

IT'S YOUR HEALTH FALL 2017



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



COLD AND FLU SEASON

TIPS FOR COLD AND FLU PREVENTION

It is that time of the year again when we need to start taking extra precautions to avoid colds and the flu. The following are some basic reminders and tips for staying healthy throughout the colder months.

WASH YOUR HANDS.

This is the best way to limit getting and spreading germs. If soap and water are not available, hand sanitizers can be used.

AVOID TOUCHING YOUR FACE.

Germs that are on your hands can enter your body through your

eyes, nose and mouth.

CONSIDER A FLU SHOT.

Experts believe that this is the best way to prevent the flu. There are other options available for those afraid of shots or who may have allergies to eggs. Speak with your doctor to decide which option is best for you.

BE AWARE OF THE HEALTHY HABITS THAT KEEP YOUR IMMUNE SYSTEM STRONG AND TRY TO FOLLOW A ROUTINE OF THESE HABITS.

EAT A BALANCED NUTRITIOUS DIET.

Check out <https://www.choosemyplate.gov>.

SLEEP 7-8 HOURS A NIGHT.

This allows your body time to rest and rejuvenate.

DRINK PLENTY OF WATER.

There are many important functions that the body needs water for, one of which is to flush out germs.

EXERCISE!

According to Web MD, every time you walk or run, you're boosting your body's immunity, your natural defense against viruses. A daily 30-



HCQU Trainings

Our Health Care Quality Unit is always available for trainings for groups large and small. In addition to group trainings, we offer web trainings 24 hours a day/7 days per week. If you are interested in scheduling a training, or have any questions about web trainings, please contact Tammy LaGraffe, R.N., C.C.M., Director, South Central PA Health Care Quality Unit at tl@theadvocacyalliance.org or toll-free at 1-877-315-6855.

For a list of our current web trainings please go to www.southcentralpa-hcqu.org/Trainings/trainings.htm.





minute walk — or three 10-minute walks — is the minimum you need. Doing more provides greater health benefits.

STRESS MANAGEMENT.

Find ways to relax and manage your stress. Remember that stress can take a toll on the immune system, it can also lead to not following a healthy routine.

IF YOU DO BECOME ILL, REMEMBER TO:

COVER YOUR COUGH.

Use the elbow of your sleeve, not your hands to cover your cough or sneeze. This limits airborne germs and from spreading more germs with your hands.



STAY HOME WHENEVER POSSIBLE TO LIMIT THE SPREAD OF GERMS TO OTHERS.



CONTACT YOUR DOCTOR IF YOU ARE IN A HIGH RISK GROUP.

The elderly, very young, pregnant or those who have chronic conditions such as asthma, heart disease or diabetes are at higher risk. Contact your doctor if you feel that you need to be assessed, especially if you are unable to eat or drink fluids.

Resources: <https://www.cdc.gov/flu/protect/habits.htm>; <http://www.webmd.com/a-to-z-guides/features/cold-flu-prevention-tips#1>; http://www.webmd.com/cold-and-flu/flu-guide/cold_flu_stopping_germs_work#1; <https://www.choosemyplate.gov/>; <http://www.webmd.com/cold-and-flu/features/prevent-flu-healthy-habits-beat-the-virus>; <https://www.cdc.gov/flu/takingcare.htm>; https://www.cdc.gov/flu/about/disease/high_risk.htm

PROPER HANDWASHING TECHNIQUE



(a) Wet hands under running water



(b) Apply soap and rub palms together to ensure complete coverage



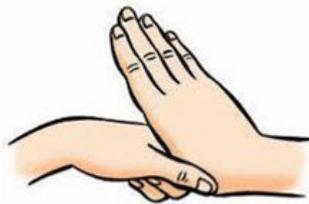
(c) Spread the lather over the backs of the hands



(d) Make sure the soap gets in between the fingers



(e) Grip the fingers on each hand



(f) Pay particular attention to the thumbs



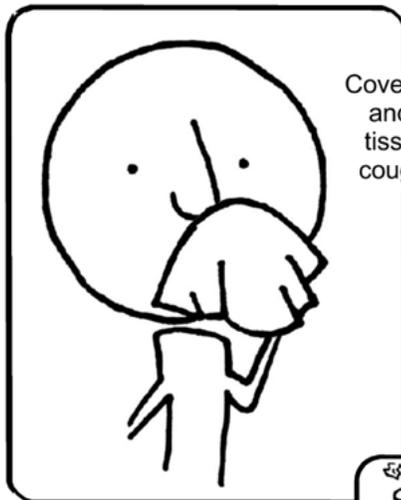
(g) Press fingertips into the palm of each hand



(h) Dry thoroughly with a clean towel

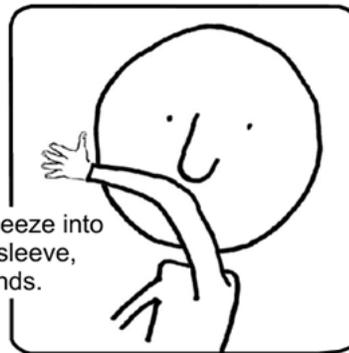
Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or cough or sneeze into your upper sleeve, not your hands.



Put your used tissue in the waste basket.



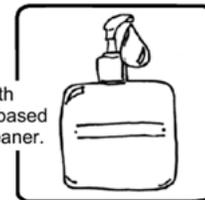
You may be asked to put on a surgical mask to protect others.

Clean your Hands after coughing or sneezing.



Wash with soap and warm water

or clean with alcohol-based hand cleaner.



El Paso City-County Health & Environmental District
5115 El Paso Dr. El Paso, Texas 79905
www.elpasocitycountyhealth.com



PARSONAGE-TURNER SYNDROME (PTS)

Parsonage-Turner Syndrome (PTS) is a rare condition that may also be called **brachial neuritis** or **neuralgic amyotrophy**. It was named in 1948 after an extensive study by Parsonage and Turner but similar clinical presentations were described as far back as 1897.

SYMPTOMS

It typically occurs with sudden onset of constant shoulder pain which may extend down to the upper arm, forearm and hand. The pain may be incapacitating, often worse at night and not relieved by positional changes. Over a period of weeks the pain may subside and is replaced by progressive muscle weakness, numbness and reflex changes. Normally only one limb is involved.

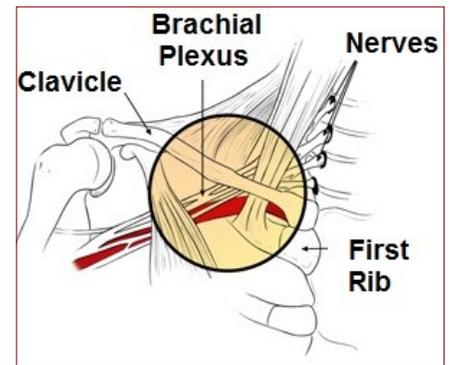
Symptoms are similar to other conditions and there may be times when classic PTS symptoms are not present, making a correct diagnosis difficult. PTS may occur from 3 months to 75 years of age but is most prevalent in the 20's and 30's and is seen more commonly in men.

CAUSES

A definitive cause has not been established but it is thought to be an abnormality of the immune system. The condition may develop after:

- ✓ Viral illness
- ✓ Mild trauma
- ✓ Surgery
- ✓ Ischemia (loss of blood flow to an area)

The most common theories are that it is viral-induced or may be an autoimmune response to an immunization.



DIAGNOSIS

Diagnosis is primarily done by clinical findings, which may include:

- ✓ Physical exam — including extensive external muscle testing
- ✓ Electromyogram (EMG) — to measure the electrical activity of the involved muscles
- ✓ Magnetic resonance imaging (MRI) — may be used to rule out a physical cause (i.e., tumor, herniated disc, ganglion cyst)

TREATMENT

In the vast majority of patients pain subsides and muscle strength returns with physical therapy, ibuprofen or aspirin, opiates and neuroleptics for pain management. A TENS unit (transcutaneous electrical nerve stimulation) may help relieve pain and acupuncture may be helpful but positive results for this are not documented. Prognosis is generally good and the condition may resolve without treatment. At times full recovery could take as long as 3 years and recurrence is possible. If there is no evidence of recovery after six to nine months nerve transfers may be done surgically to restore function to paralyzed nerve groups.



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

<https://www.cdc.gov/flu/protect/habits.htm>

<http://www.webmd.com/a-to-z-guides/features/cold-flu-prevention-tips#1>

http://www.webmd.com/cold-and-flu/flu-guide/cold_flu_stopping_germs_work#1

<https://www.choosemyplate.gov/>

<http://www.webmd.com/cold-and-flu/features/prevent-flu-healthy-habits-beat-the-virus>

<https://www.cdc.gov/flu/takingcare.htm>

https://www.cdc.gov/flu/about/disease/high_risk.htm

www.webmd.com

<https://www.rarediseases.org>

<https://www.ncbi.nlm.nih.gov>

<http://www.epilepsy.com/information/lennox-gastaut-syndrome/lgs-characteristics>

<http://www.epilepsy.com/information/lennox-gastaut-syndrome/lgs-causes>

<http://www.livingwithlgs.com/about-lgs/diagnosing-lgs>

<http://www.epilepsy.com/information/lennox-gastaut-syndrome/lgs-seizures-types>

<http://www.epilepsy.com/information/lennox-gastaut-syndrome/lgs-seizures-emergencies>

<http://www.epilepsy.com/information/lennox-gastaut-syndrome/treatment-overview/lgs-seizure-medications>

<http://www.epilepsy.com/learn/treating-seizures-and-epilepsy/dietary-therapies/ketogenic-diet>

<http://www.epilepsy.com/learn/treating-seizures-and-epilepsy/dietary-therapies/modified-atkins-diet>

<http://www.epilepsy.com/learn/treating-seizures-and-epilepsy/dietary-therapies/low-glycemic-index-treatment>

<http://www.epilepsy.com/information/lennox-gastaut-syndrome/treatment-overview/lgs-surgery>

<http://www.epilepsy.com/information/lennox-gastaut-syndrome/treatment/lgs-vagus-nerve-stimulator>

<http://www.epilepsy.com/information/lennox-gastaut-syndrome/lgs-family-issues>

<http://www.livingwithlgs.com/treatments/seizure-diary>

<https://www.nhlbi.nih.gov/health/health-topics/topics/sleepapnea/>

<http://healthysleep.med.harvard.edu>

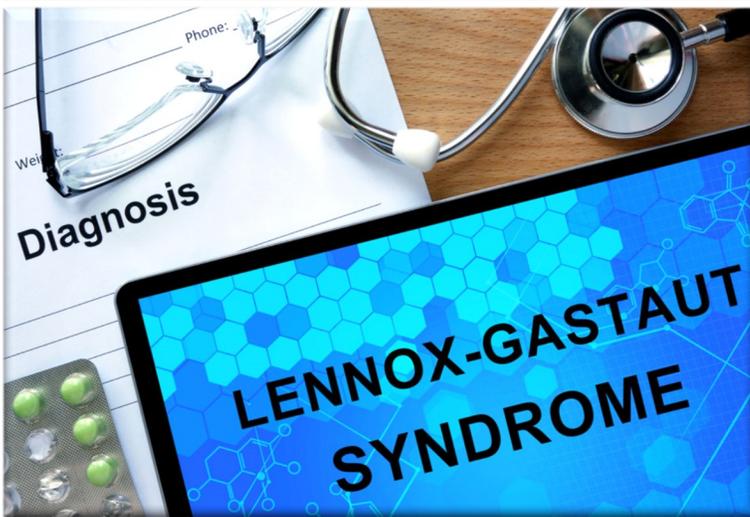
<https://sleepfoundation.org>

<http://www.publichealth.lacounty.gov/acd/diseases/scabies.htm>

[http://www.cdc.gov/global health-Division of parasitic diseases \(/parasites\)](http://www.cdc.gov/global-health-Division-of-parasitic-diseases (/parasites))

www.uptodate.com/patients

www.drscabies.com



LENNOX-GASTAUT SYNDROME (LGS)

Lennox-Gastaut Syndrome (LGS) is a type of Epilepsy that is rare and difficult to manage. It occurs more frequently in males and can present itself in infancy or early childhood. Individuals experience multiple seizure types that are difficult to manage. It can be caused by multiple issues such as brain injury or there can be no definitive cause. Individuals may have behavioral concerns, difficulty reaching

developmental milestones and cognitive deficits. There is no cure at this time, however there are multiple treatment modalities to reduce the frequency of seizure activity.

DIAGNOSIS

Diagnosis of Lennox-Gastaut Syndrome is made when multiple seizure types are present and there is a slowing of the spike-wave pattern on Electroencephalography (EEG). Behavioral, cognitive and developmental concerns may or may not arise.

TYPES OF SEIZURES IN LENNOX-GASTAUT SYNDROME

TONIC

This type of seizure is the most common, and is characterized by an increase in muscle tone and usually occurs during sleep. It can happen while a person is awake which may cause them to fall.

ATYPICAL ABSENCE SEIZURE

This type of seizure is characterized by a brief lapse of awareness. It usually does not last longer than 30 seconds and is not easy to identify. The individual is not usually aware the seizure occurred.

ATONIC OR DROP ATTACKS

This type of seizure is characterized by a loss of muscle tone which causes the person to experience repeated falls. It occurs for only a few seconds.

PARTIAL OR FOCAL SEIZURE

This type of seizure is characterized by staring and a slow decrease in muscle tone, and may last up to 60 seconds and can progress to a convulsive seizure.

TONIC CLONIC SEIZURE

This type of seizure is characterized by stiffening of the muscles and a crying sound. It affects the whole brain and can last up to 3 minutes. The individual may be fatigued or confused in the postictal period. If this type of seizure lasts longer than 5 minutes it is a medical emergency.

CLONIC SEIZURE

This type of seizure is characterized by brief jerking movements and does not occur frequently in individuals with Lennox-Gastaut Syndrome.

WHEN ARE SEIZURES CONSIDERED AN EMERGENCY FOR SOMEONE WITH LGS?

Seizures that present in clusters and with an increased frequency are considered an emergency.

Rescue therapy such as medications can be used. However, if the seizures do not subside or are unwitnessed emergency medical treatment must be obtained.

TREATMENT

Treatment varies from person to person and multiple treatment modalities are usually trialed.

MEDICATIONS

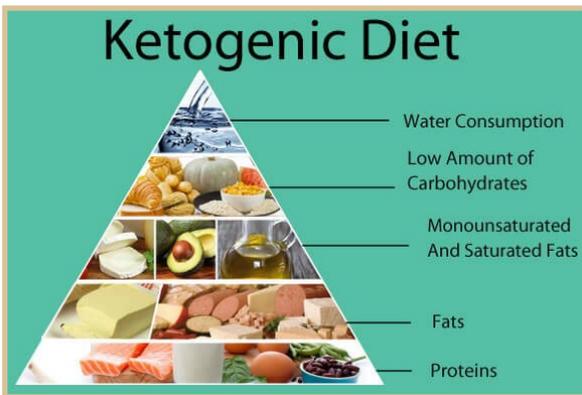
Multiple medications are used to treat LGS. Valproic Acid, which is an antiepileptic medication is usually the first medication trialed. Antiepileptic medications can have long term side effects such as liver or kidney disease, blood disorders, osteoporosis and dental caries. Lab work must be obtained to check for therapeutic blood levels on the antiepileptic medication.

KETOGENIC DIET

This type of diet consists of high fat, low protein and very low carbohydrate intake. It works by producing ketones and using fats for the bodies source of energy. Individuals will need a nutrition consult for vitamin supplementation.

MODIFIED ATKINS DIET

This diet is very similar to the Ketogenic diet, however there are distinct differences. Fats are not weighed and there is not a fluid or caloric restriction. The most significant difference there is not a protein restriction. This diet allows for individuals to have greater options when dining out. Vitamin supplementation will also be needed.



LOW GLYCEMIC INDEX TREATMENT

This diet allows individuals to have an increased carbohydrate intake. Protein control is key in this diet. Bicarbonate may have to be taken depending on laboratory values.

SURGERY

There are multiple surgical options for patients with Lennox-Gastaut Syndrome. They are as follows:

RESECTIVE SURGERY

This surgery removes a specific area of the brain. The majority of the seizure activity would need to be localized to that specific area. This type of surgery usually only controls one type of seizure. Individuals who have certain brain malformations, brain tumors or masses may be candidates for this type of surgery if they are able to localize the area of occurrence on EEG.

CORPUS CALLOSOTOMY

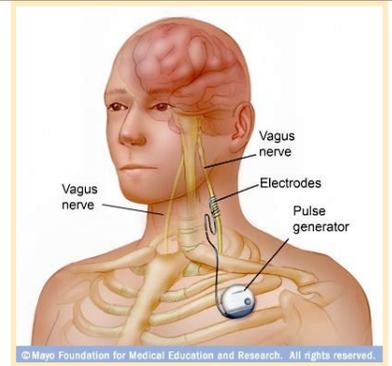
This prevents seizure activity from spreading between the two sides of the brain by separating the two sides of the brain. Patients may notice an increase in partial seizures and difficulties performing tasks where information is to be passed between the two sides of the brain. This can make memory, sequencing, and attention span difficult to maintain.

VAGUS NERVE STIMULATION

This small implantable device delivers therapy by stimulating the vagus nerve. The generator is implanted in the left chest wall and the lead is connected to the vagus nerve in your neck. Surgical

time and recovery is much shorter and it can be performed as an outpatient. The Vagus Nerve Stimulator is also a form of rescue therapy. When an individual experiences a seizure a wand is passed over the chest wall where the generator is implanted and by doing this the seizure should subside.

A seizure diary can be helpful to the treating physician. Information to include, date and time of the seizure, description of the seizure activity, triggers, what medication was taken prior to the seizure, and any behavioral or mood symptoms. The more clear and concise information you can provide the physician offers a greater understanding in facilitating treatment.



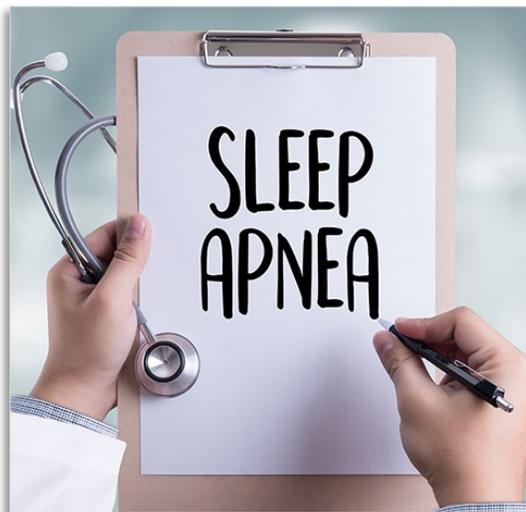
MANAGING LGS

Management of LGS can be extremely trying on the family. However, there are multiple services to help. Respite Care can allow medically trained staff to care for the individual while the family may take some time for themselves. A social worker can assist with finding employment or a day program that is best suited for the individual. Individuals with LGS may also have comorbidities such as Cerebral Palsy and may require medical equipment which the social worker can help facilitate.

Although LGS is a life long illness, medical advances have been made to enhance treatment options for the individual.

References:

<https://rare-diseases.org/rare-diseases/lennox-gastaut-syndrome/>; <http://www.epilepsy.com/learn/types-epilepsy-syndromes/lennox-gastaut-syndrome-lgs>; <http://www.epilepsy.com/information/lennox-gastaut-syndrome/lgs-characteristics>; <http://www.epilepsy.com/information/lennox-gastaut-syndrome/lgs-causes>; <http://www.livingwithlgs.com/about-lgs/diagnosing-lgs>; <http://www.epilepsy.com/information/lennox-gastaut-syndrome/lgs-seizures-types>; <http://www.epilepsy.com/information/lennox-gastaut-syndrome/lgs-seizures-emergencies>; <http://www.epilepsy.com/information/lennox-gastaut-syndrome/treatment-overview/lgs-seizure-medications>; <http://www.epilepsy.com/learn/treating-seizures-and-epilepsy/dietary-therapies/ketogenic-diet>; <http://www.epilepsy.com/learn/treating-seizures-and-epilepsy/dietary-therapies/modified-atkins-diet>; <http://www.epilepsy.com/learn/treating-seizures-and-epilepsy/dietary-therapies/low-glycemic-index-treatment>; <http://www.epilepsy.com/information/lennox-gastaut-syndrome/treatment-overview/lgs-surgery>; <http://www.epilepsy.com/information/lennox-gastaut-syndrome/treatment/lgs-vagus-nerve-stimulator>; <http://www.epilepsy.com/information/lennox-gastaut-syndrome/lgs-family-issues>; <http://www.livingwithlgs.com/treatments/seizure-diary>; <http://www.livingwithlgs.com>



OBSTRUCTIVE SLEEP APNEA

Obstructive sleep apnea is a condition in which a person's breathing is disrupted or stopped by a "blockage" while asleep. This disruption can happen just a few times an hour when mild or many times an hour when severe. When breathing is disrupted a person's oxygen level in the blood will drop. This will trigger the brain to wake you up and restart breathing. Frequently people are not

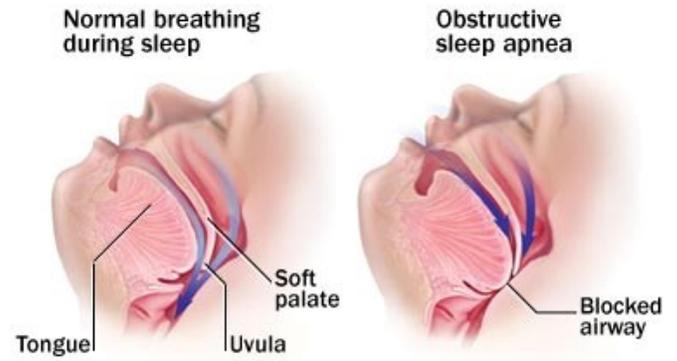
aware they have woken up because you don't need to be fully awake or aware for your breathing to restart.

It is estimated about 18 million people in the United States suffer from this condition. Those at an increased risk for obstructive sleep apnea include men, older adults, those who are overweight, have a smaller face/neck structure, enlarged tonsils or adenoids, larger neck, drink alcohol before going to sleep, smoke, and those with a family history of sleep apnea.



SIGNS AND SYMPTOMS OF OBSTRUCTIVE SLEEP APNEA CAN INCLUDE:

- ✓ Snoring
- ✓ Daytime sleepiness
- ✓ Fatigue
- ✓ Memory difficulties
- ✓ Headaches
- ✓ Mood swings
- ✓ Falling asleep quickly
- ✓ Difficulty staying asleep



© Mayo Foundation for Medical Education and Research. All rights reserved.

If you or someone you know suffers with these symptoms speak with your doctor. They will discuss your concerns and risk factors and can refer you for a sleep study test used to diagnose sleep apnea. A sleep study test involves going to a sleep center to spend the night. While there you will be connected to different equipment that will monitor your breathing, heart rate, oxygen saturation, brain activity and body movements while you sleep. For some people a simplified version of this can be done at home. Home sleep studies do not monitor brain or body activity. Results are generally listed as mild, moderate or severe. Mild sleep apnea is considered more than 5 but less than 15 apnea episodes per hour, moderate is considered more than 15 but less than 30 per hour and severe is more than 30 per hour.

TREATMENT

Treatment options will vary depending on the severity of your sleep apnea.

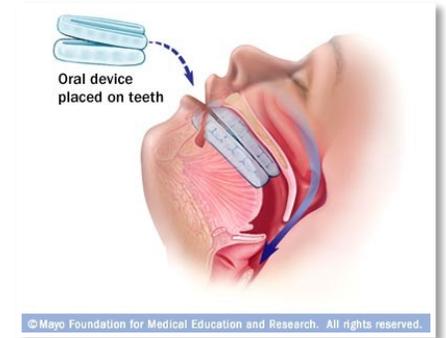
LIFESTYLE CHANGES

For mild sleep apnea, lifestyle changes such as weight loss, stop smoking, reduce alcohol consumption, avoiding sleeping medications, or sleeping on your side may resolve the problem may help.

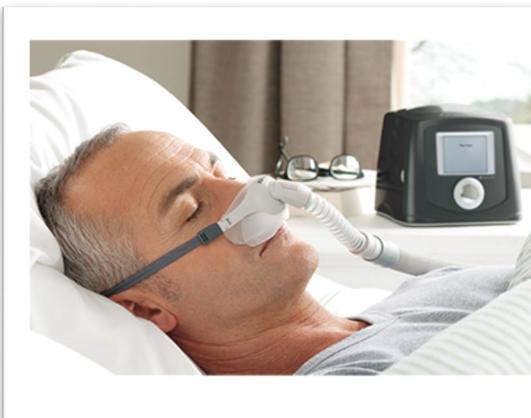
ORAL APPLIANCES

These can also be used for some people with mild to moderate sleep apnea. The appliance is created by a dentist and is designed to help move the lower jaw forward while you sleep. This can help prevent the tongue from falling back and blocking your airway.

SURGERY



© Mayo Foundation for Medical Education and Research. All rights reserved.



Surgery can include removal of the tonsils/adenoids, removal of excess tissue, jaw realignment or treatments to help shrink or stiffen tissue in your mouth and throat, may be appropriate for some individuals.

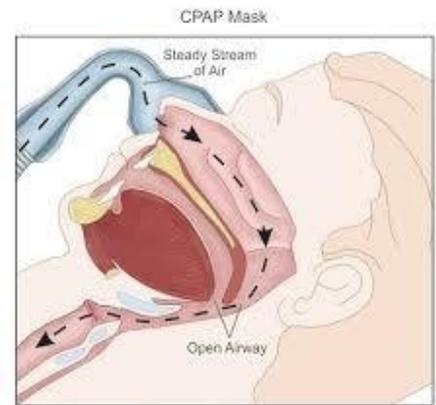
CPAP MACHINE

The most common type of treatment for obstructive sleep apnea is the use of CPAP (continuous positive airway pressure) or BiPAP (Bilevel positive airway pressure) machines. The CPAP machine will provide a steady level of pressure through a nasal or facial mask to help keep your airway open while you sleep.

The BiPAP machine works in the same manner except the air pressure is higher when you inhale and lower when you exhale. The type of machine that is right for you will be determined by you and your doctor.

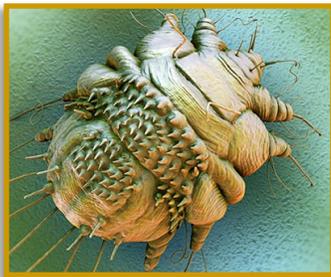
PAP THERAPY

If PAP therapy is prescribed, you will go back to the sleep center and be monitored again overnight but this time while using a machine. This allows the technicians to figure out what pressure setting and type of delivery mask will be most beneficial for you. Once you receive your machine you will need to use it each time you go to sleep. Adjustments may need to be made if things change, such as gaining or losing weight. It can be difficult to get used to using a machine. You can work closely with your physician as well as the equipment company to find that right combination of machine, settings and mask that will work the best for you.



Untreated sleep apnea can have serious consequences on your health. These can include hypertension, diabetes, stroke, heart disease, and premature death. If you think you or someone you care about is at risk, speak with your doctor to see if an evaluation is needed.

Resources: <https://www.nhlbi.nih.gov/health/health-topics/topics/sleepapnea/>; <http://healthysleep.med.harvard.edu>; <https://sleepfoundation.org>



SCABIES

Scabies, the human itch mite, scientific *Sarcoptes Scabiei* is derived from the Latin word, Scabere meaning “to scratch”. Before insecticides came along it was very difficult to treat, and there were many different remedies that made claim to cure the condition. It has also been called “the seven year itch” since it took a long time to cure. Stories were passed down that a person who was afflicted would have Scabies for seven years, or that it would come back every seven years or later it was thought one would get it every year for seven years.

WHO IS AT RISK?

Scabies is found all over the world and does not discriminate between social classes or race. This tiny mite can only be seen with a microscope, and can spread quickly, especially in congregate areas such as nursing homes, hospitals, institutions, prisons, or anywhere there might be crowded conditions or skin to skin contact. Persons who are more likely to be at risk are immunocompromised, elderly, developmentally disabled, people who work in prisons or those who are incarcerated and skilled nursing facilities.

When a person has been afflicted with Scabies, they will usually have about 10-15 mites on the body. When a person has a heavy infestation, there can be thousands of mites, this is referred to as **crusted scabies** or formerly called **Norwegian scabies**. The term, Norwegian scabies came about because this condition was discovered in Norway in the mid nineteenth century and they are highly contagious.

HOW DOES IT SPREAD?

The female mite will travel around the skin to find an area that she wants to start burrowing into, usually the upper layer of skin and then she starts laying her eggs. Prior to that, the male fertilizes the female's eggs and dies soon after. The female lays about 2-3 eggs a day. The life cycle of the mite is egg

to larvae, larvae to nymph, nymph to adult, all of this in the course of 10-17 days. The mite lives on human skin and can live up to 4-6 weeks, away from the body the mite can only survive about 48-72 hours. Although rare, it is possible to acquire scabies from hard surfaces or clothes and towels from someone with crusted scabies. It is unlikely that you can acquire them from a quick hand shake or hug. It can, however, spread by sexual contact and among house hold members.

SYMPTOMS OF SCABIES

- Red bumpy rash
- Pimple like bumps
- Blister like rash
- Intense itching



The rash can be thin tread like lines representing the burrows. It usually occurs first on the hands between the fingers, but may start anywhere.

Symptoms may usually appear within 4-6 weeks of exposure and if you have been infested with crusted scabies prior, the symptoms can show up 1-4 days after exposure. The symptoms are caused by an allergic reaction to the mite, eggs and fecal matter. Diagnosis is usually made by symptoms, but some doctors will do skin scraping, look under a microscope to visualize the eggs, mites or fecal matter. Unfortunately, if the skin scraping is negative, it does not necessarily mean you do not have scabies, just not in that area.

TREATING SCABIES

Persons who need to be treated are anyone that receives a positive skin scraping, persons who have prolonged contact with infected individuals such as patients, employees, sexual partners, household members, co-workers or friends. Everyone should be treated at the same time to prevent re-infestation.

Treatment is done with a scabicide, generally Permethrin 5% prescribed by a physician. It is applied from the neck down, left on for 8-14 hours and then washed off. Depending on the severity of the infestation, doctors may order another treatment in a week. Crusted scabies also require an oral anti-parasitic medication.

POST TREATMENT

- After treatment, itching may last up to 1-2 weeks.
- Towels, bedding, clothing will need to be washed and dried as usual. Items that cannot be washed should be placed in a dryer or a sealed plastic bag for at least 3-7 days.
- Wipe down surfaces and vacuum and throw away the bag to the vacuum cleaner.
- The only other treatment for itching may be treated with antihistamines.
- Treatment for a secondary infection due to scratching or if rash becomes infected.

There is a form of scabies that animals acquire called **mange**, those mites can bite humans, but cannot live on human skin. Human mites can bit a person, but cannot live or produce on an animal.

SOME AREAS ON THE BODY THAT MITES LIKE TO GO ARE:

- Hands
- Fingers
- Wrist
- Sides and bottoms of feet
- Waistline
- Elbows
- Skin folds
- Under the breast
- Arm pits
- Groin areas, including genitals
- Knees
- Shoulder blades
- Buttocks

1512 East Caracas Avenue
Hershey, PA 17033



Ideas for Our Newsletter?

Contact:

Tammy LaGrafte, R.N., C.C.M., Director,
South Central PA Health Care Quality Unit

Toll-free at 1-877-315-6855 or

tl@theadvocacyalliance.org.