

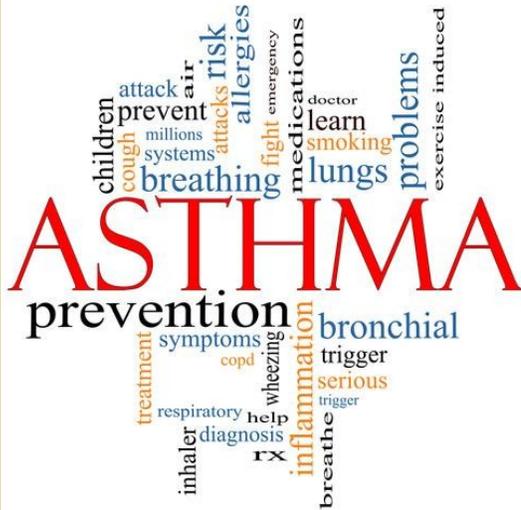


EASTERN PENNSYLVANIA HEALTH CARE QUALITY UNIT

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LIVING WITH ASTHMA

Asthma is a chronic respiratory condition in which the airways narrow, swell and produce extra mucus, making breathing difficult and triggering coughing, wheezing and shortness of breath. For some people, this is a minor nuisance, but for others it can be a major problem that interferes with their daily activities and, if left untreated, can be life-threatening. About one in twelve people, or approximately 24.6 million people, in the United States now have Asthma, and the numbers are expected to grow by more than 100 million by 2025. The cost of medical care increased to \$56 billion, despite improved air quality throughout most of the country and widespread decreases in smoking. There is currently no cure for asthma, but it can be controlled, and because asthma changes over time, it is important that individuals work with their physician to watch for signs, symptoms and adjust treatment as needed.

Common asthma triggers are:

- Tobacco smoke
- Mold
- Air pollution
- Infections, such as influenza and colds

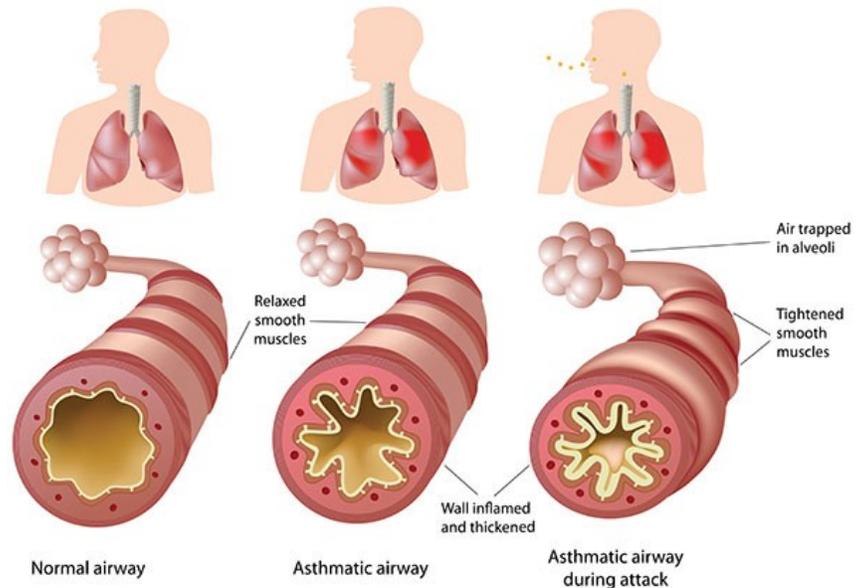
Symptoms of Asthma include:

- Shortness of breath
- Chest tightness or pain
- Trouble sleeping caused by shortness of breath, coughing or wheezing
- A whistling or wheezing sound upon exhaling
- Coughing or wheezing attacks that are worsened by a respiratory virus, such as the cold or the flu

Signs that your asthma may be worsening include:

- Increasing difficulty breathing
- The need to use a rescue inhaler more often
- Persistent coughing that cannot be controlled with inhalers or cough syrup

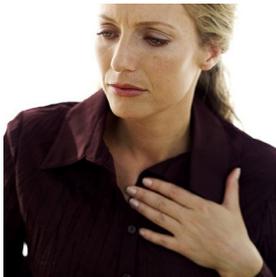
Asthma and Your Airways



There are a variety of types of asthma and for some people, these may be triggers for their asthma symptoms:

- **Exercise-induced asthma**, which may be worse when the air is warm or dry
- **Occupational asthma**, caused by workplace irritants such as chemical fumes, dust or gases
- **Allergy-induced asthma**, brought on by allergens such as pet dander, cockroaches, mold or pollen
- **Anxiety-induced asthma**, triggered by an emotional upset or stress

Other triggers can be:



- Foods, like peanuts or shellfish
- Cold air
- Smoke
- Some medications (i.e., beta blockers, aspirin, ibuprofen and naproxen)
- Sulfites and preservatives in some types of foods or beverages
- Gastroesophageal Reflux Disease (GERD)

- Menstrual cycle in some women

Risk factors include:

- Having a blood relative with asthma (parent or sibling)
- Having allergies (skin or hay fever)
- Being overweight or obese
- Being a smoker
- Exposure to secondhand smoke
- Having a mother that smoked during pregnancy
- Exposure to occupational triggers, such as chemicals used in farming, hairdressing and manufacturing
- Low birth weight



If you or someone you know thinks they might have Asthma, there are tests to diagnose the condition. Your doctor can do a physical exam and ask you questions about any signs or symptoms and about any other health problems. Individuals may also be given pulmonary function tests to determine how much air moves in and out of your lungs as you breathe. There are two different types:

Spirometry: This test estimates the narrowing of your bronchial tubes by measuring how much you can exhale after a deep breath and how quickly you can breathe out.

Peak flow: This is a device that measures how hard you can breathe out. Your peak flow is based on your gender, age and height. Lower than peak flow readings are a sign your lungs may not be working to full capacity or that your asthma is getting worse.

Prevention and long-term control are essential to stopping asthma attacks before they begin, and treatment for every asthmatic is individualized. Being able to recognize your triggers and taking steps to avoid them as well as tracking your breathing, making sure the daily asthma medications are keeping symptoms under control is key. The right medications depend on a number of factors, including your age, symptoms, triggers and effectiveness.

Preventive, long term control medications reduce the inflammation in your airways that lead to symptoms.

Rescue inhalers (bronchodilators) quickly open up airways that block breathing. In some cases, allergy medications may be necessary.



For severe asthma symptoms or asthma exacerbations, **oral steroids** (i.e., Prednisone) or **intravenous steroids** (i.e., Methylprednisolone) may relieve airway inflammation. Since these medications can cause serious side effects, they are usually used on a short term basis only.

Although many individuals rely on medications to prevent and relieve symptoms, you can do several other things on your own to maintain your health.



Use your air conditioner. Air conditioners lower humidity which reduces exposure to dust mites. Keeping your windows open invites all the allergens indoors, so if you don't have air conditioning, try to keep your windows closed during pollen season.

Reduce dust in your environment. For example, encase your pillows and mattresses in dust-proof covers; remove carpeting and install hardwood or linoleum flooring; and use washable curtains and blinds.

Reduce pet dander. Avoid pets with fur or feathers if you're allergic. Bathe and groom pets regularly to cut down on the dander in the air.

Get regular exercise. Regular exercise can strengthen your heart and lungs, helping to relieve asthma symptoms. If you exercise in the cold, keep your mouth and nose covered.

Control heartburn and gastroesophageal reflux disease (GERD). There is a link between the two conditions so talk to your doctor about treatment options. If you have frequent or constant heartburn, treating GERD may help the asthma symptoms improve.

Working together with your health care provider can design a plan for living with asthma and preventing asthma attacks.



Follow an asthma action plan:

- Get immunized for influenza and pneumonia
- Identify and avoid triggers
- Take your medication as prescribed
- Monitor your breathing
- Maintain a healthy diet to help boost your immune system

If you care for someone who may be having difficulty breathing or displaying other symptoms that seem like they may be Asthma, don't delay in getting them the medical attention they need. You may just save someone's life.

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SEASONAL BLUES OR SOMETHING MORE?

Depression has become nearly synonymous with the “Winter blues”, but other seasons can prove difficult for some as well. What of the depression that shifts to mania and comes and goes all year round? While we often tend to associate fluctuations of mood with the weather, there are many other reasons a person’s mood could be rapidly changing. For those who are diagnosed with Bipolar disorder, this change is an everyday reality. According to the latest quoted by the Depression and Bipolar Support Alliance (DBSA): “Bipolar disorder affects approximately 5.7 million adult Americans, or about 2.6% of the U.S. population age 18

and older every year.”

Bipolar disorder (formerly referred to as manic-depressive illness/disorder), is a mental health disorder that is defined by marked unusual shifts in mood, energy, and activity levels. These changes can impede the ability to carry out even the most mundane day-to-day tasks, and the symptoms are different from the normal ups and downs that we all face from time to time. Bipolar disorder symptoms can, and most often do, result in fractured relationships, poor job performance, impaired social interactions, and can even lead to suicide. However grim the future may seem to those who have bipolar disorder, the reality is that it can be treated, and they can lead full and productive lives.

According to the National Institute of Mental Health (NIMH), the general age of onset for Bipolar disorder is around 25 years, although the illness is known to manifest in early childhood or as late as the 40's and 50's. Bipolar disorder affects both men and women equally and is found in every ethnic group, race and all social classes. Also according to NIMH, it has been indicated that there is a strong genetic/heritable component to Bipolar disorder, as more than two-thirds of people with Bipolar disorder have at least one close relative with it or with unipolar major depression.

There is no question that depression affects those with intellectual disabilities just as much as it affects those without.

Bipolar disorder is often misdiagnosed, especially in the intellectually disabled. Symptoms may appear to be separate from one another; therefore they fail to be recognized as parts of a larger problem. Many people suffer for years before they are properly diagnosed and a good treatment plan is established. One of the most common mistakes that clinicians make is to attribute the presenting behavior to an aspect of their intellectual disability (which is referred to as diagnostic overshadowing). By misidentifying the observed behavior as a learned behavior or as a fact of the intellectual disability, there is often a failure to appreciate it as a component of a mental illness. These facts put even more responsibility on the shoulders of the individuals’ caregivers to be cognizant of the behaviors exhibited.

While this condition can be treated and people can sustain healthy relationships and lead productive lives, it is important to remember that Bipolar disorder is a chronic condition. Imagine for a moment, being unable to control your mood changes to the point of mania and anxiety that won’t let you rest; or becoming enveloped in a depression that takes away even the slightest ray of light from your life...and not being able to successfully convey those feelings to those around you. This is how someone with untreated Bipolar disorder and an intellectually disability can feel. In order for a person to be successfully treated there must be a holistic approach for the best results to be achieved. This includes:

- The right medication
- Close monitoring of symptoms
- Education about diagnosis, counseling and/or psychotherapy for the individual and family/caregiver(s)
- Steps toward the reduction of stressors, dietary restrictions and nutritional supplements
- Adequate amounts of sleep, regular exercise, and participation in a network of support

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THE BENEFITS OF DRUMMING

One of the fastest growing segments in the music industry, drumming and drum circles are increasing in popularity as people explore the therapeutic and recreational benefits of drumming.

Some of these benefits are:

- Strengthen the Immune System
- Increase Natural Killer Cell Activity
- Improve Mood States
- Decrease Employee Burnout
- Development Tool for a Corporate Wellness Environment
- Stress Reduction
- Improve Creativity and Bonding
- Catalyst for Quality of Life Improvement
- Maintain Attention to Task
- Increase the Ability to Communicate
- Improve Socialization Skills



The following three projects are exploring the benefits of drumming for individuals with special needs and conducting evidence based research into the therapeutic benefits of drumming.

The Rhythmic Arts Program (TRAP) is an educational program with the mission of empowering people with various disabilities to succeed in the world. The program teaches and enhances basic life skills such as: maintaining focus; using memory; taking turns; developing leadership; using numbers; using prepositional concepts; following instructions; and modeling. Issues of spatial awareness, fine and gross motor skills, and speech are also addressed. Teaching occurs in an environment that is fun and not threatening, so participants develop improved confidence and a more positive self-image. Integrating drums and percussion instruments as creative learning tools that address life skills and enhance the mind, body and spirit, the project brings together volunteers in concert with administrators, teachers, activity directors and aids at various facilities, and is growing in popularity throughout the world. For more information visit www.traponline.com.

St. Francis University CERMUSA Drumming Intervention Program with Jim Donovan was started by the former lead drummer for the band the Rusted Root. It is a one-day, research-based training session designed to empower individuals to use simple, yet highly effective percussion interventions to improve quality of life for children with disabilities by engaging them with rhythm and sound. A percussion (or rhythm) intervention is a technique that uses easy to learn percussion approaches, instruments, and methods as a way to elicit a desired behavioral response, such as maintaining attention-to-task, improving socialization skills, or increasing the ability to communicate. Some specific examples of percussion interventions include teaching a child to spell his or her name by associating it with a specific rhythm; providing a child with a "shaker" or other percussion instrument that allows the child to maintain attention or focus in noisy or distracting environments; and providing a child with an acceptable mechanism to release energy, such as striking a drum. For more information visit www.percussioninterventiontraining.com.

Remo-HealthRHYTHMS is one of the leading organizations studying the biological benefits of drumming. Under the direction of neurologist, Barry Bittman M.D., this program has been involved in developing a research based drumming protocol and researching the biological benefits. Dr. Bittman includes HealthRHYTHMS group drumming in all of his disease-based programs along with conventional medicine at the Mind-Body Wellness Center in Pennsylvania. For more information visit remo.com.

Osteoporosis

The human body consists of over 270 bones at birth, some in which fuse together. The skeletal system is responsible for support, movement, protection, blood cell production, storage, and endocrine regulation. A disease that can disrupt these functions is called Osteoporosis. The word **Osteoporosis** literally means "porous bones." It occurs when bones lose an excessive amount of their protein and mineral content, particularly calcium.

Bones are constantly recycling. Osteoblasts are bone-forming cells and osteoclasts are bone breakdown cells, responsible for bone reabsorption. Osteoporosis occurs when bone is broken down more rapidly than it is formed. The bones can become so weak, that a sneeze or a cough can result in a fracture.

Some individuals may not exhibit any symptoms of Osteoporosis, whereas another person may have symptoms that include: loss in height, back pain, a stooped posture, and/or a bone fracture.

Some risk factors include:

- Women with a small frame, thin build
- Genetic disorder (Prader-Willi, Klinefelter's Syndrome)
- Postmenopausal women
- Caucasian or Asian women
- Genetic predisposition
- Smoking tobacco
- Anorexia nervosa or bulimia
- Low calcium diet
- Heavy alcohol consumption
- Frequent use of corticosteroids
- Frequent use of anticonvulsants
- A diagnosis of Rheumatoid arthritis
- Physically inactive

Individuals with intellectual and developmental disabilities may be at higher risk for Osteoporosis due to the use of anticonvulsants, excessive thyroid hormones, corticosteroids, early onset of menopause, and amenorrhea (lack of menses). They also have a greater tendency to live a sedentary lifestyle, maintain a poor diet, have hypotonia (low muscle tone), vision impairments, sensory disturbances, and generalized weakness. They also have a higher risk for falls due to cognitive impairments, health conditions, especially seizure disorder or cerebral palsy, and lack the necessary reflexes to help prevent a fall.



It is important to be screened for Osteoporosis and Osteopenia, a condition of low bone density before one gets to Osteoporosis. A fracture of the body can affect mobility and activities of daily living for weeks or can result in a lifetime disability. A DXA scan, dual energy X-ray absorptiometry, is a noninvasive procedure that measures the hip, spine and wrist density. It is the most common test to check for Osteoporosis.

If you have any of the risk factors or already have some bone loss, you can prevent Osteoporosis. By adding weight-bearing exercises to your routine, adding calcium and vitamin D to your daily diet, and taking the necessary medication(s) and/or supplements recommended by your physician can begin to reverse the effects of the bone disease.



It is recommended that adolescent to adult men and women need 800 to 1200 mg of calcium, and pregnant or nursing mothers need 1200 mg to 1500 mg of calcium daily. Foods rich in calcium are as follows:

- Dairy products (milk, cheese, yogurt)
- Spinach
- Kale
- Okra



- Collards
- Soy beans
- White beans
- Sardines, salmon, perch, and rainbow trout

Vitamin D is an essential part of the calcium absorption process for forming new bone. For males and females who are between the ages of 1 through 70, the daily requirement of vitamin D is 600 IU. For individuals over the age of 70, 800 IU is recommended.

There are a wide variety of medications and vitamin supplements available, both over-the-counter and by prescription. It is best to speak with your physician regarding what is the best treatment for you.

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