you roll onto that shoulder. Even getting dressed can be a trial. Eventually, the pain may become more severe and extend over the entire shoulder.

If you do nothing about it, tendinitis can lead to the fraying or tearing of tendon tissue. Fortunately, rotator cuff tendinitis and even tears can usually be treated without surgery.

Anatomy of the rotator cuff

The rotator cuff comprises four tendons — the supraspinatus, infraspinatus, teres minor, and subscapularis; each of them attaches a muscle of the same name to the scapula (shoulder blade) and the humerus, or upper arm bone (see illustration). The tendons work together to stabilize the joint, rotate the shoulder, and lift the arm above the head. Rotator cuff tendinitis usually starts with inflammation of the supraspinatus tendon and gradually involves the three other tendons as the condition progresses.

Rotator cuff



The rotator cuff tendons lie between two bones — the head of the humerus and the part of the scapula known as the acromion. The subacromial bursa, a fluid-filled sac just beneath the acromion, ordinarily protects the rotator cuff tendons from pressure of the bones on either side. But repetitive stress can compress the bursa, causing the bones to press against the tendons, irritating them and producing tendinitis.

Diagnosis

Most clinicians diagnose rotator cuff tendinitis by taking a history and performing a physical examination. However, if you've suffered a traumatic injury or the shoulder hasn't improved with conservative therapy, or if a tear is suspected, an x-ray or MRI may be ordered. Your clinician will also check for tenderness at a point near the top of the upper arm (the subacromial space) and look for pain as the arm is raised and moved in certain ways. Your muscle strength and the shoulder's range of motion will also be tested. Pain with normal muscle strength suggests rotator cuff tendinitis; pain with weakness may indicate a tear (see "What about a rotator cuff tear?"). Because it's difficult to assess strength when the shoulder hurts, your clinician may inject a numbing agent (lidocaine) to deaden the pain before making an evaluation.



What about a rotator cuff tear?

As we get older, tendon tissue thins out and a tear becomes more likely. Up to one-third of older people with rotator cuff tendinitis have a tear. Minor ones can be treated conservatively, like tendinitis, but major ones may require an operation. Those caused by traumatic injury to the shoulder are often repaired surgically. However, recovery is slow. Many orthopedic surgeons prefer to reserve surgery for younger patients, major tears that are diagnosed early, and older people whose occupations or activities place heavy demands on their shoulders.

The operation can be performed arthroscopically — a minimally invasive procedure in which surgical instruments are inserted through several tiny incisions — or through standard open surgery, which requires a larger incision. Some surgeons use a technique called “mini-open repair,” which is somewhat less invasive and uses a smaller incision. All three procedures have similar long-term results, although less invasive procedures usually result in shorter hospital stays and less postsurgical pain. However, not all types of tears can be treated arthroscopically.

Treatment

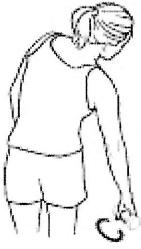
The minimum time for recovery from rotator cuff tendinitis or a small tear is two to four weeks, and stubborn cases can take several months. Early on, the aim is to reduce swelling and inflammation of the tendons and relieve compression in the subacromial space. Later, exercises can be started to strengthen the muscles and improve range of motion.

During the first few days, apply an ice pack to the shoulder for 15 to 20 minutes every four to six hours. If you still have a lot of pain, take a nonsteroidal anti-inflammatory drug (NSAID), such as ibuprofen. Your clinician may also suggest a corticosteroid injection, but there's no clear evidence that this offers any advantage in the long term over physical therapy and NSAID use.

While you're in pain, avoid lifting or reaching out, up, or overhead as much as possible. On the other hand, you don't want to stop moving your shoulder altogether, because that can lead to “frozen shoulder,” a condition in which the tissues around the shoulder shrink and reduce its range of motion.

The weighted pendulum exercise (see below) is recommended to reduce pressure on the rotator cuff by widening the space the tendons pass through. You can start this exercise almost immediately, and you should continue it indefinitely. As you improve, physical therapy with stretching and muscle-strengthening exercises becomes important. A physical therapist can help you with these exercises, but most of them you can also do on your own. Before exercising, warm up your muscles and tendons in a warm shower or with a heating pad. You may experience some mild soreness with muscle-toning exercises — ice applied to the shoulder should help relieve it — but if you develop sharp or severe pain, stop the exercises for a few days.

Weighted pendulum exercise

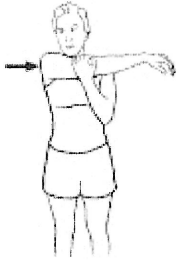


Sit or stand holding a 5- to 10-pound weight in the hand of the affected shoulder. Use a hand weight or make one from a gallon container filled with water. Relax the shoulder, and allow the arm to hang straight down. Lean forward at a 20- to 25-degree angle (if you're standing, bend your knees slightly for a base of support), and swing your arm gently in a small circle, about one foot in diameter. Perform 10 circles in each direction, once or twice a day. As symptoms improve, you can make the circle wider — but never force it.

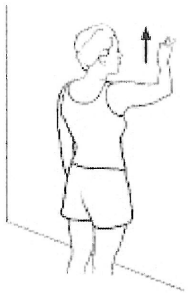
Stretching exercises Warm your muscles before performing these exercises.



Towel stretch. Grasp a dishtowel behind your back and hold it at a 45-degree angle. Use your good arm to gently pull the affected arm up toward the lower back. Do this stretch 10 to 20 times per day. You can also perform this exercise while holding the towel horizontally.

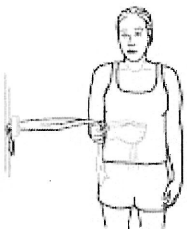


Cross-body stretch. Sitting or standing, use the unaffected arm to lift the affected arm at the elbow and bring it up and across your body. Press gently, just above the elbow, to stretch the shoulder. Hold the stretch for 15 to 20 seconds. Do this exercise 10 to 20 times per day.

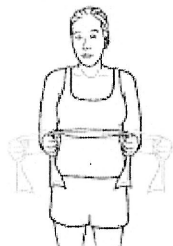


Finger walk. Stand facing a wall at a distance of about three-quarters of an arm's length away. With the affected arm, reach out and touch the wall at about waist level. Slowly walk your fingers up the wall, spider-like, as far as you comfortably can or until you raise your arm to shoulder level. Your fingers should be doing most of the work, not your shoulder muscles. Keep the elbow slightly bent. Slowly lower the arm — with the help of your good arm, if necessary. Perform this exercise 10 to 20 times a day. You can also try this exercise with the affected side facing the wall.

Isometric muscle toning exercises Heat and stretch your shoulder joint before doing these exercises. Use flexible rubber tubing, a bungee cord, or a large rubber band to provide resistance.



Inward rotation. Hook or tie one end of the cord or band to the doorknob of a closed door. Holding your elbow close to your side and bent at a 90-degree angle, grasp the band (it should be neither slack nor taut) and pull it in toward your waist, like a swinging door. Hold for five seconds.



Outward rotation. Hold your elbows close to your sides at a 90-degree angle. Grasp the band in both hands and move your forearms apart two to three inches. Hold for five seconds. Do 15 to 20 sets of these exercises each day.

EXERCISES FOR THE PAINFUL NECK AND SHOULDER

General Information:

Do not overdo exercising, especially in the beginning. Start by trying the movements slowly and carefully.

Don't be alarmed if an exercise causes some mild discomfort that lasts a few minutes. However, stop doing any exercise that aggravates pre-existing pain. That is, do not force movement past the point of pain (unless instructed to do so by your doctor). If the pain is more than mild and lasts more than 15 or 20 minutes, do no further exercises until you see your doctor.

Isotonic Exercises (contraction with movement):

These exercises will restore movement to the injured area as well as help relieve pain associated with stiffness. (Exercises 1 to 4: neck; exercises 5 and 6: neck and shoulder; exercises 7 and 8: shoulder.)

Isometric Exercises (contraction without movement):

These exercises will help restore and maintain muscle strength to the injured neck or shoulder. Do not hold your breath while doing an isometric exercise; breathe out vigorously as you strain during the exercise.

(Exercises 9 to 12: neck; exercises 13 and 14: shoulder.)

Moist Heat (during or before exercise):

Moist heat will help relieve pain by increasing the blood flow to the muscles. You can often increase the effectiveness of isotonic exercises by performing them in a hot shower, after a hot shower, or following the application of hot, moist towels. However, in some injuries, and especially during the first day after an injury occurs, you may obtain added relief from pain by the application of cold instead.

Do the following exercises _____ times a day:

1-4	5-6	7-8
9-12	13-14	Other

Take the medication prescribed for you _____ times daily for _____

TWO-WEEK DIARY

Medication for relief of muscle pain/spasm		1st Week							2nd Week						
		1	2	3	4	5	6	7	8	9	10	11	12	13	14
	a.m.														
	noon														
	p.m.														
	p.m.														
Prescribed exercises															

Isotonic Exercises

1. Stand or sit erect with chin tucked in close to chest. Turn head slowly to right, trying to bring your chin over your right shoulder. Hold for three seconds, rotate head back to center position. Pause. Repeat in opposite direction. Repeat entire sequence 5 times.

2. Push chin downward, trying to touch it to your chest without causing too much strain. Pause. Slowly lift head backward as far as possible without straining. Pause. Repeat 5 times.

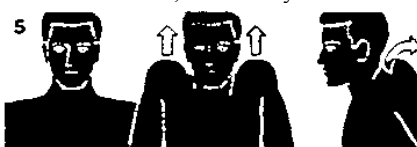


3. Bend your head slowly to the right trying to bring your right ear to your right shoulder. Pause. Return slowly to center position. Pause. Repeat in opposite direction. Repeat sequence 5 times.

4. Roll your head clockwise in as wide a circle as possible (up, to the right, down, to the left) for three complete circles. Do the same in the opposite direction (counterclockwise). Pause. Repeat sequence 3 times.



5. **Shoulder shrug:** Stand erect, arms held loosely at sides. Breathe deeply as you lift your shoulders first as high and then as far back as they will move. Breathe out as you lower your shoulders to the starting position and relax. Repeat 20 times at least twice a day. Build up this routine to 50 times, twice a day.

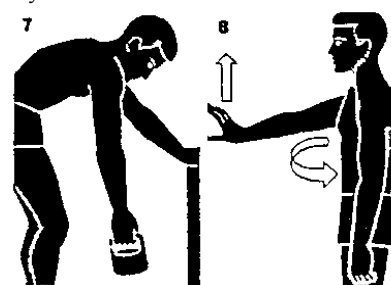


6. **Upper back stretch:** Sit erect. Place hands on shoulders. Try to cross your elbows by bringing your right arm to the left and left arm to the right until you feel the stretch across your upper back. Return to starting position, drop your hands and relax. Repeat 10 times.



7. **Pendular exercise:** Hold a 1- to 2-pound weight in your hand. Bending knees slightly, bend forward at waist and hold onto a table with other hand. Allow your arm to dangle freely. (A) Swing arm laterally across body (to the right and left) for 1 minute *keeping your elbow perfectly straight*. (B) Then swing arm backward and forward for 1 minute. (C) Then swing arm in a gradually increasing circle clockwise for 1 minute (D) and finally repeat (C) counterclockwise.

8. **Climbing-the-wall-exercise:** Face the wall. Keeping your elbow straight, "walk" your fingers up the wall as high as you can go. (Do not shrug or hunch your shoulder or tilt the upper half of your body.) Repeat 10 times, each time trying to "walk" a little higher. Turn your body slightly and repeat 10 times. Continue gradually turning your body and repeating the exercise until you are at a right angle to the wall. Perform this exercise for 10 minutes, 2 or 3 times a day.



Isometric Exercises

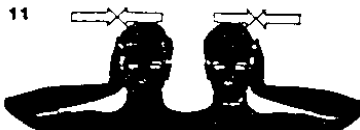
Resisted flexion (neck): Stand or sit erect. Place one hand on top of the other on your forehead. Push your head forward against the heel of your hand, *without* moving your head. Hold for a count of 10 (approx. 7 seconds). Relax. Repeat 3 times.



9. **Resisted extension (neck):** Stand or sit erect. Clasp your hands behind your head – not your neck. Push your head backward against the resisting hands, *without* moving your head. Hold for a count of 10 (approx. 7 seconds). Relax. Repeat 3 times.



10. **Resisted side-bend:** Stand or sit erect. Place your right hand on the right side of your face. Push your head sideward against your hand *without* moving your head. Hold for a count of 10 (approx. 7 seconds). Relax. Repeat in opposite direction (i.e., left hand on left side of face). Repeat sequence 3 times.



11. **Resisted rotation:** Stand or sit erect. Place your right hand on right temple and your left hand on the left side of the back of your head (your hands should be diagonally opposite). Attempt to look over your right shoulder, resisting the movement of your head with your hands. Hold for a count of 10 (approx. 7 seconds). Relax. Repeat in opposite direction, with left hand on left temple, etc. Relax. Repeat sequence 3 times.



12. **Resisted flexion (shoulder):** Stand or sit erect. Raise both forearms in front of body, parallel to ground, with elbows bent. Intertwine fingers and pull. Hold for a count of 7 (approx. 5 seconds). Relax. Repeat 3 times.



13. **Resisted extension (shoulder):** Stand or sit erect. Raise both forearms in front of body, parallel to ground with elbow bent. Place both palms flat against each other and press. Hold for a count of 7 (approx. 5 seconds). Relax. Repeat 3 times.



How to be kind to your neck and shoulders

Sitting:

Keep your chin tucked in (not up) and your neck drawn back. Use a hard chair with support arms. Do not slouch; keep the entire length of your spine up against the back of the chair. Use the arms of the chair to support your arms, which will help prevent undue strain on your neck due to forward thrust.



Standing:

Keep your chin tucked in (not up) and your neck drawn back. Also try to stand with your lower back flat. Never bend over without bending your knees; this will better enable you to keep your neck and shoulders drawn back and erect.

Sleeping:

Do not sleep on your stomach.

The preferable way to sleep is on your side. Maintain your neck and head in a normal position by adjusting your pillow accordingly (see illustration), and keep your arms down.

If you prefer to sleep on your back, put your pillow under your neck as well as your head. The pillow should support the neck and head in a neutral position. Avoid extension of neck.

It is advisable to use a bed board or a firm orthopedic mattress. You may also use a contoured pillow, instead of trying to manipulate a regular pillow under your neck.



Relaxing:

Do not lie on a sofa to watch television. Use a firm armchair. Do not use soft, fluffy pillows to prop up your head while reading.

Driving:

Sit high in the car. Your seat (preferably hard) should not be too far back or too low so that you will not have to stretch up and forward to see over the steering wheel. You may find a polyurethane pad of value in helping to provide support: it should be 1 to 2 inches thick, as wide as your back, and high enough to reach your shoulders.

Lifting or reaching:

Bend your knees and use your leg muscles to lift. Avoid sudden movements. Keep the load close to your body and try not to lift anything higher than your waist. If you have to reach for a shelf higher than your head, stand on a stool. Try to avoid reaching or looking up for any length of time.



Working:

Do not overwork yourself. If you work at a desk all day, get up and move around whenever you get a chance. It may be advisable to do a set or two of your exercises during a break from work.

Self-massage:

Massaging the neck and shoulder muscles often relaxes them and also serves to relieve tension and reduce spasm.

Exercise:

Get regular exercise (vigorous walking, bicycling, swimming, etc.) once your pain is gone. But always start slowly to give your muscles a chance to warm up before attempting anything strenuous.

See your doctor:

If your neck or shoulder acts up...if the pain gets worse, see your doctor; don't wait until your condition gets too severe.

Plantar Fasciitis (From MGH PCOI)

What is plantar fasciitis?

Plantar fasciitis is one of the most common causes of pain in the sole of the foot. It involves pain and inflammation of the plantar fascia, a thick band of tissue, like a tendon, that starts at your heel and goes along the bottom of your foot. The plantar fascia attaches to each one of the bones that form the ball of your foot. It works like a rubber band between the heel and the ball of your foot to form the arch of your foot.

What are the signs and symptoms of plantar fasciitis?

The most common symptom is pain in the bottom of the foot, especially around the heel. Most people feel a sharp, stabbing pain when they take their first steps in the morning. As the day goes on, the pain may fade to a dull ache. Things that make the pain come back during the day include: walking for a long time or standing up after resting for a while. The pain usually affects one foot but it can affect both feet. You may notice redness and a mild swelling in the affected foot. Your foot may be tender to the touch.

What causes plantar fasciitis?

As you get older, the plantar fascia becomes less like a rubber band and more like a rope that doesn't stretch very well. The fat pad on the heel becomes thinner and can't absorb as much of the shock caused by walking. The stress of this additional shock to the heel can cause swelling, bruising or even tears in the plantar fascia. When this happens over and over again, plantar fasciitis can develop.

What puts people at risk?

Age is one factor. If you are 40 or older, you are more likely to have plantar fasciitis. Being overweight puts more pressure on your feet and makes you more likely to develop this problem. Flat feet or high arches also increase your risk. People with jobs that require a lot of walking or standing have a greater chance of getting plantar fasciitis. Runners, dancers and people who play any sport that involves sudden turns and stops are also at risk.

What can I do to prevent plantar fasciitis?

- Warm up and stretch before you work out, practice or play sports.
- If you are overweight, try to lose weight to take pressure off your feet.
- Choose sturdy shoes to support your feet. Avoid high heels. Do not wear worn-out athletic shoes. Do not go barefoot, especially on hard surfaces such as concrete floors.

What treatment will my doctor recommend?

Your doctor will probably suggest over-the-counter pain medicine such as Advil, Motrin or Aleve. These medicines, called NSAIDs (nonsteroidal anti-inflammatory drugs), ease pain and inflammation. If your pain does not go away, your doctor may think about corticosteroid creams or injections. A physical therapist can teach you exercises to stretch and strengthen your feet and lower legs. This handout includes a few of these exercises to get you started.

What can I do to keep this problem from coming back?

- If you walk or run a lot, cut back a little. You probably will not need to stop walking or running altogether.
- If you have either flat feet or a high arch, ask your doctor about using orthotics, inserts for your shoes.

Orthotics are arch supports. You will need to be fitted for them.

- The Strassburg Sock is an inexpensive (\$40) device you can wear to bed at night. It gently stretches the plantar fascia while you sleep. For more information, go to the website: www.thesock.com.

- Put your feet up. Stay off your feet for several days when the pain is severe.
- Apply ice. Hold a cloth-covered ice pack over the area of pain for 15 to 20 minutes three or four times a day or after activity.
- Do not go barefoot. Wearing slippers or going barefoot may cause symptoms to return, even if the floors are carpeted. Keep a pair of sturdy shoes or sandals by your bed and put them on before you take your first steps in the morning.

How long will it take to get better?

Almost everyone with plantar fasciitis gets better. You should start feeling less pain soon after you start treatment.

The pain usually goes away within a few weeks to a few months.

Stretching Exercises**Range of Motion Exercise**

Hold this stretch for 20 to 30 seconds. A gentle stretching sensation should be felt.

1. Stand one arm length from the wall as shown. Place calf muscle to be stretched behind you as shown.
2. Turn the toes in and heel out of the leg to be stretched.
3. Lean toward wall leading with your waist, allowing your arms to bend. Keep your heel on the floor.
4. First do this exercise with the knee straight, then bend the knee slightly. Keep your heel on the floor at all times.
5. Hold this position for 20-30 seconds.
6. Repeat exercise 10-20 times, 2-3 times per day.



Toe Extension

1. Grip your toes as shown in the drawing.
2. Pull your toes up toward your body as shown. Repeat this exercise by pulling the toes down.
3. Hold each position for 5 to 10 seconds.
4. Repeat exercise 5 to 8 times, once or twice a day.



Strengthening Exercise

Towel Curls

1. Sit in a chair and place a towel on a noncarpeted floor. Place your foot/toes on towel as shown. (You may also stand to do this exercise rather than sit.)
2. Curl/pull towel toward you with your toes while keeping your heel on the floor. Move towel with toes only. Do not move your knee or ankle.
3. If this is too easy, place a light weight (book, hand weight, etc.) at the far end of the towel.
4. Repeat exercise 5 to 8 times, once or twice a day.



QUADRICEPS MUSCLE EXERCISES

The quadriceps drill is designed to preserve size and strength of the quadriceps muscle as much as possible (Figure 1). It should be started before and continued after any operative procedure on the knee and maintained during the healing of a fracture of the femur or of the lower leg bones.



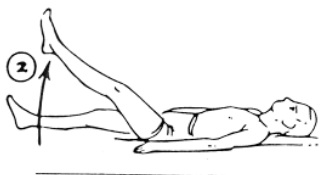
QUADRICEPS MUSCLE

Exercise 1

Forcibly contract the quadriceps muscle and relax it slowly. Do this 15 to 20 times every hour.

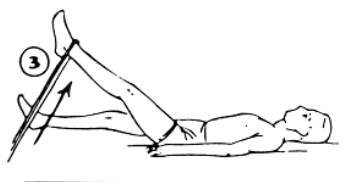
Exercise 2

Raise the leg and hold for a count of 4. This exercise should be begun after the quadriceps drill is mastered.



Exercise 3

Elastic resistive exercises are added when you are able to raise the extended leg against the force of gravity with no difficulty (Figure 3).



Exercise 4

Bicycling is designed to increase endurance of the quadriceps muscles and the range of movement of the knee joint (Figure 4). Perform this exercise for 20 minutes 2 times a day.



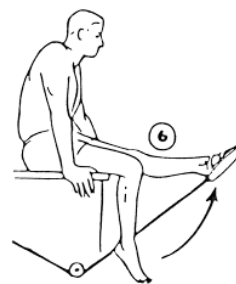
Exercise 5

Stair climbing may be done on a step-exerciser, footstool or stairs (Figure 5). Begin this exercise after you are able to perform the other exercises without difficulty.



Exercise 6

Pulley exercises (Figure 6). Extend the leg 10 times, 2 times daily.



Exercise 7

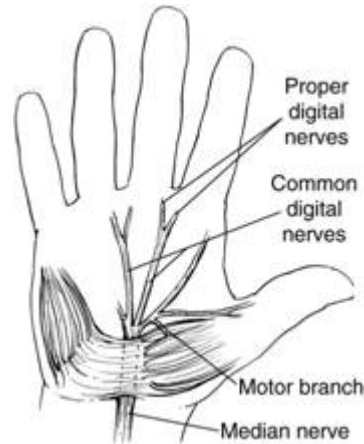
Resistive exercises with increasing loads (DeLorme exercises) are the most important of all quadriceps exercises (Figure 7). The first load should equal the weight with which you can just barely extend the knee. The exercises should be repeated 70 to 100 times during one exercise period each day. Repetitions are divided into sets of 10; rest between each set. At the end of the first week, a new maximum load is determined by increasing the load that the quadriceps can elevate to complete extension of the leg. This will be the workload for the second week. At the end of each week thereafter a new load should be determined. Full strength and size of the injured quadriceps returns when it equals or surpasses quadriceps strength in the normal leg.



Carpal Tunnel Syndrome

What is carpal tunnel syndrome?

Carpal tunnel syndrome is a common source of hand numbness and pain. It develops when a large nerve, called the median nerve, becomes pressed or squeezed at the wrist. The median nerve travels from the forearm into the hand through a tunnel in the wrist. The bottom and sides of this tunnel are formed by wrist bones (the carpal bones) and a strong band of connective tissue called a ligament covers the top of the tunnel. The median nerve controls the sensations to the palm side of the thumb and fingers (although not the little finger), as well as impulses to some small muscles in the hand that allow the fingers and thumb to move.



What are the symptoms of carpal tunnel syndrome?

Symptoms usually start gradually, with numbness, burning, tingling or itching in the hand or fingers. Some people say their hands and fingers feel swollen, even though little or no swelling is apparent. Symptoms are likely to be more intense during the night or first thing in the morning. Shaking out the hand or wrist may bring temporary symptom relief. People with severe symptoms find it difficult to make a fist, to grasp small objects or to perform other manual tasks. Muscles at the base of the thumb may weaken and there can be a loss of feeling in the fingers and thumb.

Who is at risk?

Women are twice as likely as men to develop carpal tunnel syndrome. No one knows exactly why but fluid retention caused by hormone shifts may be a factor, as may the fact that women's carpal tunnels are smaller than men's. Risk increases with age. Obesity also increases risk. Smoking can exacerbate symptoms and slow down recovery from carpal tunnel syndrome.

What causes carpal tunnel syndrome?

The actual cause of carpal tunnel syndrome is unknown. Although repetitive, forceful movements contribute to the development of the condition in some people, underlying medical conditions such as arthritis, diabetes, thyroid conditions or pregnancy often trigger carpal tunnel syndrome. Symptoms usually go away when these conditions are treated - or in the case of pregnancy, after the baby is born. Studies show that frequent computer use doesn't cause carpal tunnel syndrome, though it may worsen symptoms.

How does the doctor know I have carpal tunnel syndrome?

No single test can tell for sure if you have carpal tunnel syndrome. Your doctor will ask about your symptoms and your medical history. A physical examination of the hands,

arms, shoulders and neck can help determine if your symptoms are related to daily activities or to an underlying disorder, and can rule out other painful conditions with similar symptoms.

During the exam, your doctor may use specific tests to try to produce the symptoms of carpal tunnel syndrome. The doctor may tap or press on the median nerve or ask you to bend your wrist while pressing your hands together. The doctor might ask you to make a movement that brings on symptoms. Sometimes, it is necessary to confirm the diagnosis with x-rays (to rule out arthritis, bone spurs, fractures, tumors, cysts and gout), a nerve test (to find out how well your median nerve is working), an electromyogram (to measure electrical impulses in the muscle), or a diagnostic ultrasound.

How is carpal tunnel syndrome treated?

Treatments for any underlying cause such as diabetes or arthritis are the first step. Early treatment also involves resting the affected hand and wrist for at least two weeks, avoiding activities that may worsen symptoms. Splints are often used to immobilize the wrist in a neutral (unbent) position. Applying cool packs can help reduce swelling.



The next step is frequently physical therapy or special hand exercises. Stretching and strengthening exercises can be helpful. If these treatments don't relieve symptoms, your doctor may refer you to an orthopedic hand specialist for further evaluation and/or treatment. If symptoms worsen or persist for a long period of time, you may want to consider steroid injections or surgery.

How can carpal tunnel syndrome be prevented?

There are several things you can do to reduce the risk of developing carpal tunnel syndrome. These suggestions can also help people who have carpal tunnel syndrome get symptom relief. They include:

- **Take breaks.** When doing activities that require repetitive, forceful motion with your wrists bent, stop every 15 to 20 minutes and gently stretch and bend your hands and fingers. If possible, change activities for several minutes every hour.
- When working with vibrating equipment, wear **gel-padded gloves**. They absorb vibration that can cause swelling around the median nerve.
- **Think about what you're doing.** Is there a way to get the job done without bending your wrist as much? Can you use a different tool - or change the way you hold the tool - to reduce pressure on your wrist?
- **Relax your grip.** Don't grip too hard when driving, writing, working on a computer or using hand tools. Tap computer keys softly. Try using a thick pen with an oversized, soft grip adapter and free-flowing ink when you write.
- **Use proper posture.** Poor posture causes your shoulders to roll forward, shortening your neck and shoulder muscles and compressing nerves in your neck.

This can affect your wrists, fingers and hands because some nerves in the upper body eventually connect to the median nerve.

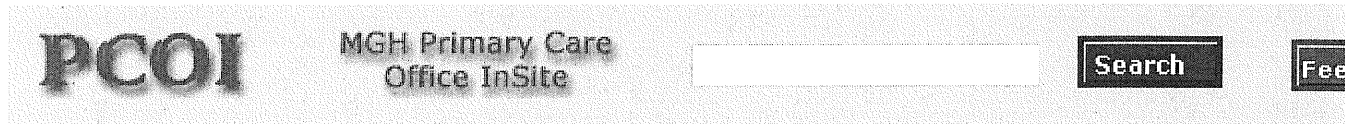
- **Reduce wrist bending.** Avoid bending your wrist all the way up or down. A relaxed middle position is best. Keep your computer keyboard at elbow height or slightly lower. A keyboard wrist pad placed in front of the keyboard further relieves wrist strain. However, resting with too much pressure on the wrist pad or on a hard surface may exacerbate symptoms.
- **Keep your hands warm.** Pain and stiffness are more likely to occur if your hands are cold. Adjust the room temperature or wear fingerless gloves.

This document is intended to provide health related information so that you may be better informed.

It is not a substitute for your doctor's medical advice and should not be relied upon for treatment for specific medical conditions.

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Primary Care Operations Improvement Site prepared by the MGH Laboratory of Computer Science

Women's Health



Bladder Training

Emptying your bladder every time you get the urge actually increases the urge to go more frequently. You can retrain your bladder to 'hold on' so you will be able to empty your bladder (void) every 3-4 hours, comfortably, without any accidents or leaking.

There are two goals to bladder training:

- To help you hold on longer between trips to the bathroom, and
- To increase the amount of fluids your bladder can hold without leaking. (In a sense, you are stretching out your bladder so it can hold more urine comfortably.)

In order to achieve this control, you will empty your bladder **"by the clock,"** not when your bladder tells you to. For example, you may start by emptying every 2 hours. Let's say you wake up at 7 am. You will empty your bladder at 7 am, at 9 am, at 11 am, etc.

An important aspect of the training is that when the scheduled time comes for you to void, **even if you don't feel like voiding, you empty your bladder anyway.** So your brain is telling your bladder when to empty, not your bladder telling your brain!!!

Start by keeping a **'voiding diary'**, a record of how often you urinate or leak. Your doctor can give you a special 'voiding diary' or you can draw a chart yourself. You will write down:

- Every time you empty your bladder
- Every time you drink anything
- Any accidental losses of urine and what you were doing when it happened

The voiding diary will show you your current pattern of urination. You can use that information to gradually increase the time between trips to the bathroom.

Two Ways To Train Your Bladder

Schedule One:

1. Start voiding (emptying your bladder) every _____ hours during the day time. You may stay at this 'level' for 3 days to 2-3 weeks. Everyone is different.
2. Once you can empty your bladder at that interval comfortably without any leaks, increase your interval by _____ minutes. So now you will void every _____ hours.
3. Continue to void every _____ hours until you are comfortable and do not have any leaks, then increase your interval by _____ minutes.
4. Continue this training until you are able to void every 3 hours comfortably and without any incontinence.

Schedule Two:

1. Start voiding every _____ hour during the daytime.
2. Add 15 minutes every week. So the second week, you will void every _____ hours.

Remember: Brain over bladder control!!!

You will have to learn to use distraction techniques to avoid emptying your bladder before the scheduled time. The rule of bladder training is that you are not allowed to use the bathroom before the scheduled time -- even if that means having an accident! Above all do not panic or rush to the bathroom. This will only make the urgency worse. The feeling of urgency is just that: a *feeling*. There are several things you can do to make the feeling pass and make the urge to void go away.

- Stand still, or, if possible, sit down and keep your legs together.
- Squeeze your pelvis muscles tightly several times, quickly, without fully relaxing them between squeezes. (These are Kegel exercises. Your doctor can give you a handout with more information about how to do them.)
- Take 3 slow deep breaths and relax your abdominal muscles.
- Distract yourself with another activity.
 - Balance your checkbook.
 - Count down from 100 by 7s.
 - Make a to-do list.
 - Think of something fun to do.

It is normal to have some accidents during bladder training. The goal is to get control of your bladder and not give in to the urges you feel.

Watch what you drink!

Drinking the proper amount of fluid is an important part of your health. Drinking too little fluid can cause the urine to be concentrated and may irritate the bladder wall. On the other hand, drinking too much fluid leads to frequency of urination and makes bladder retraining difficult. You will need to **find a happy medium!** You should not restrict your fluid intake, although an excess of fluid should be avoided as well. Try to drink approximately six to eight cups of fluid each day. (This means all fluids, not just water. There is no real evidence that you need 8 glasses of water daily.) Limit fluid intake in the evening hours before sleep, as this will lessen your need to wake up to urinate during the night.

Try to avoid, or reduce, these beverages. They can irritate your bladder and increase the urge to void:

- Caffeine (coffee, tea, cocoa, chocolate, cola, and other caffeinated soft drinks)
- Alcoholic beverages (wine, beer, liquor)
- Acidic fruits and juices (oranges, grapefruits, lemons, pineapple)

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Primary Care Operations Improvement Site prepared by the MGH Laboratory of Computer Science

Overactive Bladder

What is overactive bladder(OAB)?

OAB, also referred to as bladder instability, detrusor spasms, and urge incontinence., is a condition that causes women to lose the ability to control their bladder. Normally, you should be completely unaware as the bladder fills for 3 to 5 hours with 300-500 cc of urine. With OAB, the bladder may feel full after a much shorter interval, perhaps 1 to 2 hours, and you may need to go to the bathroom frequently, have a sudden urge to urinate, or have uncontrollable sudden urine leakage.

What is the treatment for overactive bladder?

Most women can be cured or greatly improved with conservative treatment. There are several ways to treat OAB, some of which are listed below. These are *best used in combination* to help improve/resolve symptoms *quickly and effectively*.

1. Discontinue bladder irritants

Bladder irritants, especially alcoholic and cola beverages, cigarettes, coffee, and tea, can drive the bladder crazy! Eliminating these irritants can help to regain control over the bladder. A separate handout lists what foods, drinks, and other substances to avoid.

2. Limit excessive fluid intake

While you are retraining your bladder, it is advisable to limit your daily intake of fluids to 6 to 8 glasses per day. Limiting fluids and caffeine after dinner can also reduce nighttime trips to the bathroom.

3. Medications

There are several medications that can be used to help overactive bladder. A few of these are listed below.

Vaginal estrogen—Vaginal estrogen by cream, pill, or ring can help by applying the hormone directly to the vaginal walls, where it can be absorbed, and increase blood flow to the vagina and reduce dryness and irritation. This is important as the bladder is just above the front wall of the vagina.

Anticholinergics—Anticholinergic medications (Detrol®, Oxytrol®, and Ditropan®) help prevent bladder spasm and urinary leakage by acting at the contact of the nerve and bladder muscle.

4. Bladder retraining drills

Bladder retraining drills are used to retrain the bladder and control the urge to void, preventing or reducing urinary leakage. A separate handout discusses how to perform bladder retraining drills.

Treating overactive bladder takes time and patience. It requires a partnership between you and your healthcare provider, and it may take several months to feel better. Please do not hesitate to ask if you have questions about your condition or treatment.

Name _____

Date _____

Bring this completed chart to your next appointment.

[illegible]

HOW TO TAKE FOSAMAX

Dose: **Fosamax 10 mg once every day**
 Fosamax 35 mg once every week
 Fosamax 70 mg once every week

To help make sure you will benefit from FOSAMAX, remember these important things:

- 1. After getting up for the day, take FOSAMAX first with 8 oz of water.**
- 2. Stay upright for 30 minutes after taking the FOSAMAX.**
- 3. No other food, drink or medicines for 30 minutes after taking it.**
- 4. If you are taking FOSAMAX 35 or 70 mg, take it on the same day of the week each week.**
- 5. Do not take FOSAMAX at bedtime or while lying down.**
- 6. If you develop difficulty or pain upon swallowing, chest pain, or new or worsening heartburn, stop taking FOSAMAX and call your doctor.**

Always follow your doctor's instruction. Failure to take FOSAMAX as recommended may increase your risk of certain side effects. And keep taking FOSAMAX for as long as your doctor prescribes it.

If you miss a dose, begin your usual schedule on the next morning. Don't take FOSAMAX later in the day.

Why FOSAMAX?

FOSAMAX is given for the treatment or prevention of osteoporosis (thinning and weakening of the bones) in women after menopause.

Osteoporosis can result in broken bones, which can lead to pain, severe disability, and loss of mobility. FOSAMAX decreases the faster rate of bone loss that occurs after menopause, making bone less likely to fracture. In this way, FOSAMAX reverses the progression of osteoporosis- but it can do so only if you take it every day, as your doctor has prescribed.

You should not take FOSAMAX if you:

- Have certain disorders of the esophagus
- Are unable to stand or sit upright for at least 30 minutes
- Have low blood calcium, severe kidney disease, or allergy to FOSAMAX
- Are pregnant or nursing

COMO TOMAR FOSAMAX

Dosis: **Fosamax 10 mg una vez cada día**
 Fosamax 35 mg una vez cada semana
 Fosamax 70 mg una vez cada semana

Para asegurarse de que se beneficie al tomar FOSAMAX, recuerde estos datos importantes:

- 1. Al levantarse por la mañana, tome FOSAMAX con 8 oz de agua.**
- 2. Mantengase sentado derecho por 30 minutos después de tomar FOSAMAX.**
- 3. No puede comer, beber o tomar otras medicinas hasta 30 minutos después de tomarla.**
- 4. Si esta tomando FOSAMAX 35 o 70 mg, tomela el mismo día de la semana cada vez.**
- 5. No tome FOSAMAX antes de dormirse o acostado(a).**
- 6. Si le da dificultad o dolor al tragar, dolor de pecho, o acidez estomacal, deje de tomar FOSAMAX y llame a su doctor.**

Siempre siga las instrucciones de su doctor. Falta de tomar FOSAMAX tal como recomendada puede incrementar el riesgo de algunos tipos de efectos. Y continúe tomando FOSAMAX por el tiempo que le asigne su doctor.

Si olvida tomar una dosis, empiece su horario usual la mañana siguiente. No tome FOSAMAX mas tarde en el día.

Porqué FOSAMAX?

FOSAMAX es dado para tratar o prevenir osteoporosis (enflaquecimiento o debilitamiento de los huesos) en mujeres después de la menopausia.

Osteoporosis puede resultar en huesos rotos, lo cual causa mucho dolor, discapacidad severa, y perdida de movilidad. FOSAMAX disminuye la rapidéz de la perdida de huesos después de la menopausia, haciendo que se fracturen lo menos posible. De esta forma, FOSAMAX cambia la progresión de osteoporosis- pero solo puede hacerlo si usted lo toma como le indicó su doctor.

No debe tomar FOSAMAX si usted:

- Tiene ciertos problemas en el esofago
- No puede mantenerse parado(a) o sentado(a) por lo menos 30 minutos
- Tiene bajo calcio en la sangre, enfermedad severa de los riñones, o alergia a FOSAMAX
- Esta embarazada o dando el pecho.

Pregnancy: Things to think about before you're pregnant

Why is being ready for pregnancy so important?

Conception occurs about 2 weeks before your period is due. That means you may not even know you're pregnant until you're more than three weeks pregnant. Yet your baby is most sensitive to harm 2 to 8 weeks after conception. This is when your baby's facial features and organs, such as the heart and kidneys, begin to form. Anything you eat, drink, smoke or are exposed to can affect your baby. That's why it's best to start acting as if you're pregnant before you are.

When should I talk with my doctor about pregnancy?

Any time – even before you're thinking about getting pregnant. You can talk about your diet, habits, lifestyle and any concerns you have. Plan on visiting your doctor within a year before you want to get pregnant. At that time, you may be given a physical check-up. You and the father-to-be will probably be asked about your medical history. You'll both also have the chance to ask your doctor questions.

What should I eat?

What you eat will also feed your baby. Junk food like potato chips, soda and cookies won't have the right nutrients for your baby. You might also need to make some changes if you follow a vegetarian or weight-loss diet. Talk to your doctor before taking extra vitamins and minerals. Some of them may be harmful, like high doses of vitamin A.

Folic Acid Alert

Women who get enough folic acid during pregnancy are much less likely to have a baby with serious problems of the brain or spinal cord. It's important to take folic acid before becoming pregnant because these problems develop very early in pregnancy – only three to four weeks after conception.

Women need to take about 0.4 mg of folic acid a day. That amount is usually in a multivitamin supplement. You may also want to eat more foods rich in folic acid, such as green leafy vegetables (like spinach), foods in the cabbage family (such as broccoli, cauliflower and Brussels sprouts), some fruits (including oranges, cantaloupe and bananas), milk, grains and organ meats (such as chicken livers).

Cats and Toxoplasmosis

You may have heard that pregnant women shouldn't clean a cat's litter box. That's because a parasite that causes a disease called toxoplasmosis can be spread through the feces of cats.

Toxoplasmosis isn't usually harmful to children and adults, but it can cause birth defects, including blindness and brain damage. You can also get toxoplasmosis by eating raw or undercooked red meat or touching dirt, such as when gardening, cat feces have contaminated that.

If you are pregnant or planning to become pregnant, then let someone else clean the litter box! It is still ok to play with your cat.

What about weight?

If you're overweight, your risk during pregnancy is higher for things such as high blood pressure and diabetes. You may also be less comfortable during pregnancy, and your labor may be longer. You can use the time before getting pregnant to lose weight if you need to.

Is exercise okay?

Yes. The more fit you are, the easier your pregnancy and delivery may be. But if you exercise too much, it can make getting pregnant harder. And overdoing it once you're pregnant can be dangerous. If you haven't been exercising, start before you get pregnant. While you are pregnant, you can probably keep up a light exercise program. Walking every day is one of the best exercises. Talk to your doctor about a good exercise plan for you.

The Hazards of Heat

Soaking in a hot tub might sound relaxing, but it could hurt your baby if you're in the first trimester of pregnancy. Some research has shown that high heat – from a fever, hot bath or hot tub – during the first three months may cause birth defects.

Do I need to change my habits?

Using tobacco, alcohol or drugs can cause serious harm to your baby and can even cause miscarriage. If you use tobacco, alcohol or drugs, get help from your doctor to quit. Try not to be embarrassed or scared to talk to your doctor. He or she will want to help you find a way to stop.

Smoking. Smoking can cause miscarriage, bleeding, premature birth and low birth weight. It's also linked to sudden infant death syndrome (SIDS), in which infants suddenly die of no obvious cause. Children of smokers may do less well on IQ tests, and their physical growth may be slower.

Alcohol. Drinking by a pregnant woman can cause fetal alcohol syndrome (FAS). FAS can lead to many problems, including mental slowness, poor growth, defects of the face and a head that is too small. Drink no alcohol or as little as possible before and during pregnancy.

Illegal drugs. Using marijuana, cocaine and other illegal drugs raises the chances of miscarriage, premature birth and birth defects. With some drugs, the child will be born addicted to the drug that the mother used and will go through withdrawal.

Am I around things at work or home that could be harmful?

Maybe. Some dangers include radiation, heavy metals like lead, copper and mercury, carbon disulfide, acids, and anesthetic gases. The radiation from computer screens doesn't seem to be harmful.

Talk with your doctor about your workplace and home to find out if there are any dangers. If anything could harm your baby at work, you may be able to use special clothing or equipment to protect your baby, or you may be able to get a short-term transfer before and during pregnancy.

What about medicines I take?

Both prescription and over-the-counter medicines can affect your baby. Ask your doctor before taking anything, even aspirin, whether it's prescribed or not.

If you need to take medicine often because of health problems, such as asthma, epilepsy, thyroid problems or migraine headaches, talk with your doctor about your treatment and any risks during pregnancy.

What tests may I need before I get pregnant?

You may need some tests to find out if you have problems that could harm you or your baby during pregnancy. Many things can be handled before pregnancy to help prevent problems for your baby and for you.

Rubella. If you don't know whether you've ever had rubella (German measles) or been vaccinated against it, a blood test can give the answer. Catching the German measles while you're pregnant can be very bad for your baby. You can get a vaccination before you try to get pregnant to prevent this.

Sexually transmitted diseases (STDs). STDs such as gonorrhea, syphilis and chlamydia can make it hard for you to get pregnant and can also harm your baby. These and other infections can be treated before pregnancy.

HIV (human immunodeficiency virus). HIV, which is the virus that causes AIDS (acquired immunodeficiency syndrome), can be passed onto your baby.

Other problems. Your doctor may also want to do some other tests depending on if you're at risk for other problems, such as anemia or hepatitis or if you have a family history of any genetic diseases (see below).

What if I have health problems?

Diabetes, high blood pressure or problems with your circulation may need extra care during pregnancy. It's often easier to treat problems or get them under control before you're pregnant.

Will my baby be at risk for genetic problems?

Your baby may be at risk for certain problems that run in your family. These are genetic diseases. Cystic fibrosis, sickle cell anemia, Tay Sachs disease and thalassemia (a type of anemia) are examples. These problems aren't caused by anything you do. Your baby is also at higher risk of genetic problems if you're over age 35. Talk with your doctor about assessing your risk factors and doing screening tests if needed.

PKU Alert

Were you born with phenylketonuria (PKU)? If so, you had to follow a special diet low in phenylalanine (an amino acid in many high-protein foods) when you were a child. Start the same diet again before getting pregnant. If you don't, your baby may suffer from mental slowness, low birth weight and other problems.

First Trimester Do's and Don'ts

- | | |
|---|--|
| <ul style="list-style-type: none">• <i>DO</i> eat healthy, nutritious, well-balanced foods.• <i>DO</i> avoid alcohol, cigarettes and caffeine.• <i>DO</i> chew your food thoroughly before swallowing. Your digestive tract is less active when you are pregnant.• <i>DO</i> continue to exercise or start an easy exercise if it's okay with your doctor or midwife – but do not lift anything that could strain your abdominal muscles.• <i>DO</i> plan to visit your dentist once during your pregnancy. Tell your dentist you're pregnant so that precautions can be taken if X-rays are necessary.• <i>DO</i> try to get at least eight hours of sleep every night.• <i>DO</i> continue to use your car's safety belt. Place the belt low, around your pelvis, not around your abdomen.• <i>DO</i> consult your doctor before you take medications. Many drugs cross the placenta and can hurt your baby. | <ul style="list-style-type: none">• <i>DON'T</i> smoke during pregnancy. If you feel that's impossible, get help or cut down to a bare minimum. It has been proven that smoking contributes to miscarriages and retarded fetal growth.• <i>DON'T</i> clean your cat's litter box. Cat feces carries toxoplasmosis, a potentially fatal fetal disease. Raw meat also carries the disease, so don't feed it to your cat and don't eat raw meat.• <i>DON'T</i> use alcohol or drugs of any sort, even nonprescription ones, unless your doctor says otherwise. This includes aspirin, laxatives, nose drops, cold remedies, antacids, sleeping pills and liniment.• <i>DON'T</i> begin a reducing diet now unless your doctor has planned it for you.• <i>DON'T</i> panic should you find you're spotting – just call your doctor right away. A small amount of spotting is common for many women in the first trimester.• <i>DON'T</i> use hot tubs.• <i>DON'T</i> allow a fever to rise above 100. It is ok to use Tylenol to control it. |
|---|--|

***Suggested Reading on Female Sexual Dysfunction
(Suggested by Dr. Jan Shifren)***

Title: My Secret Garden
Author: Nancy Friday

Title: Illustrated Manual of Sex Therapy
Author: Helen Singer Kaplan

Title: Getting the Sex You Want: A Women's Guide to Becoming
Proud, Passionate and Pleased in Bed
Author: Sandra Leiblum & Judith Sachs

Title: Making Love the Way We Used to... or Better: Secrets to
Satisfying Midlife Sexuality
Author: Alan Altman & Laurie Asher

Title: Becoming Orgasmic: A Sexual and Personal Growth Program
for Women
Author: Julia Heiman and Joseph Lopiccolo

Title: The New Love and Sex After 60
Author: Robert Butler & Myrna Lewis

Websites

American Association of Sex Educators, Counselors, and Therapists (AASECT)
www.aasect.org

North American Menopause Society (NAMS)
www.menopause.org

Vaginal Yeast Infections

Vaginal yeast infections are caused by a fungus called *Candida albicans*. Yeast are tiny organisms that normally live in small numbers on the skin and inside the vagina. The acidic environment of the vagina helps keep yeast from growing. Changes in the acidic balance of the vagina can occur during your period (menstruation), pregnancy, diabetes, antibiotics treatment, birth control pills and steroids. Moisture and irritation of the vagina also seem to encourage yeast to grow.

Symptoms:

Yeast infections can be very uncomfortable, but are usually not serious. Symptoms include the following:

- Itching and burning in the vagina and around the vulva (the skin that surrounds your vagina)
- A white vaginal discharge that may look like cottage cheese
- Pain during sexual intercourse
- Swelling of the vulva

Yeast infections are common. Most women will have one at some time in their lives. If you have symptoms of a yeast infection, your doctor will probably want to talk to you about your symptoms and examine you to make sure a yeast infection is the cause.

Treatment:

Yeast infections are usually treated with medicine that you put into your vagina. This medicine may be a cream that you insert in your vagina with a special applicator, or it may be a suppository that you put into your vagina and allow to dissolve on its own. Medicine in a cream form can also be put on your vulva to help relieve itching. Medicine in a pill form that you take by mouth is also available. Several medicines are available over the counter in the pharmacy without a prescription.

1. Butoconazole (Femstat 3)
2. Miconazole (Monistat 7)
3. Tioconazole (Vagistat)
4. Nystatin
5. Terconazole (Terazole)

Should I see my doctor every time I have a yeast infection?

Be sure to see your doctor the first time you have symptoms of a yeast infection. It's very important to make sure you have a yeast infection before you start taking medicine. The symptoms of a yeast infection are also the symptoms of other infections, such as some sexually transmitted infections. Treating yourself for a yeast infection when you actually have another type of infection may make the problem much worse.

If you have often been diagnosed with yeast infections, talk to your doctor about using a medicine you can buy without a prescription.

How can I avoid getting another infection?

Here are some things you can do to help prevent another yeast infection:

- Don't wear tight-fitting or synthetic-fiber clothes.
- Wear cotton panties and don't wear pantyhose or leotards every day.
- Use your blow dryer on a low, cool setting to help dry your genital area after you bathe or shower.
- Wipe from front to back after using the toilet. This may help prevent the bacteria that normally live in your rectum from getting into your vagina.
- Change out of wet swimsuits or other damp clothes as soon as you can.

Don't douche or use feminine hygiene sprays, deodorant sanitary pads or tampons, or bubble bath, and avoid using colored or perfumed toilet paper. These items seem to affect the balance of acidity of the vagina and can lead to symptoms of a yeast infection.

Does my sexual partner need to be treated?

Although it is rare, you can transmit a yeast infection to your partner through sexual intercourse. If your partner begins to develop symptoms of a yeast infection, talk to a doctor about treatment options.

Bacterial Vaginosis (BV)

What is bacterial vaginosis?

Bacterial vaginosis (BV) is the most common vaginal infection in women of childbearing age, and it is sometimes accompanied by discharge, odor, pain, itching, or burning.

What causes bacterial vaginosis?

The cause of BV is not fully understood. BV is associated with an imbalance in the bacteria that are normally found in a woman's vagina. The vagina normally contains mostly "good" bacteria, and fewer "harmful" bacteria. BV develops when there is a change in the environment of the vagina that causes an increase in harmful bacteria.

How do women get bacterial vaginosis?

Not much is known about how women get BV. Women who have a new sex partner or who have had multiple sex partners are more likely to develop BV. Women who have never had sexual intercourse are rarely affected. It is not clear what role sexual activity plays in the development of BV, and there are many unanswered questions about the role that harmful bacteria play in causing BV. Women do not get BV from toilet seats, bedding, swimming pools, or from touching objects around them.

How common is bacterial vaginosis?

Scientific studies suggest that BV is common in women of reproductive age. In the United States, as many as 16% of pregnant women have BV. This varies by race and ethnicity from 6% in Asians and 9% in whites to 16% in Hispanics and 23% in African Americans. BV is generally more commonly seen in women attending STD clinics than in those attending family planning or prenatal clinics.

What are the signs and symptoms of bacterial vaginosis?

Women with BV often have an abnormal vaginal discharge with an unpleasant odor. Some women report a strong fish-like odor, especially after intercourse. The discharge is usually white or gray; it can be thin. Women with BV may also have burning during urination or itching around the outside of the vagina, or both. Some women with BV report no signs or symptoms at all.

How is bacterial vaginosis diagnosed?

A health care provider must examine the vagina for signs of BV (e.g., discharge) and perform laboratory tests on a sample of vaginal fluid to look for bacteria associated with BV.

Who is at risk for bacterial vaginosis?

Any woman can get BV. However, some activities or behaviors can upset the normal balance of bacteria in the vagina and put women at increased risk:

- Having a new sex partner or multiple sex partners
- Douching
- Using an intrauterine device (IUD) for contraception.

Pregnant women are at increased risk for complications of BV.

What are the complications of bacterial vaginosis?

In most cases, BV causes no complications. But there are some serious risks from BV:

- Pregnant women with BV more often have babies who are born early or with low birth weight.
- The bacteria that cause BV can sometimes infect the uterus (womb) and fallopian tubes (egg canals). This type of infection is called pelvic inflammatory disease (PID). PID can cause infertility or damage the fallopian tubes enough to increase the future risk of ectopic pregnancy and infertility. Ectopic pregnancy is a life-threatening condition in which a fertilized egg grows outside the uterus, usually in a fallopian tube.
- BV can increase a woman's susceptibility to HIV infection if she is exposed to the virus.
- Having BV increases the chances that an HIV-infected woman can pass HIV to her sex partner.
- BV can increase a woman's susceptibility to other STDs, such as chlamydia and gonorrhea.

Who should be treated for bacterial vaginosis?

Although BV will sometimes clear up without treatment, all women with symptoms of BV should be treated to avoid such complications as PID. Treatment is especially important for pregnant women. All pregnant women, regardless of symptoms, who have ever had a premature delivery or low birth weight baby should be considered for a BV examination and be treated when necessary. All pregnant women who have symptoms of BV should be checked and treated. Male partners generally do not need to be treated. However, BV may spread between female sex partners.

What is the treatment for bacterial vaginosis?

BV is treatable with antimicrobial medicines prescribed by a health care provider. Two different medicines are recommended as treatment for BV: metronidazole or clindamycin. Either can be used with non-pregnant or with pregnant women, but the recommended dosages differ. Women with BV who are HIV-positive should receive the same treatment as those who are HIV-negative. BV can recur after treatment.

How can bacterial vaginosis be prevented?

BV is not completely understood by scientists, and the best ways to prevent it are unknown. However, enough is known to show that BV is associated with having a new sex partner or having multiple sex partners. It is seldom found in women who have never had intercourse.

Some basic prevention steps can help reduce the risk of upsetting the natural balance in the vagina and developing BV:

- Use condoms during sex.
- Limit the number of sex partners.
- Do not douche.
- Use all of the medicine prescribed for treatment of BV, even if the signs and symptoms go away.
- **For more information**

DSTD Web address www.cdc.gov/std/

CDC National STD Hotline

(800) 227-8922 or (800) 342-2437

En Espanol (800) 344-7432

TTY for the Deaf and Hard of Hearing

(800) 243-7889

Men's Health

MEN'S HEALTH

Prostate Cancer and PSA Testing

There is some disagreement among medical organizations about whether a PSA test should be done to look for prostate cancer. You and your doctor can work together to make the right decision for you by having a discussion about prostate cancer testing. The following information is intended as a reference for patients who have had or are planning to have that discussion. If you have any questions, talk to your doctor.

How common is prostate cancer?

- Small traces of prostate cancer are found in many men, including about one-third of men over age 75. Most of these prostate cancers will not cause future problems.
- In the United States, about one man in six eventually finds out that he has prostate cancer. African-American men and men with a close relative (father, brother, or son) with prostate cancer have a higher risk of prostate cancer.
- For many of these men, prostate cancer will never develop into a serious medical problem.
- About one in 36 men will eventually die of prostate cancer. It is not known whether PSA testing lowers this risk.

Should I be tested for prostate cancer?

The US Preventative Task Force no longer recommends routine testing for prostate cancer with the PSA test. Other organizations suggest that men age 50 and older should discuss prostate cancer screening with their physicians. African-Americans, or men with a family history, should start the discussion at age 45. Because most prostate cancers grow slowly, prostate cancer screening is not considered after age 75.

Your decision to undergo or decline prostate cancer testing should be based on a thorough understanding of what the tests can and cannot determine, and their risks and benefits.

What does prostate cancer testing involve?

1. **Personal and family history.** The doctor will ask about your medical history and whether or not any close relatives were diagnosed with prostate cancer. He or she may also ask about certain symptoms that might indicate prostate disease (including cancer). Waking during the night to urinate, frequent need to urinate, or difficulty starting or stopping while urinating may indicate that your prostate is enlarged. These symptoms do not raise the risk of prostate cancer.
2. **Digital and rectal exam.** The doctor may examine your prostate gland with his or her finger to detect any abnormalities, such as enlargement or nodules (lumps).
3. **Prostate Specific Antigen (PSA) Test.** By testing your blood, the doctor can determine if your prostate is producing an excessive amount of PSA. If your PSA is above average

– or if it increases significantly over the course of several annual blood tests – your doctor may recommend that you have a biopsy.

4. **Biopsy.** To confirm or rule out prostate cancer, your doctor may order a biopsy, in which small samples of your prostate are removed (by needle) and examined. Biopsies can sometimes cause bleeding or infection.

Pros and cons of PSA testing

Pros

- PSA testing can find some cancers earlier than other tests, such as the digital rectal exam.
- Earlier detection may allow some prostate cancers to be treated with surgery or radiation treatment.
- A normal PSA test result can provide peace of mind.

Cons

- The PSA test does not necessarily lower a man's chance of dying from prostate cancer.
- Many other things can raise PSA levels so that the test comes out abnormal. This is caused a 'false' positive.
- Elevated PSA levels may cause anxiety that is not relieved, even with a normal biopsy.
- The PSA test result can also be normal even when a man does have prostate cancer (a "false negative" test).
- Once the PSA test comes out abnormal, the doctor is obliged to continue testing. This usually means ordering a prostate biopsy.
- If prostate cancer is found, treatment with surgery or radiation can have side effects such as loss of sexual function and problems controlling urination.
- Because prostate cancer is often a slow-growing cancer, treatment may cause more harm than good.

Deciding what to do

PSA testing is not highly accurate or specific: some men with normal PSA test results nevertheless have prostate cancer and some men with abnormal PSA test results do not have prostate cancer. Your age, risk factors, and personal preferences can help you and your doctor make the decision to undergo PSA testing. If you decline testing at the time of the initial discussion, your doctor may revisit the subject in a year or two – or if you begin to exhibit concerning symptoms. Once you do begin PSA testing, your doctor may recommend periodic repeat tests to determine if your PSA is increasing at an abnormal rate.

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How to Take Medicines for Erectile Dysfunction

Your doctor has prescribed medication to help with erectile dysfunction. The brand names for these pills are Viagra, Levitra and Cialis.

How do these medicines work?

These medicines help improve blood flow to the penis to make it easier for you to get and keep an erection. They do not cause erections. Even if you take a pill, you will still need physical and mental stimulation to become sexually aroused. Once you have had sex, your erection will go away.

How do I take the pills?

Take a pill half an hour to an hour before you expect to have sexual intercourse. It's best to take Viagra on an empty stomach. Levitra and Cialis can be taken with or without food. Follow your doctor's directions on the right dose to take. And don't forget to use a condom to protect yourself and your partner against sexually-transmitted diseases.

What if I don't get an erection after taking a pill?

If you do not get an erection the first time you take a pill, relax and try again another day. Sometimes when men have not had sex for a while, it can take more than one try to get results. However, you should never take more than one pill within 24 hours. Men who are taking Cialis who also take certain other drugs (for example, anti-fungal agents such as imidazole, antibiotics such as doxycycline or protease inhibitors such as ritonavir) should not take Cialis more frequently than once every 72 hours. Check with your pharmacist if you think this warning might include you. Talk with your doctor about changing the dose if you continue to have problems with your erections.

How long will the pill's effect last?

Viagra and Levitra are effective for four hours. Cialis is effective for 24 to 36 hours.

Do I need to take a pill every time I want to have sexual intercourse?

Not necessarily. Many times, men find that the positive sexual experiences they have when they take the pills allow them to become more confident. It may become easier to get an erection without a pill. Take the pills only when you need them.

Do these pills have side effects?

Side effects are not common but they do occur. They include

- Flushing.
- Low blood pressure.

- Headache.
- Stomach pain or heartburn.
- Nasal congestion.
- Vision changes may rarely occur with Viagra.

Who should not take these pills?

If you take any medicines that have nitrates in them - like nitroglycerin for chest pain, you should not take Viagra, Levitra or Cialis. Be sure to let your doctor know if you take an alpha blocker or if you are on a very complicated blood pressure regimen. Combined with Viagra, Levitra or Cialis, these medicines can cause serious side effects.

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Advanced Directives

ADVANCED DIRECTIVES

Making Medical Decisions in Advance: Living Wills and Health Care Proxies

It isn't easy to think about being seriously ill or injured. We all hope to stay healthy and active all our lives, but that doesn't always happen. Ideally you and your doctor would make decisions together in an emergency. But what would happen if you were unconscious? Thinking about such situations before they occur will help your doctor and your loved ones know what to do if necessary.

Many people would not want doctors to continue treatment to keep them alive if they were terminally ill or in a coma from which they would never wake up. Others would want to continue life-sustaining measures. You have the right to make your wants and beliefs known. Even if you are in perfect health right now, it is a good idea to think about what you would want your doctors to do in a life-threatening situation.

How do I decide what I want?

The first step is to talk to your family and your primary care doctor about your beliefs and the kind of care that you do or do not want. What do you want your doctor to do if you are in a coma? Do you want to go on living if you become terminally ill and must be fed through a tube? These are very difficult questions to answer. Your doctor has experience with these procedures and should be able to help you think about them.

Do I need to put anything in writing? What are my options?

After talking to your doctor and your family about what you would like to happen in a life-threatening situation, there are two ways to formalize your wishes. You can appoint a health care agent (someone to make decisions for you) in a document called a health care proxy or you can make out a living will. A health care agent is a substitute decision-maker who expresses your wishes when you are not able to do so yourself. A living will puts into writing what you would want and would not want to happen in certain medical circumstances. The state of Massachusetts has a law that governs [health care proxies and a form](#) you are encouraged to use, but Massachusetts does not have a law that governs living wills. However, a living will is still good to have. Massachusetts General Hospital considers a living will proof that a patient has gone through a decision-making process about his or her final wishes. Putting your wishes in writing can help your health care proxy, your doctors, and your family understand the kind of choices you would want to make if you were terminally ill.

What if I change my mind?

People sometimes worry that appointing a health care proxy or making out a living will would take decision-making out of their hands. That isn't true at all. The only time a living will is consulted or a health care proxy speaks for you is when you are unconscious or too sick to make decisions on your own. As long as you are able to let your doctor know what you want, decisions

about your care are yours to make. If you change your mind about something, all you have to do is let your doctor know. If you are very ill and your condition improves so that you are able to make decisions again, your doctor will listen to you rather than consult your living will or health care agent.

Why is a health care proxy important?

Preparing a health care proxy is probably the most important thing you can do to be sure that your wishes are respected in a medical emergency. Even if you have a living will, it may not cover the specific health problem you develop. A living will cannot address every possibility in detail. Without a health care proxy, your closest relatives will be asked to speak for you. Unless you have discussed the subject beforehand, this may be hard for them. They may be so worried about you that they are not emotionally able to make good choices for you; they may not agree about what you would want; or they may not be the people you would trust most to make important decisions. Appointing a health care agent ensures that your wishes are heard – and makes it easier for the people closest to you.

What should I think about when choosing a health care agent?

You can pick whomever you want to serve as your agent (with the exception of your attending physician). People usually choose a spouse, a parent, an adult child, or a close friend. Don't ask more than one person to be your agent. Splitting the responsibility could create problems if agents can't agree about your care. However, you can ask your agent to consult someone else if he or she doesn't feel able to make a decision. You should also appoint a back-up person to fill in if your agent is not there when needed. A good health care agent will:

- Know you very well
- Have enough emotional strength to make important decisions in tough situations
- Be willing to represent your wishes even if he/she does not agree with you
- Be able to make unanticipated choices based on a solid sense of how you think
- Stand up for your rights and be assertive with health care workers
- Be easy to find and able to show up quickly when needed

What should I know about making out a living will?

You may not know anyone who would make a good health care agent. In that case, a living will can guide your doctor and your family in deciding what is best for you. A living will is a written record that your doctor, your family and your health care agent can use as a guide to your wishes. It may be very general or it may state specific examples of treatments you do or do not want.

Be sure to give a copy of your living will to your doctor and anyone else you feel should have a copy, including family members. Keep the original in a secure but easily accessible place for others.

Keep track of those persons to whom you have given copies of the signed original in case you later want to revoke or change your living will.

The following medical procedures are the most commonly used in end-of-life situations. Your living will should address your feelings about them:

- ***Tube feeding:*** Artificial nutrition and hydration (tube feeding) supplements or replaces ordinary eating and drinking by giving a chemically balanced mix of nutrients and fluids through a tube placed directly into the stomach, the upper intestine or a vein. In some cases, tube feeding preserves life while the body heals. In other situations, it can only extend life without reversing the course of a terminal disease or improving the quality of life.
- ***Cardiopulmonary resuscitation:*** Cardiopulmonary resuscitation (**CPR**) is a group of treatments used when someone's heart and/or breathing stops. CPR is used to restart the heart and breathing. It includes pressing on the chest to mimic the heart's function and cause blood to circulate. Electric shock (defibrillation) and drugs are also used frequently to stimulate the heart. When used quickly in response to a sudden event like a heart attack or drowning, CPR can be life saving. But the success rate is extremely low for people who are near the end of life and the process can cause injuries.
- ***Mechanical ventilation:*** Mechanical ventilation is used to support or replace the function of the lungs. A machine called a ventilator or a respirator (also called a 'breathing machine') forces air into the lungs. The ventilator is attached to a tube inserted in the nose, mouth or throat and down into the windpipe (or trachea). A ventilator may be used to assist a person through a short-term problem or for prolonged periods when injuries to the upper spinal cord or a progressive neurological disease has caused permanent respiratory failure. In some cases, people are able to maintain a satisfactory quality of life on a ventilator. But when someone is in the final stages of a terminal disease, mechanical ventilation often merely prolongs the dying process until some other body system fails. It may supply oxygen, but it cannot improve the underlying condition. When discussing end-of-life wishes, make clear to loved ones and your doctor whether you would want mechanical ventilation if you would never regain the ability to breathe on your own or return to a quality of life acceptable to you.

Talking with Your Health Care Agent

The following questions may help you discuss difficult issues with family, loved ones and an agent:

- How do you want to be treated at the end of your life?
- Are there treatments you particularly want to receive or refuse?
- What are you afraid might happen if you can't make decisions for yourself?
- Do you have any particular fears or concerns about the medical treatments that you might receive? Under what circumstances?
- What makes those things frightening?
- What do phrases like no heroic measures or dying with dignity actually mean to you? (People often use these expressions with different meanings.)

Talking With Your Doctor

Do not wait until a crisis occurs before discussing concerns about end-of-life treatments with your doctor. He or she will be happy to start the conversation with you before there's an urgent need.

When you discuss your concerns and choices:

- Let your doctor know that you are completing a health care proxy or a living will.
- Ask your doctor to explain treatments and procedures that may seem confusing before you complete your directives.
- Make sure your doctor knows the quality of life that is important to you.
- Talk about your wishes for care under different circumstances and your wishes for pain management.
- Give your doctor a copy of your completed directives. Make sure your doctor knows the name and telephone number of your appointed health care agent.
- Let your doctor know how much information you would like to have – and how much you would want your family to be told – about a life-threatening illness.
- One final point: Revisit your decisions from time to time. Your feelings might change as circumstances in your life change.

For More Information:

Caring Connections, a program of the national hospice and palliative care organization, provides state-sanctioned health care proxy forms. You can find the Massachusetts health care proxy form at <http://www.caringinfo.org/files/public/ad/Massachusetts.pdf>

Caring Connection also has a website and operates an information hotline dealing with end-of-life issues. For more information about these free services, go to <http://www.caringinfo.org>

Five Wishes Advance Directive Booklet (Aging with Dignity) has a model for creating advance directives that many people find useful: <http://www.agingwithdignity.org>

Massachusetts Medical Society has health care proxy information and forms at <http://www.massmed.org/pages/advanceforms.asp>

The Family Caregiver Federation has detailed information about all aspects of end-of-life planning, including advance care directives and health care proxies, at http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=401

The Hospice and Palliative Care Federation also has information on advanced care directives and health care proxies at <http://www.hospicefed.org/>.

The American Academy of Family Physicians offers information for patients about artificial hydration and nutrition at <http://familydoctor.org/handouts/629.html> and about cardiopulmonary resuscitation at <http://familydoctor.org/handouts/630.html>

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