



IT'S YOUR HEALTH SPRING 2014

the Advocacy
Alliance

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SPRING ALLERGIES

Spring is the time of year that we normally think of when it comes to seasonal allergies. As the trees start to bloom, and pollen becomes airborne, allergy sufferers begin their annual ritual of sniffing and sneezing. Each year, 35 million Americans fall prey to seasonal allergic rhinitis, more commonly known as **hay fever**. Although there is no magical cure for spring allergies, there are a number of ways to combat them, from medication to household habits.

WHAT CAUSES SPRING ALLERGIES?

The biggest spring allergy trigger is **pollen**, which are tiny grains released into the air by trees, grasses, and weeds for the purpose of fertilizing other plants. When pollen grains get into the nose of someone who's allergic, they send the immune system into overdrive. The immune system, mistakenly sees the pollen as a foreign invader, and releases antibodies, substances that normally identify and attack bacteria, viruses, and other illness-causing organisms. The antibodies attack the allergens, which leads to the release of chemicals called histamines into the blood, triggering the runny nose, itchy eyes, and other symptoms of allergies.

Pollen can travel for miles, spreading a path of misery for allergy sufferers along the way. The higher the pollen count, the greater the misery. Pollen count is measured by the amount of allergens in the air in grains per cubic meter. Your daily pollen count may be found by checking your local weather forecast, or by visiting the NAB: Pollen & Mold Counts page on the American Academy of Allergy, Asthma and Immunology's web site.

Some of the biggest spring allergy offenders are trees, grasses and weeds. Allergy symptoms tend to be particularly high on breezy days when the wind picks up pollen and carries it through the air. Rainy days, on the other hand, cause a drop in the pollen counts because the rain washes away the allergens.

WHAT ARE THE SYMPTOMS OF SPRING ALLERGIES?

- Runny nose
- Watery eyes
- Sneezing
- Coughing
- Itchy eyes and nose
- Dark circles under the eyes

Airborne allergens may also trigger **asthma**, a condition in which the airways narrow, therefore making breathing difficult and leading to coughing, wheezing, and shortness of breath.

HOW ARE SPRING ALLERGIES DIAGNOSED?

If you notice that your eyes and nose are itchy and runny during the spring months, see your doctor. Your doctor may refer you to an allergist for tests. The allergy specialist may do a





skin test by injecting a tiny sample of a diluted allergen just under the skin of your arm or back. If you're allergic to the substance, a small red bump (called a wheal or hive) will form. Another diagnostic option is the **radioallergosorbent test (RAST)**, a blood test that detects antibody levels to a particular allergen. Just because you are sensitive to a particular allergen on a test, though, doesn't mean that you'll necessarily start sneezing and coughing when you come into contact with it.

TREATMENT

Doctors treat spring allergies with a number of over-the-counter and prescription drugs. Over-the-counter allergy drugs are effective for many people and include the following:

- **Antihistamines** reduce sneezing, sniffing, and itching by lowering the amount of histamine (the substance produced during an allergic reaction) in the body.
- **Decongestants** clear mucus out of the nasal passageways to relieve congestion and swelling.
- **Antihistamine/decongestants** combine the effects of both drugs.
- **Nasal spray decongestants** relieve congestion and may clear clogged nasal passages faster than oral decongestants.
- **Cromolyn sodium nasal spray** can help prevent hay fever by stopping the release of histamine before it can trigger allergy symptoms.
- **Eye drops** relieve itchy, watery eyes.

Even though you can buy these allergy drugs without a prescription, it's a good idea to talk to your doctor to make sure you choose the right medication. Some antihistamines can make you feel sleepy, so you need to be careful when taking them during the day. Don't use over-the-counter antihistamines and decongestants for more than a few days without talking to your doctor.

If over-the-counter remedies don't help allergies, your doctor may recommend a prescription medication, allergy shots, or even oral/sublingual immunotherapy. Prescription nasal sprays with corticosteroids reduce inflammation in the nose. Allergy shots expose your body to gradually increasing doses of the allergen until you become tolerant of it, and can relieve your symptoms for a longer period of time than oral and nasal allergy medications. Although they don't work for everyone, in people who do see a response, allergy shots can stave off symptoms for a few years.

HOW TO MANAGE SPRING ALLERGIES

It's nearly impossible to completely avoid spring allergies if you live in an area where plants grow. However, you can ease sniffing, sneezing, and watery eyes by avoiding your main allergy triggers.

Here are a few tips.

- Try to stay indoors whenever the pollen count is very high. Pollen counts usually peak in the mornings.
- Keep your doors and windows closed whenever possible during the spring months to keep allergens out.
- Using an air purifier may also help.
- Clean the air filters in your home often. Also, clean bookshelves, vents, and other places where pollen can collect.
- Wash your hair after going outside, because pollen can collect there.
- Vacuum twice a week, and wear a mask while doing so because vacuuming can stir up pollen, mold, and dust that were trapped in your carpet

MAY IS MELANOMA/SKIN CANCER DETECTION AND PREVENTION MONTH

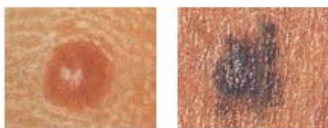
WHAT IS MELANOMA?

The most dangerous form of skin cancer, these cancerous growths develop when unrepaired DNA damages skin cells, triggering mutations, or genetic defects, that lead the skin cells to multiply rapidly and form malignant tumors. These tumors originate in the pigment-producing melanocytes in the basal layer of the epidermis, and may often resemble moles and/or develop from moles. The majority of melanomas are black or brown, but may also be skin-colored, pink, red, purple, blue or white. Melanoma is caused mainly by intense, occasional UV exposure (e.g., ultraviolet radiation from sunshine or tanning beds), especially in those who are genetically predisposed to the disease.

Melanoma kills an estimated 8,790 people in the US annually, but if melanoma is recognized and treated early, it is almost always curable. If it is not found early, the cancer can advance and spread to other parts of the body, becoming hard to treat, and potentially fatal. Melanoma is not the most common of the skin cancers, but it does cause the most deaths. The American Cancer Society estimates that about 120,000 new cases of melanoma in the US are diagnosed annually. In 2010, about 68,130 of these were invasive melanomas, with about 38,870 in males and 29,260 in women.

WARNING SIGNS: THE ABCDES OF MELANOMA

Brown spots and growths on the skin, known as **moles**, are usually harmless, but not always. Anyone who has more than 100 moles is at greater risk for melanoma. The first signs can appear in one or more atypical moles. That's why it's so important to get to know your skin very well and to recognize any changes in the moles on your body. Look for the **ABCDE signs of melanoma**, and if you see one or more, make an appointment with a physician immediately.



Symmetrical

Asymmetrical

A - Asymmetry

If you draw a line through this mole, the two halves will not match

B - Border

The borders of an early melanoma tend to be uneven. The edges may be scalloped or notched.



Borders are even

Borders are uneven



One Color

Multiple Colors

C - Color

Having a variety of colors is another warning signal. A number of different shades of brown, tan or black could appear. A melanoma may also become red, blue or some other color.

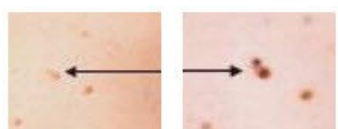
D - Diameter

Melanomas usually are larger in diameter than the size of the eraser on your pencil (1/4 inch or 6 mm), but they may sometimes be smaller when first detected.



Smaller than 1/4 Inch

Larger than 1/4 Inch



Ordinary Mole

Changing in size, shape and color

E - Evolving

Any change-in size, shape, color, elevation, or another trait, or any new symptoms such as bleeding, itching or crusting, points to danger.

Melanoma Causes and Risk Factors

Everyone is at some risk for melanoma, but increased risk depends on several factors including sun exposure, number of moles on the skin, skin type and family history (genetics).

SUN EXPOSURE

Both UVA and UVB rays are dangerous to the skin, and can induce skin cancer, including melanoma. Blistering sunburns in early childhood increase risk, but cumulative exposure also may be a factor. People who live in locations that have more sunlight — like Florida, Hawaii, and Australia — develop more skin cancers. Avoid using a tanning booth or tanning bed, since it increases your exposure to UV rays, raising your risk of developing melanoma and other skin cancers.

MOLES

There are two kinds of moles: normal moles, the small brown blemishes, growths, or "beauty marks" that appear in the first few decades of life in almost everyone and atypical moles, also known as dysplastic nevi. Atypical moles can be precursors to melanoma, and having them puts you at increased risk of melanoma, but regardless of type, the more moles you have, the greater your risk for melanoma

Skin Type

As with all skin cancers, people with fairer skin (who often have lighter hair and eye color as well) are at increased risk. Do you know your skin type? Click here to take our Skin Type Quiz.

Personal History

Once you have had melanoma, you run an increased chance of recurrence. People who have or had basal cell carcinoma or squamous cell carcinoma are also at increased risk for developing melanoma.

Weakened Immune System

Compromised immune systems as the result of chemotherapy, an organ transplant, excessive sun exposure, and diseases such as HIV/AIDS or lymphoma can increase your risk of melanoma.

Melanoma Prevention Guidelines

Since its inception in 1979, The Skin Cancer Foundation has always recommended using a sunscreen with an SPF 15 or higher as one important part of a complete sun protection regimen. Sunscreen alone is not enough, however.

SKIN CANCER PREVENTION TIPS:

- Seek the shade, especially between 10:00 AM and 4:00 PM.
- Do not burn and avoid suntanning/UV tanning booths.
- Cover up with clothing, including a broad-brimmed hat and UV-blocking sunglasses.
- Use a broad spectrum (UVA/UVB) sunscreen with an SPF of 15 or higher every day. For extended outdoor activity, use a water-resistant, broad spectrum (UVA/UVB) sunscreen with an SPF of 30 or higher.
- Apply 1 ounce (2 tablespoons) of sunscreen to your entire body 30 minutes before going outside. Reapply every two hours or immediately after swimming or excessive sweating.
- Keep newborns out of the sun. Sunscreens should be used on babies over the age of six months.
- Examine your skin head-to-toe every month.
- See your physician every year for a professional skin exam.

Treatments

Surgery

The first step in treatment is the removal of the melanoma, and the standard method of doing this is by surgical excision (cutting it out). Surgery has made great advances in the past decade, and much less tissue is removed than was customary in the past. Patients do just as well after the lesser surgery, which is easier to tolerate and produces a smaller scar.

Surgical excision is also called resection, and the borders of the entire area excised are known as the margins.

Outpatient/Office Surgery

In most cases, the surgery for thin melanomas can be done in the doctor's office or as an outpatient procedure under local anesthesia. Stitches (sutures) remain in place for one to two weeks, and most patients are advised to avoid heavy exercise during this time. Scars are usually small and improve over time.

Discolorations and areas that are depressed or raised following the surgery can be concealed with cosmetics specially formulated to provide camouflage. If the melanoma is larger and requires more extensive surgery, a better cosmetic appearance can be obtained with flaps made from skin near the tumor, or with grafts of skin taken from another part of the body. For grafting, the skin is removed from areas that are normally, or easily, covered with clothing.

There is now a trend towards performing sentinel node biopsy and tumor removal surgery at the same time, provided the tumor is 1 mm or more thick. When the procedures are combined in this way, the patient is spared an extra visit.

SETTING THE MARGINS

In the new approach to surgery, much less of the normal skin around the tumor is removed and the margins are much narrower, sparing significant amounts of tissue and reducing the need for postoperative cosmetic reconstructive surgery. Most U.S. surgeons follow the guidelines recommended by the National Institutes of Health and the American Academy of Dermatology Task Force on Cutaneous Melanoma.

When there is an in situ melanoma, the surgeon excises 0.5-1 centimeter of the normal skin surrounding the tumor and takes off the skin layers down to the fat. In removing an invasive melanoma that is 1 mm or less in thickness, the margins of surrounding skin are extended to 1 cm and the excision goes through all skin layers and down to the fascia (the layer of tissue covering the muscles). If the melanoma is 1.01 to 2 mm thick, a margin of 1 to 2 cm is taken and if the melanoma is 2.01 mm thick or greater, a margin of 2 cm is taken. These margins all fall within the range of what is called "narrow" excision. When you consider that until recently, margins of 3 to 5 cm (wide excision) were standard, even for comparatively thin tumors, you can see how dramatically surgery has changed for the better. Physicians now know that even when melanomas have reached a thickness of 4 mm or more, increasing the margins beyond 2 cm does not increase survival.

MOHS MICROGRAPHIC SURGERY

Mohs Micrographic Surgery, considered by many physicians to be the most effective technique for removing basal cell and squamous cell carcinomas (the two most common skin cancers), is being increasingly used as an alternative to standard excision for certain melanomas. In this technique, one thin layer of tissue is removed at a time, and as each layer is removed, its margins are studied under the microscope for the presence of cancer cells. If the margins are cancer-free, the surgery is ended. If not, more tissue is removed, and the procedure is repeated until the margins of the final tissue examined are clear of cancer. Mohs surgery can eliminate the guesswork in the removal of skin cancers and pinpoint the cancer's location when it is invisible to the naked eye.

In the past, Mohs was rarely chosen for melanoma surgery for fear that some microscopic melanoma cells might be missed and end up metastasizing. However, in recent years, efforts to improve and refine the Mohs surgeon's ability to identify melanoma cells have resulted in the development of special stains that highlight these cells. These special stains, known as immunocytochemistry or immunohistochemistry (IHC) stains, use substances that preferentially stick to pigment cells (melanocytes), where melanoma occurs, making them much easier to see with the microscope. For example, staining excised frozen tissue sections with a melanoma antigen recognized by T cells (MART-1) effectively labels/locates the melanocytes, and helps to focus in on melanomas. The MART-1-stained sections are processed and evaluated for the presence of tumor in the margins. If none are present, the surgery is concluded. Thanks to such advances, more surgeons are now using the Mohs procedure with certain melanomas.

IT'S SPRING – TIME TO PREVENT LYME DISEASE

Before gardening, camping, hiking, or just playing outdoors, make tick bite prevention part of your outdoor plans.



More than 25,000 Americans will develop Lyme disease this year. The risk is greatest among those living in or visiting New England, the mid-Atlantic states, and the upper Midwest. A recent national survey found that nearly 20 percent of people in areas where Lyme disease is common were unaware of the danger. Fortunately, there are several tactics you and your family can use to prevent tick bites and reduce your risk of tickborne disease.

PROTECT YOURSELF FROM TICK BITES

Know where to expect ticks. Blacklegged ticks live in moist and humid environments, particularly in or near wooded or grassy areas. You may come into contact with ticks during outdoor activities around your home or when walking through vegetation such as leaf litter or shrubs. To avoid ticks, walk in the center of trails and avoid tall vegetation.

Use a repellent with DEET (on skin or clothing) or permethrin (on clothing and gear). Repellents containing 20% or more DEET (N, N-diethyl-m-toluamide) can be applied to the skin, and they can protect up to several hours. Always follow product instructions! Parents should apply repellents to their children, taking care to avoid application to hands, eyes, and mouth. Products containing permethrin can be used to treat boots, clothing, and camping gear. Treated items can remain protective through several washings.

DAILY TICK CHECKS

Check your body for ticks after being outdoors, even in your own yard. Conduct a body check upon return from potentially tick-infested areas by searching your entire body for ticks. Use a hand-held or full-length mirror to view all parts of your body and remove any tick you find. Take special care to check these parts of your body and your child's body for ticks:

- Under the arms
- In and around the ears
- Inside the belly button
- Back of the knees
- In and around all head and body hair
- Between the legs
- Around the waist
- Check your clothing and pets for ticks because ticks may be carried into the house on clothing and pets. Both should be examined carefully, and any ticks that are found should be removed. Placing clothes into a dryer on high heat effectively kills ticks.

REMOVE ATTACHED TICKS QUICKLY AND CORRECTLY

Remove an attached tick using fine-tipped tweezers as soon as you notice it. If a tick is attached to your skin for less than 24 hours, your chance of getting Lyme disease is extremely small; however, other diseases may be transmitted more quickly.

Over the next few weeks, watch for signs or symptoms of Lyme disease such as rash or fever. See a healthcare provider if these develop. For more information on removing a tick, see <http://www.cdc.gov/lyme/removal/>.

Blacklegged Tick (*Ixodes scapularis*)



Adult female



Adult male



Nymph



Larva



BE ALERT FOR FEVER OR RASH

Even if you don't remember being bitten by a tick, an unexpected summer fever or odd rash may be the first signs of a tickborne disease, particularly if you've been in tick habitat. See your health care provider if these symptoms develop.

PREVENT TICKS ON ANIMALS

Prevent family pets from bringing ticks into the home by limiting their access to tick-infested areas and by using veterinarian-prescribed tick collars or spot-on treatment.

CREATE TICK-SAFE ZONES IN YOUR YARD

- Modify your landscaping to create "Tick-Safe Zones." It's pretty simple.
- Keep patios, play areas, and playground equipment away from shrubs, bushes, and other vegetation.
- Regularly remove leaf litter, clear tall grasses and brush around your home, and place wood chips or gravel between lawns and wooded areas to keep ticks away from recreational areas (and away from you).
- Use a chemical control agent. Effective tick control chemicals are available for use by the homeowner, or they can be applied by a professional pest control expert.
- Discourage deer. Deer are the main food source for adult ticks. Keep deer away from your home by removing plants that attract deer and by constructing physical barriers that may discourage deer from entering your yard and bringing ticks with them.

FOR FURTHER INFORMATION, PLEASE GO TO THE FOLLOWING SITES:

- For detailed information about using DEET/insect repellent safely, see <http://www.cdc.gov/westnile/faq/repellent.html>
- For detailed information about tick prevention and control, see <http://www.cdc.gov/lyme/prev/index.html>
- For detailed information geared to outdoor workers, see <http://www.cdc.gov/niosh/topics/tick-borne/>



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

Center for Disease Control and Prevention: Lyme Disease Homepage
<http://www.cdc.gov/lyme/>

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

National Health Information Center: <http://health.gov/nhic/>

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

National Institute of Health: <http://www.nih.gov/>

Mayo Clinic: <http://www.mayoclinic.org/>

Using DEET/insect repellent safely: <http://www.cdc.gov/westnile/faq/repellent.html>

Tick Prevention & Control: <http://www.cdc.gov/lyme/prev/index.html>

Lyme Disease & Outdoor Workers: <http://www.cdc.gov/niosh/topics/tick-borne/>

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Ideas for Our Newsletter?

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