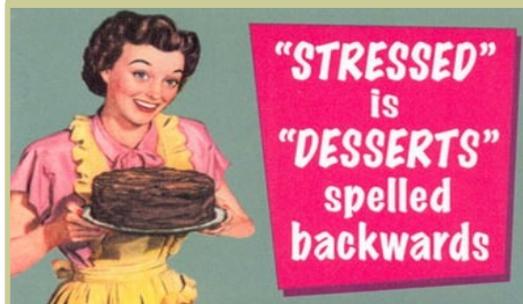




IT'S YOUR HEALTH SUMMER 2014

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EATING AND EMOTIONS

Just like most people, I love to eat! During trainings the HCQU does on dysphagia (i.e., difficulty swallowing), we often ask the audience how they feel about food and is it difficult to eat? People usually laugh and admit that the opposite is true — eating is effortless and pleasurable!

Why do we love eating so much and why do we eat more calories than we need?

There is no doubt that there are some medical problems that can contribute to overeating, and therefore, cause weight gain. Other times, there are other reasons we may that we overeat when we are not hungry. Sometimes we crave a particular flavor, or we feel stressed, sad, lonely, angry, or tired. We turn to food to help us feel better, and turn to food to fill an emotional need. This can become a habit that is hard to break. According to the recent research, people who emotionally overeat enjoy their food less than those that do not, and may have difficulty picking up their body's cues regarding when they are physically in need of food.

We live in a time when our food options are growing and so are our waistlines.

In the United States, only 32% of the adult population are a normal weight, and 68% are overweight or obese. This trend is having a dramatic impact on our health by increasing our risk of diabetes, heart disease, high blood pressure, stroke, osteoarthritis, sleep apnea, and certain cancers. **What can we do to curb this trend?**

There are solutions, *but they are not easy.*

We may need to stop and take a look at our relationship with food. Is it possible that we can change our relationship with food? Can we find a new and healthier way of eating based on enjoying the process of eating, and realizing that our body needs healthy, nutrient dense food to function well. Becoming more self-aware and mindful may hold some of the answers in helping us to restore caloric balance to our lives.





When you are just itching to break open the sweet, salty, or fatty snack, try doing one of these things instead:

- Ask yourself — are really hungry or are you eating for another reason?
- Drink a glass of water. This may give you a full feeling, until the urge passes.
- Substitute a piece of fresh fruit or vegetable instead of that sweet, salty or fatty snack.
- Take a moment and write down how you are feeling or do some

journaling.

- Do something else that you enjoy, like walking, talking to a friend, or read a book.
- Chew a piece of gum.

Learning more about how to distinguish the difference between emotional hunger and physical hunger may also help. Experts suggest that about **75% of overeating is caused by emotion**. When we eat for emotional satisfaction, we often seek out “comfort foods” and foods we are craving (e.g., pizza, ice cream, chips, etc.).

Some other signs that emotions are involved more than hunger:

- The urge comes on quickly.
- It feels like we need to satisfy it immediately.
- We continue to eat even when we are no longer physically hungry.

For additional information on emotional eating and how to become mindful when eating check out these websites.

www.eatq.com

www.webmd.com/diet/features/emotional-eating-feeding-your-feelings

www.mayoclinic.org/healthy-living/weight-loss/in-depth/weight-loss/art-20047342

www.mnn.com/food/healthy-eating/stories/mindful-eating-5-easy-tips-to-get-started

www.mindbodygreen.com/0-13684/5-ways-eating-mindfully-can-help-you-lose-weight.html

www.cdc.gov/healthyweight/Index.html



DUAL DIAGNOSIS CURRICULUM

The **Pennsylvania Dual Diagnosis Direct Support Curriculum** is a joint initiative of the Pennsylvania Department of Public Welfare Office of Mental Health and Substance Abuse Services and the Office of Developmental Programs.

The ultimate goal of this training curriculum is to provide information that can aid in the understanding of the struggles and the triumphs of those you support or will support. This curriculum was designed to demonstrate the complexity of Dual Diagnosis and the factors that need to be considered to best support those with whom you come into contact. The Pennsylvania Dual Diagnosis Direct Support Curriculum was also designed to demonstrate that all people in this world, regardless of their challenges, are much more alike than they are different.

In order to be qualified to present each of the topics in this curriculum, HCQU trainers are required to:

- Participate in the related Train the Trainer sessions (live or web-based), led by the curriculum developers
- Demonstrate their knowledge of the course content by achieving a score of 80% or higher on a post-test
- Review and be familiar with the course content and materials

There are two lessons now available. Please see below:

First lesson includes these topics:

- Introduction to the Dual Diagnosis Course
- Dual Diagnosis in the U.S.: Past, Present and Future
- Target Symptoms of Mental Health Challenges versus Challenging Behavior
- Crisis Supports and Debriefing

Second lesson includes these topics:

- Common Chronic Health Conditions
- “Naming It”
- Understanding Trauma Informed Care and Stressful Life Events
- Mental Health Wellness and Recovery

Additional lessons will become available during this calendar year. To learn more about these trainings and how to sign-up for them, please contact the HCQU in your area.



MIGRAINE HEADACHES

The phone rings, the invite comes, “Hey, we are going out for a girls night out, want to come along?” “Thanks but I have my head packed in ice and am lying in bed in a dark room!” How many times has a headache disrupted your day or night?

Symptoms of migraine headaches may include:

- ✓ Nausea or vomiting
- ✓ Intense sensitivity to light or sound
- ✓ Attacks that last 4 to 72 hours or longer
- ✓ Extreme sensitivity to light and sound
- ✓ An aura, like seeing flashing light, that signals the beginning of a migraine

Though some of these symptoms may occur with other headaches (e.g., sinus, cluster, and tension-type headaches), **light sensitivity, nausea, and vomiting typically indicate a migraine.** Additionally, while a preceding aura is often associated with migraines, not everyone who has migraines will experience an aura.

If you have frequent headaches, other important symptoms to be aware of are slurred speech, blurry vision, fever, stiff neck, and dizziness. If you experience any of these symptoms, call your doctor immediately as they could be due to a more serious condition like stroke or meningitis.

Diagnosing Triggers and Treatment

Your doctor may also ask you to keep a **headache diary** in order to pinpoint specific foods, activities, and situations that correlate with your headache symptoms. This is the most exact way to pinpoint your personal headache triggers and help verify a migraine diagnosis.

Migraines are 3 times more common in women than in men. In some women, migraine may relate to changes in hormonal levels during their menstrual cycle. The good news is that women whose migraine attacks occur in association with their menstrual cycle are likely to have fewer attacks and milder symptoms after menopause.

For many years, scientists believed that migraines were linked to the dilation and constriction of blood vessels in the head. Investigators now believe that migraine has a genetic cause.

You may ask, isn't there treatment or ways to prevent migraine?

There is a migraine “pain center” or generator in the mid-brain area. A migraine begins when hyperactive nerve

- ✓ Pain on one side of the head
- ✓ Pulsating or throbbing pain

3 Question Migraine Test

In a study of more than 3,000 people with a history of migraines, a three-question headache screen was found to be an effective tool for correctly identifying migraines:

- ✓ Do you have recurrent headaches that interfere with your activities of daily living?
- ✓ Do your headaches last at least four hours?
- ✓ Have you had new or different headaches in the past six months?

If you answer yes to all three questions, it's likely that your headache symptoms are due to migraines.

cells send out impulses to the blood vessels leading to the dilation of these vessels and the release of prostaglandins, serotonin and other inflammatory substances that cause the pulsation to be painful. Certain brain cells that use serotonin as a messenger are involved in controlling mood, attention, sleep and pain. Therefore, chronic changes in serotonin can lead to anxiety, panic disorder and depression.

There are two ways to approach the treatment of migraine headache with drugs:

1. **Prevent the attacks.** Prevention involves the use of medications and behavioral changes. Drugs originally developed for epilepsy, depression, or high blood pressure have been shown to be extremely effective in treating migraine. Botulinum toxin A has been shown to be effective in prevention of chronic migraine. Behaviorally, stress management strategies, such as exercise, relaxation techniques, biofeedback mechanisms and other therapies designed to limit daily discomfort, may reduce the number and severity of migraine attacks. Other prevention strategies include eating regularly scheduled meals with adequate hydration, stopping certain medications and establishing a consistent sleep schedule.
2. **Relieve the symptoms during the attacks.** Relief of symptoms, or acute treatments during attacks consists of sumatriptan, ergotamine drugs, and analgesics (i.e., ibuprofen, aspirin). The sooner these treatments are administered, the more effective they are.

What is the prognosis for the many migraine sufferers?

Responsive prevention and treatment of migraine is incredibly important! With proper combination of drugs for prevention and treatment of migraine attacks most individuals can overcome much of the discomfort from this debilitating disorder. Well, fellow migraine sufferers, now we know

Credits: <http://www.everydayhealth.com/headache-migraine/migraine-pain-diagnosis.aspx>



HEAT STROKE is a medical emergency that needs to be treated quickly or it can be fatal. It is easily preventable if proper precautions are taken in the hot, humid weather. It can cause many different illnesses that people are unaware of such as; brain damage, organ failure, and even death.

What causes Heat Stroke?

Heat Stroke can occur when a person remains in high temperatures for too long, and usually coincides with dehydration. When someone is dehydrated, their body has little to no fluids in their system. This makes the body unable to sweat, which leads to failure of properly regulating body temperatures.

Heat Stroke is most common in people over 50 years old, but can occur in infants, young athletes, and anyone who spends a great amount of time outside in the sun, exerting themselves.

Symptoms:

- Red, hot, flushed skin
- Headache
- Lack of sweating
- High body temperature
- Disorientation
- Difficulty breathing
- Seizure or coma

Treatment:

- First, call 911 and in the meantime these strategies may help:
- Cool the body temperature down as quickly as you can so that further damage is not done.
- Fan over person while putting cool water all over their body.



MEDICATION INDUCED PHOTOSENSITIVITY

Summer is here and we are all anxious to enjoy outdoor activities. Before we go outside and spend time in the sun, we should know that certain medications we take can react to the sun. Whether prescription or over the counter, some medications can cause a drug induced sun sensitivity, sun allergy or sun induced eczema, which could seriously damage older skin.



Before spending time in the sun make sure you read your medication information sheet and read the medication label and bottle for any warnings or effects.

If you notice any of the following symptoms, call your physician and stop taking the irritating medication:

- ⊗ Rash
- ⊗ Redness
- ⊗ Hives
- ⊗ Intense itch
- ⊗ Tiny red bumps
- ⊗ Severe sunburn
- ⊗ Blisters and/or open sores



When sun exposure cannot be avoided there are precautions that can be taken to help reduce the unwanted effects of photosensitivity:



- ⊗ Use a broad-spectrum sunscreen with a 30 SPF or higher.
- ⊗ Wear protective clothing when going outdoors such as a wide brimmed hat, sunglasses, pants and long sleeved shirts
- ⊗ Avoid/limit sun exposure during the high intensity hours of sunlight between 10:00 am and 4:00 pm
- ⊗ Keep in mind some medication can aggravate existing skin conditions like eczema and herpes which may inflame scar tissue.
- ⊗ Sun exposure can also worsen or precipitate autoimmune disorders like Lupus.

If you need additional information on Photosensitivity, check out the following websites:

- www.webmd.com/skin-problems-and-treatments/sun-sensitizing-drugs
- www.christusstjohn.org/body_mobile
- www.medical-dictionary.thefreedictionary.com/Photosensitivity

Some of the medications that may cause Photosensitivity may include:

Neuroleptics	Hypoglycemics	Diuretics
Antifungals	Antihistamines	Antidepressants
Statins	Antihypersensitives	Benzol Peroxide (certain acne medications)



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

www.everydayhealth.com/headache-migraine/migraine-pain-diagnosis.aspx

www.webmd.com/skin-problems-and-treatments/sun-sensitizing-drugs

www.christusstjohn.org/body_mobile

www.medical-dictionary.thefreedictionary.com/Photosensitivity

www.eatq.com

www.webmd.com/diet/features/emotional-eating-feeding-your-feelings

www.mayoclinic.org/healthy-living/weight-loss/in-depth/weight-loss/art-20047342

www.mnn.com/food/healthy-eating/stories/mindful-eating-5-easy-tips-to-get-started

www.mindbodygreen.com/0-13684/5-ways-eating-mindfully-can-help-you-lose-weight.html

www.cdc.gov/healthyweight/Index.html

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