



EASTERN PENNSYLVANIA HEALTH CARE QUALITY UNIT

IT'S YOUR HEALTH FALL 2010

*the Advocacy
Alliance*

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September is Head Lice Prevention Month

Does your scalp get itchy with merely hearing the words "head lice?"

The head louse is a tiny, wingless parasitic insect that live on human hairs and feeds off tiny amounts of human blood. Lice aren't dangerous and they do not spread disease. Despite this, they spread very easily and do cause scalp itching, which can lead to scratching, inflammation and possible skin infection.

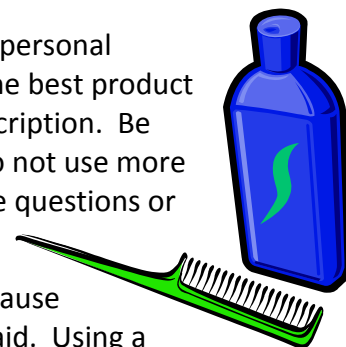
Lice spread easily from one person to another in group settings.

Despite common myths about them, lice do not fly or jump from one head to another. They do have specially adapted claws that allow them to climb up and cling tightly onto hair shafts. That's human hair only - pets cannot carry head lice, so Fido is safe. The spread from person to person is most commonly through direct contact and by sharing contaminated items (hats, hairbrushes, pillows, etc.)

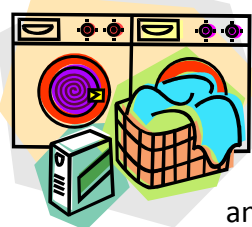
Prevention is the best medicine when it comes to head lice.

Yet the spread of head lice is not at all uncommon, and definitely not a sign of poor personal hygiene. If an infestation is suspected, your health care provider can recommend the best product for treatment. Shampoos and lotions are available as over-the-counter and by prescription. Be sure to follow the directions for the product you are using exactly as written, and do not use more than one product at a time. Always check with your health care provider if you have questions or concerns.

All methods of treatment for killing head lice require more than one application because as the lice eggs (called nits) are hatched, they must be killed before more eggs are laid. Using a fine toothed comb through wet hair is recommended for removal of nits and lice.



In addition to treating the scalp, wash any bed linens and clothing that has recently been worn in very hot water (130° F) and then put them in the hot cycle of the dryer for at least 20 minutes. Dry clean anything that is not washable. Stuffed animals can be put in an airtight plastic bag for 2 weeks if washing is not an option. Vacuum the rugs and upholstered furniture at home and in the car. Soak hair brushes, combs and hair bands, etc. in rubbing alcohol or medicated shampoo for one hour, or throw these items out and buy new ones.



When it come to lice, prevention is using your head!

October is National Down Syndrome Awareness Month

Down syndrome is the most common chromosomal condition that is associated with intellectual disability. Instead of being born with the usual 46 chromosomes, the individual is born with 47. This extra genetic material alters normal development of the body and brain, causing the characteristics identified in Down syndrome.

About 1 in every 800 live births results in Down syndrome. Although parents of any age may have a child with Down syndrome, the incidence is higher for women over the age of 35.

There are over 50 clinical signs of Down syndrome, however, these signs vary from person to person and can range from mild to severe.



Common characteristics include:

- Poor muscle tone
- Slanted eyes with folds of skin at the inner corners
- Flat nose bridge
- Hyperflexibility of the joints
- Small mouth
- Small head
- Short, broad hands with a single crease across the palm
- Broad feet with short toes
- Misalignment of the top two vertebrae of the neck
- Slow physical development
- Delayed social and mental development

Individuals with Down syndrome may be at higher risk for health issues such as:

- Congenital heart abnormalities
- Sleep apnea
- Frequent ear infections leading to hearing loss
- Cataracts
- Leukemia
- Spinal cord injury
- Digestive disorders
- Hypothyroidism
- Dental issues
- Dementia
- Tendency toward obesity
- Premature aging

Many of these conditions are treatable, so most individuals can lead healthy lives.

Due to advances in health care, the life expectancy of individuals with Down syndrome has increased from 25 years in 1983, to 60 years today.

In order to maintain good health; children, adults as well as aging adults should be routinely evaluated for cardiac, respiratory, thyroid and musculo-skeletal issues.

Other routine health screenings should include vision, hearing and dental exams.

Research shows that children with Down syndrome benefit from early education and intervention in areas such as language, cognitive, self-help and social skills, as well as exercises for motor development.

With ongoing support from families and caregivers, adults with Down syndrome can develop skills required to hold jobs and to live semi-independently.

Good health care, quality education, a stimulating home environment and support from families, friends and the community help individuals to develop their full potential and lead fulfilling lives.

For additional information, refer to the following links:

<http://www.nichd.nih.gov/publications/pubs/downsyndrome.cfm>

<http://www.ndss.org>

<http://www.nlm.nih.gov/medlineplus/ency/article/000997.htm>



Check out these websites mentioned in this edition of “It’s Your Health”.

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<http://www.ndss.org>

<http://www.nlm.nih.gov/medlineplus/ency/article/000997.htm>

<http://www.immunize.org/catg.d/p4030.pdf>

UNDERSTANDING CHOLESTEROL CAN HELP YOU ACHIEVE A HEALTHY LIFESTYLE

Cholesterol is a term most of us have heard of. We may ask a friend what their cholesterol level is, or remind our spouse to use less butter so that their cholesterol level does not get out of control. But do we really know what cholesterol is, and does it serve any useful purpose in our body?

Cholesterol is a waxy substance the body uses to protect nerves, make cell tissues, produce certain hormones, and help with digestion. We need cholesterol for our body to function properly. Our bodies produce it, and we get cholesterol through the fats we eat. Our body needs cholesterol and fat, but not too much. Two of the factors which affect total cholesterol, age and heredity, can't be controlled. But many can. Cholesterol travels through our bloodstream, attached to proteins called lipoproteins. There are 2 kinds of cholesterol. The "good" cholesterol is the HDL (high density lipoprotein), while the "bad" cholesterol is the LDL (low density lipoprotein).

What cholesterol levels are considered desirable? A **total cholesterol level of less than 200** is best. An **LDL level of less than 129** is considered near optimal, and a **HDL level of 60 or higher** can reduce your risk of heart disease.

If our LDL cholesterol is high it can add to the process of plaque formation, and cause a narrowing of our blood vessels. As the blood flow is restricted, the risk of heart disease and stroke increase. On the other hand HDL lipoproteins (the good cholesterol) pick up the excess cholesterol in the blood, and return it to the liver, where it is broken down. So the more HDL you have, the less bad cholesterol will be circulating in your body.

Remember!!! Elevated levels of cholesterol, especially the "bad cholesterol" can contribute to our risk for heart disease, hypertension, peripheral vascular disease, and stroke.

Now that we know what cholesterol is and how it increases our risk for heart disease, we need to learn how to prevent and treat high cholesterol. It's not as difficult as you may think.

We're going to start with a few lifestyle changes and home remedies.

1. Lose excess weight.
2. Eat heart healthy foods
3. Exercise regularly.
4. Don't Smoke. Quitting can improve your HDL cholesterol and drop your blood pressure.



Let's take a look at some of the foods and alternative medicines that can be helpful.

1. **Oatmeal, oat bran, and high fiber foods.** Oatmeal contains soluble fiber, which reduces your low-density lipoprotein (LDL). Soluble fiber can reduce the absorption of cholesterol into your blood stream.
2. **Fish and Omega 3 Fatty Acids.** High levels of omega 3 fatty acids reduce your blood pressure and risk of developing blood clots.
3. **Walnuts, almonds and other nuts** can reduce blood cholesterol; walnuts also keep blood vessels healthy.
4. **Olive Oil** contains a potent mix of antioxidants that can lower your bad cholesterol, but leave your good cholesterol untouched.



Foods with added plant sterols and stanols are now available. Sterols and stanols help block the absorption of cholesterol.

If after all these lifestyle changes and your cholesterol levels still remain high your doctor may recommend medication.

1. **Statins** block a substance your liver needs to make cholesterol. This causes your liver to remove cholesterol from your blood. Choices are lipitor, lescol, mevacor, pravachol, crestor and zocor.
2. **Bile Acid Binding Resins.** Your liver uses cholesterol to make bile acids, a substance needed for digestion. The medication questran, welchol, and colestid lower cholesterol indirectly by binding to bile acids.
3. **Cholesterol Absorption Inhibitors.** Your small intestine absorbs the cholesterol from your diet and releases it into your bloodstream. The drug zetia helps reduce blood cholesterol by limiting the absorption of dietary cholesterol.
4. **Combination Cholesterol Absorption Inhibitor and Statins.** Vytorin decreases both absorption of dietary cholesterol in your small intestine and production of cholesterol in your liver.

Living our lives in a healthy way requires increasing our knowledge, and then deciding what information we are ready to take action on. Change can be difficult, but making small changes, and then building on those changes has the potential to keep us healthier, and also promote healthy life choices in the individuals we serve.

DUAL DIAGNOSIS SERVICES AND SUPPORTS UPDATE

The workgroups established at the stakeholders' meeting on September 30, 2009 have been steadily working on the projects they outlined during that meeting. Brief updates on the activities of all the committees and projects are provided below. We thank all of you who have assisted in the project and look forward to presenting the final Developmental Disabilities Council Grant products during a stakeholders' meeting on September 28, 2010.

Access to Behavioral Health Services

A survey about what services are available in which county across the state, Access to Behavioral Health Services, was created and disseminated. The survey data was summarized by county/joiner. Survey responses were collected from every county in Pennsylvania. The committee is now analyzing the results looking for regional patterns and gaps in services based on the results. Further, the committee would like to publish available resources on a web site, possible a site such as the PAnetworkofcare.org that was created by OMHSAS, and has links to services in each county. Through analysis pockets of services as well as areas without services will be identified. The final products for this group will be two reports – one for the Access to BH Services Survey and one for the PPC survey(s), as well as a strategy to publicize available services on the internet.

Public Awareness

The Public Awareness workgroup began by developing a contact list including providers, managed care organizations, media outlets, counties, etc., across the state. Queries can be made by provider, county, type of media outlet, HCQU region, etc. Working with individuals to tell their stories with photos or video clips is a way to put a face on dual diagnosis. Individuals with dual diagnosis who may be willing to share their stories will have been identified and HCQU staff is conducting interviews which will be put into print.

Education

The Education workgroup includes four subcommittees. The committee main focus areas are: Individuals, Direct Caregivers, Supervisors, and Clinicians. The Sub-committee on Individual Education is developing a curriculum aimed at developing an awareness of mental illness. The Sub-committee on Direct Caregiver Education originally discussed a menu concept for provision of education for caregivers. The Sub-committee on Supervisor Education has developed a comprehensive curriculum outline with an understanding that supervisors must be part of the process if they are to support direct support professionals.

Consideration of a unit for supports coordination supervision has also been entertained. Representatives of the Sub-committee on Clinician Education met with Donna McNelis, President of NADD. The NADD certification process for clinicians (as well as one for direct support professionals) is about a year away from implementation. Therefore, the sub-committee is developing a list of topic areas and will work collaboratively with NADD on their process.

System Integration

This workgroup has several active sub-committees. They include one focusing on a cost survey, one defining Everyday Lives and Recovery principles for individuals with dual diagnosis, and one developing a list of services and who pays for them. A draft statewide cost survey developed and was conducted in June to determine what services for people with dual diagnosis really cost (across systems of intellectual/developmental disabilities, behavioral health and behavioral managed care). With this information, planning for more cost effective strategies may be facilitated. A draft document, Principles of Everyday Lives and Recovery, has been developed. Finally, a grid delineating services and payment sources is in the final stage of completion for publication.

YOU ARE NEVER TOO OLD FOR IMMUNIZATIONS

The week of October 25, 2010 is Adult Immunization Week. Being properly immunized is a lifelong responsibility we have to ourselves and the people around us. Measles, mumps and whooping cough seem like illnesses that occurred many years ago in the United States, and are now only thought of when reading about the past. But in reality, with international travel made so easy in our modern world, these diseases are making a comeback. If we were all immunized properly against diseases they would not spread so quickly or be as serious.

So why are we not properly immunized? For some young adults, immunizations that are recommended today were not required when they were receiving their immunizations as a child. Some vaccinations are given in a series of injections, and for many possible reasons the entire series may not have been completed. This leaves the person unprotected. Some immunizations require a booster shot to ensure protection.

Many diseases that we are vaccinated against as children affect more adults than children (hepatitis B or Tetanus) and also can be far more dangerous for adults (mumps or chicken pox). So, what are the recommendations for adult immunizations?

Vaccine Age ▶ ▼	19–49 years	50–64 years	65 years & older
Influenza	You need a dose every fall (or winter).		
Pneumococcal	You need 1–2 doses if you smoke cigarettes or if you have certain chronic medical conditions.*		You need 1 dose at age 65 (or older) if you've never been vaccinated. You may also need a 2nd dose.*
Tetanus, diphtheria, pertussis (Td, Tdap)	If you haven't had at least 3 tetanus-and-diphtheria-containing shots sometime in your life, you need to get them now. Start with dose #1, followed by dose #2 in 1 month, and dose #3 in 6 months. All adults need Td booster doses every 10 years. If you're younger than age 65 years and haven't had pertussis-containing vaccine as an adult, one of the doses that you receive should have pertussis (whooping cough) vaccine in it—known as Tdap. Be sure to consult your healthcare provider if you have a deep or dirty wound.		
Hepatitis B (HepB)	You need this vaccine if you have a specific risk factor for hepatitis B virus infection* or you simply wish to be protected from this disease. The vaccine is given as a 3-dose series (dose #1 now, followed by dose #2 in 1 month, and dose #3, usually given 5 months after dose #2).		
Hepatitis A (HepA)	You need this vaccine if you have a specific risk factor for hepatitis A virus infection* or you simply wish to be protected from this disease. The vaccine is usually given as 2 doses, 6–18 months apart.		
Human papillomavirus (HPV)	You need this vaccine if you are a woman who is age 26 years or younger. One brand, Gardasil, can be given to men age 26 years or younger to prevent genital warts. The vaccine is given in 3 doses over 6 months.		
Measles, mumps, rubella (MMR)	You need at least 1 dose of MMR if you were born in 1957 or later. You may also need a 2nd dose.*		
Varicella (Chickenpox)	If you've never had chickenpox or you were vaccinated but only received 1 dose, talk to your healthcare provider about whether you need this vaccine.		
Meningococcal	If you are a young adult going to college and plan to live in a dormitory, you need to get vaccinated against meningococcal disease. People with certain medical conditions should also receive this vaccine.*		
Zoster (shingles)			If you are age 60 years or older, you should get this vaccine now.

* Consult your healthcare provider to determine your level of risk for infection and your need for this vaccine.



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IDEAS FOR OUR NEWSLETTER?

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