

the Advocacy Alliance

Toll Free 1-877-315-6855
www.theadvocacyalliance.org

EASTERN PENNSYLVANIA HEALTH CARE QUALITY UNIT

IT'S YOUR HEALTH SUMMER 2007

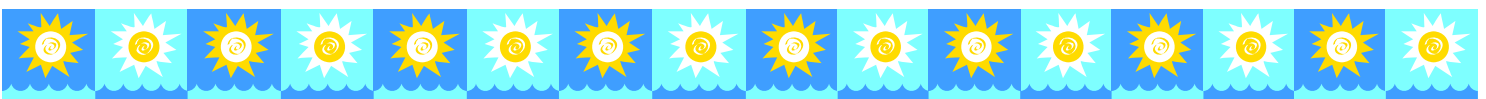


SUNBURNS

Everyone is at risk for skin cancer, but especially people with light skin color, light hair or eye color, a family history of skin cancer, chronic sun exposure, a history of sunburns early in life, or freckles. Rays from artificial sources of light such as tanning booths also increase the risk of skin cancer.

WHAT YOU CAN DO

Remember to limit sun exposure, wear protective clothing and use sunscreen. Sunscreen should be applied 30 minutes before going outdoors and reapplied at least every two hours. Use water-resistant sunscreen with a sun protection factor (SPF) of 15 or higher. According to the American Academy of Dermatology, along with regularly using sunscreen, it's smart to wear wide-brimmed hats and seek shade under a beach umbrella or a tree. Sunscreens alone may not always protect you. And don't forget sunglasses, which protect the sensitive skin around the eyes and may reduce the long-term risk of developing cataracts. People who wear UV absorbing contact lenses still should wear UV absorbing sunglasses since contact lenses don't completely cover the eye.



IF YOU DO GET A SUNBURN:

- Take a cool bath (you can add baking soda or oatmeal)
- Gently apply cool, wet compresses
- Rub on soothing aloe vera gel
- Use a fragrance-free moisturizing cream (not petroleum-based) to re-hydrate the skin
- If severe, 1% hydrocortisone cream may offer some relief
- Give a pain reliever which also reduces inflammation (such as ibuprofen)
- Drink plenty of fluids
- Never put ice or butter on the burn



WHAT ARE SUN-SENSITIZING DRUGS?

Sun-sensitizing drugs are medications that can increase the skin's susceptibility to reddening and burning from the sun (or a tanning lamp). These drugs are also called photosensitizing agents.

It is very important to read the label carefully before using a prescription or non-prescription medication, paying particular attention to side effects such as photosensitivity.

Many prescription and non-prescription drugs contain photosensitizing agents that can cause sunburn, blistering, hives, rash or other skin reactions.

Among agents that can cause a photo allergic or photo toxic reaction are sulfa drugs, known as sulfonamides, and some antibiotics. Other agents that can cause sun sensitivity are: some antidepressants (including tricyclic drugs and the presently popular herbal remedy St. John's wort); tranquilizers; birth-control pills; arthritis painkillers; oral diabetes medications; and drugs to treat allergies, cancer, colds, high blood pressure, and heart rhythm problems. In addition, certain creams, lotions and other skin preparations for acne and other conditions can cause photosensitivity.

THIS IS A PARTIAL LIST OF SUN-SENSITIZING DRUGS:

- Advil , ibuprofen (pain)
- Bactril (bacterial infections)
- Banana Boat Sport Sunblock (sunscreen)
- Benadryl (allergies)
- Benzoyl Peroxide (acne, skin problems)
- Carbatrol (seizures)
- Captopril (high blood pressure, congestive heart failure, diabetic kidney disease)
- Cardizem (angina, high blood pressure, abnormal heart rhythm)
- Chlorothiazide (high blood pressure, edema)
- Clozapine, Clozaril-(schizophrenia, mental disorders)
- DiaBeta (diabetes)
- Dilantin (epilepsy)
- Elavil (depression)
- Estraderm Transdermal (menopause, osteoporosis)
- Estradiol (menopause)
- Estrogens, esterified (menopause, ovarian failure, abnormal uterine bleeding, prostate cancer, breast cancer)
- Feldene (pain)
- Lamictal (partial epileptic seizures)
- Lasix (high blood pressure, kidney failure)
- Lisinopril (high blood pressure, congestive heart failure, heart attack)
- Lo/Ovral, progesterin, ethinyl estradiol (oral contraceptive)
- Lopressor HCT (high blood pressure)
- Mellaril, thioridazine (mental disorders)
- Micronase (diabetes)
- Motrin (pain)
- Neutrogena T (psoriasis, eczema and other skin problems)
- Oral contraceptives containing estrogen
- Pamelor, nortriptyline (depression)
- Phenobarbital (convulsions, anxiety)
- Phenytoin, Dilantin (seizures)
- Relafen (pain)
- Rynatuss (allergies)
- Seldane (allergies)
- Septra DS (bacterial infections)
- Sunscreens with PABA esters and para-aminobenzoic acid
- Tegretol Chewtabs (seizures, manic depression)
- Tetracycline (bacterial infections)
- Trazodone (depression)
- Tylenol Allergy Sinus (allergies)
- Valproic Acid, Depakene (seizures) Vasotec, enalapril (high blood pressure, congestive heart failure)
- Voltaren (pain)
- Xanax (anxiety)
- Zestril, lisinopril (high blood pressure, congestive heart failure, heart attack)



An example of Poison ivy.

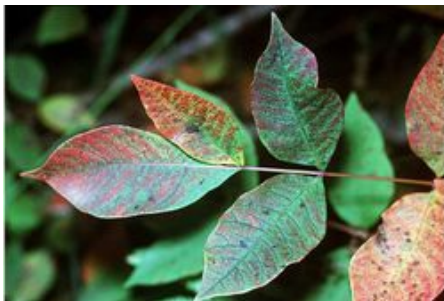
POISON IVY, POISON OAK, AND POISON SUMAC

Rashes from poison ivy, oak, or sumac are all caused by urushiol, a substance in the sap of the plants. Poison plant rashes can't be spread from person to person, but it's possible to pick up a rash from urushiol that sticks to clothing, tools, balls, and pets.



An example of Poison Oak.

WHAT YOU CAN DO



An example of Poison Sumac.

According to the American Academy of Dermatology, while "leaves of three, beware of me," is the old saying, "leaflets of three, beware of me" is even better because each leaf has three smaller leaflets.

Hikers, emergency workers, and others who have a difficult time avoiding poison ivy may benefit from a product called Ivy Block, made by EnviroDerm Pharmaceuticals Inc., of Louisville, KY. It's the only FDA approved product for preventing or reducing the severity of rashes from poison ivy, oak, or sumac. This over-the-counter lotion contains bentoquatam, a substance that forms a clay-like coating on the skin.

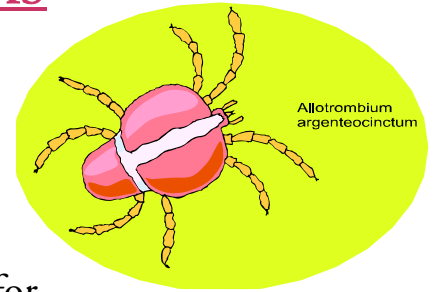


If you come into contact with poison ivy, oak, or sumac, wash the skin in cool water as soon as possible to prevent the spread of urushiol. If you get a rash, oatmeal baths and calamine lotion can dry up blisters and bring relief from itching. Treatment may include over-the-counter or prescription corticosteroids and antihistamines.



BITES FROM MOSQUITOES AND TICKS

Ticks are usually harmless. The biggest disease threat from tick bites is Lyme disease, which is caused by the bacterium *Borrelia burgdorferi*. The bacteria are transmitted to humans by the black-legged deer tick, which is about the size of a pinhead and usually lives on deer. According to the Centers for Disease Control and Prevention (CDC), there were 23,763 cases of Lyme disease reported nationwide in 2002.



Another insect-borne illness, West Nile virus, is transmitted by infected mosquitoes and usually produces mild symptoms in healthy people. But the illness can be serious for older people and those with compromised immune systems. In 2002, there were 4,156 cases of West Nile virus in humans reported to the CDC. Less than 1 percent of people infected with West Nile virus develop severe illness. The symptoms are flu-like and can include fever, headache, body aches, and skin rash.

WHAT YOU CAN DO

There are no vaccines on the market for West Nile virus or Lyme disease. If you're spending time in tall grass or woody areas, use insect repellent with DEET to ward off mosquitoes and ticks. But insect repellent should not be used on babies, and repellent used on children should contain no more than 10 percent DEET.

Check yourself and your children for ticks before bedtime. If you find a tick, remove it with tweezers, drop it in a plastic bag and throw it away. You don't have to save the tick to show it to doctors. People who want to



get a tick tested for diseases or other information could check with their local health departments, but not all of them offer tick testing. The CDC recommends cleansing the area of the tick bite with antiseptic. Early removal is important because a tick generally has to be on the skin for 36 hours or more to transmit Lyme disease. Antihistamines, such as Benadryl or Claritin, can bring itch relief. Topical anti-itch cream on the affected area also may help.



BEE STINGS

Symptoms of an allergic reaction are hives, itching, rash, difficulty breathing, and shock. Most reactions to bees are mild, but severe allergic reactions lead to between 40 and 50 deaths each year. An allergic reaction can occur even if a person has been stung before with no complications.

WHAT YOU CAN DO

To keep bees away, wear light-colored clothing and avoid scented soaps and perfumes. Don't leave food, drinks, and garbage out uncovered. Treat a bee sting by scraping the stinger away in a side-to-side motion with a credit card or fingernail, and then washing the area with soap and water. Pulling the stinger or using tweezers may push more venom into the skin. For any bug bite or sting, ice or a cold compress and pain-relieving creams or oral medications can help.



Because bees puncture the skin with their stingers, there is a risk of tetanus infection. After getting the regular series of childhood tetanus shots, adults should have a tetanus booster shot every 10 years.

Watch for signs of allergic reaction to stings, which typically happen within the first few hours. If you have ever had an allergic reaction to a sting, experts recommend carrying epinephrine, a prescription hormone given by injection to support blood pressure, increase heart rate, and relax airways.



Check out these websites mentioned in this edition of "It's Your Health".

U.S. Food and Drug Administration

http://www.fda.gov/fdac/features/2004/304_summer.html

Web MD

<http://www.webmd.com/>

Centers for Disease Control and Prevention

<http://www.cdc.gov/>

National Health Information Center

<http://health.gov/nhic/>

Health Finder

<http://www.healthfinder.gov/>

American Cancer Society

<http://www.cancer.org/docroot/home/index.asp>

Medicine Net

<http://www.medicinenet.com/script/main/hp.asp>



HEAT ILLNESS

During heat illness, the body's cooling system shuts down. Body temperature goes up, which inhibits the ability to sweat. Mild symptoms of heat exhaustion include thirst, fatigue, and cramps in the legs or abdomen. Left untreated, heat exhaustion can progress to heat stroke. Serious heat-related symptoms include dizziness, headaches, nausea, rapid heartbeat, vomiting, decreased alertness, and a temperature as high as 105° F or more. In severe cases, the liver, kidneys, and brain may be damaged. About 400 people die each year from heat exposure.



The risk of heat illness goes up during exertion and sports and with certain health conditions such as diabetes, obesity, and heart disease. Alcohol use also increases the risk. So do medications that slow sweat production such as antihistamines, tricyclic antidepressants, and diuretics used to treat water retention, high blood pressure, and some liver and kidney conditions. People ages 65 and older and young children are especially vulnerable to heat illness.

WHAT YOU CAN DO



Air conditioning is the No. 1 protective factor against heat illness. If you don't have air conditioning, spend time in public facilities, such as libraries and malls that have air conditioning. Reduce strenuous activities or do them during early mornings and evenings when it's cooler. If you're outside for long stretches of time, carry a

water bottle, drink fluids regularly, and don't push your limits.

People who play sports should wear light, loose-fitting clothes and drink water or sports drinks before, during, and after activity. If you see someone experiencing heat illness, have the person lie down in a cool place and elevate the legs. Use water, wet towels, and fanning to help cool the person down until emergency help comes.



*Happy
Summer*

FOODBORNE ILLNESS

Summer is prime time for weddings, picnics, graduation parties, and family cookouts. And feeding the large groups involved can make food safety especially challenging.

Typical signs of food borne illness include nausea, vomiting, cramps, and diarrhea. In serious cases, high fever, bloody stool, and prolonged vomiting may occur. Young children, pregnant women, older people, and those with compromised immune systems are hit hardest.



Bacteria, whether in food or in the air, grow faster in warmer weather. Don't just worry about the potato salad or egg dishes. You have to be careful with any food, including melons and lettuce. Since 1996, the FDA has responded to 14 outbreaks of food borne illness for which fresh lettuce or fresh tomatoes were the confirmed or suspected source.

The causes included E. coli, Salmonella, Cyclospora, and Hepatitis A virus.

WHAT YOU CAN DO

Wash hands well and often with soap and water, especially after using the bathroom and before cooking or eating. Also wash surfaces when cooking, keep raw food separate from cooked food, marinate food in the refrigerator, cook food thoroughly, and refrigerate or freeze food promptly. The FDA suggests never leaving food out for more than one hour when the temperature is above 90 F. Any other time, don't leave food out for more than two hours. Keep hot food hot and cold food cold. Wash off fruits and vegetables with cool running water. Also, scrub fruits with rough surfaces like cantaloupe with a soft brush.

When you are packing food for a picnic, place cold food in a cooler with plenty of ice or commercial freezing gels. Cold food should be held at or below 40° F and the cooler should be stored in shade. Hot food should be wrapped well, placed in an insulated container, and kept at or above 140° F.



Those hit by a food borne illness must stay hydrated so they could try chewing on ice chips or sipping clear fluid after vomiting has stopped.

In the next day or so, eat only light foods such as bananas, rice, applesauce, toast, crackers, and soup. Seek emergency treatment if severe pain accompanies the illness, if vomiting doesn't stop in a couple of hours, or if bloody diarrhea is experienced.

744 N. 19th Street
Allentown, PA 18104



IDEAS FOR OUR NEWSLETTER?

Contact:

Heather Coleman, M.A., Director
Eastern PA Health Care Quality Unit
610-435-9050 or
hs@theadvocacyalliance.org