

SOUTH CENTRAL PENNSYLVANIA HEALTH CARE QUALITY UNIT

IT'S YOUR HEALTH SUMMER 2009



NATIONAL MEN'S HEALTH WEEK: JUNE 15-21, 2009

Men's Health Week is celebrated each year as the week leading up to and including Father's Day.

The purpose of Men's Health Week is to heighten the awareness of preventable health problems and encourage early detection and treatment of disease among men and boys.

To quote Congressman Bill Richardson (Congressional Record, H3905-H3906, May 24, 1994):

"Recognizing and preventing men's health problems is not just a man's issue. Because of its impact on wives, mothers, daughters, and sisters, men's health is truly a family issue." (Source: National Vital Statistics

Report volume 48, Number 11)

On the average, women outlive the average man by over five years. More than half of the premature deaths of men are preventable, along with about 60% of chronic diseases and most injuries and accidents. By men taking charge of their own preventive care, men can protect their health.

STEPS MEN CAN TAKE TO IMPROVE THE QUALITY AND LENGTH OF LIFE

- Eat a varied diet rich in fruits, vegetables, whole grains, and low-fat foods.
- Be especially careful to limit cholesterol intake and avoid saturated fats.
- Moderate exercise for 30 minutes five times a week, or vigorous exercise for 20 minutes three times a week.
- Protect yourself from the sun.
- Maintain a healthy weight.
- Drink at least eight 8-ounce glasses of water per day.
- Limit alcohol to two drinks per day.
- Don't smoke and minimize your exposure to second-hand smoke.
- See your doctor regularly.
- Know your family history and discuss it with your doctor.
- Get a baseline prostate-specific antigen (PSA) test and monitor this periodically with your doctor, starting at age 40.
- Practice safe sex.
- Wear a seatbelt whenever you're in the car and a helmet when on a motorcycle or bicycle.
- Manage your stress.
- Get help if you need it.

The top ten causes of death in men are:

- Diseases of heart
- Cancer
- Stroke and Cerebrovascular diseases
- Chronic Obstructive Pulmonary Disease (COPD)
- Accidents and adverse effects
- Pneumonia and Influenza
- Diabetes
- Suicide
- Kidney Disease
- Chronic Liver Disease and Cirrhosis

MENTAL HEALTH CARE



Health Facts:
Men die at higher rates than women from the top 10 causes of death and are the victims of over 92% of workplace deaths. (BLS)
In 1920, women lived, on average, one year longer than men. Now, men, on average, die almost six years earlier than women. (CDC)

Silent Health Crisis

There is a silent health crisis in America...it's that fact that, on average, American men live sicker and die younger than American women."

Dr. David Gremillion
Men's Health Network

Prevention:

Women are 100% more likely to visit the doctor for annual examinations and preventive services than men. (CDC 2001)



Cause & Rate ¹	Men	Women
Heart Disease	286.6	190.3
Cancer	233.3	160.9
Injuries	51.8	24.1
Stroke	54.1	52.3
HIV/AIDS	7.1	2.4
Suicide	18.0	4.2

Men as Victims of Homicide

The chance of being a homicide victim places African-American men at unusually high risk.

Chance of being a Homicide Victim*

1 in 30 for black males	1 in 179 for white males
1 in 132 for black females	1 in 495 for white females

* BJS DATA REPORT, 1989

Who is the Weaker Sex?

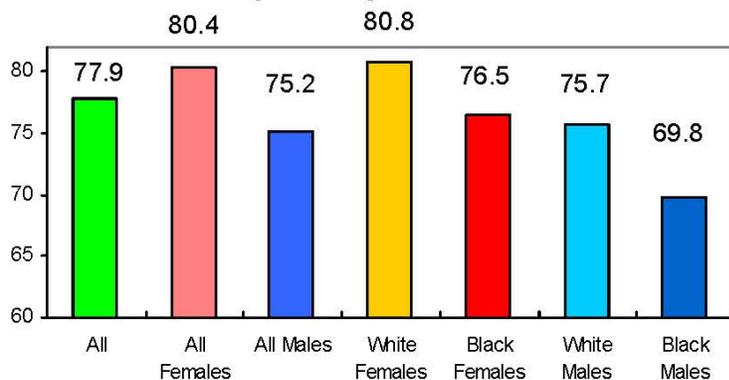
- ◆ 115 males are conceived for every 100 females.
- ◆ The male fetus is at greater risk of miscarriage and stillbirth.
- ◆ 25% more newborn males die than females.
- ◆ 3/5 of SIDS victims are boys.
- ◆ Men suffer hearing loss at 2x the rate of women.
- ◆ Testosterone is linked to elevations of LDL, the bad cholesterol, and declines in HDL, the good cholesterol.
- ◆ Men have fewer infection-fighting T-cells and are thought to have weaker immune systems than women.
- ◆ By the age of 100, women outnumber men eight to one. (NYT Magazine 3-16-03)

Depression and Suicide¹

Depression in men is undiagnosed contributing to the fact that men are 4 x as likely to commit suicide.

- ◆ Among 15- to 19-year-olds, boys were 5 x as likely as girls to commit suicide.
- ◆ Among 20- to 24-year-olds, males were 7 x as likely to commit suicide as females
- ◆ The suicide rate for persons age 65 and above: men...38.4 – women...6.0.

Life Expectancy At Birth, 2004²



To learn more, call:

Men's Health Network
P.O. Box 75972
Washington D.C. 20013

202.543.MHN.1 (6461) x 101

info@menshealthnetwork.org

www.menshealthnetwork.org

1 Centers for Disease Control and Prevention
2 Deaths: Preliminary Data for 2004 released April 2006

RECOMMENDED SCREENINGS FOR MEN

Colorectal

Fecal occult blood	Every year beginning at age 50
Colonoscopy	Every 10 years beginning at age 50
Barium enema	Every 5-10 years if not having colonoscopy
Sigmoidoscopy	Every 5 years if not having colonoscopy

Diabetes

Fasting blood sugar/Hemoglobin A1C	Every 3 years beginning at age 45 if no risk factors
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General

Eye	Every 2-4 years age 40-65, then every 1-2 years
Thyroid	Every 5 years beginning at age 35

Heart Health

Abdominal aortic aneurysm	Once between 65 and 75 for those who have smoked
Blood pressure	Every 2 years or more frequently
Cholesterol/lipid panel	Every 1-5 years depending on results, beginning at 35

Reproductive

Digital rectal exam	Every year beginning at age 40
PSA (prostate specific antigen)	*See accompanying article
Testicular exam	Monthly self-exam; by physician at physical

Skin

Moles exam	Monthly self-exam; annually by physician
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Immunizations

Influenza vaccine	Annually
Pneumococcal vaccine	Upon turning 65
Tetanus/diphtheria booster	Every 10 years



ABC...DE'S OF PREVENTION

Skin cancer is now the most prevalent type of cancer in the US, with approximately one million new cases diagnosed each year. The most common symptom of skin cancer is a change in the appearance of skin or possessing a wound that will not heal.

Basal cell carcinoma is the most prevalent type and is found in 90% of all skin cancers. This type is the least likely to metastasize or spread to other body parts, but can cause tissue damage through invasion of surrounding tissue. Basal cell carcinoma is most likely to be found on the face, but can also be found on less sun exposed areas such as the scalp, arms, legs and back. Risk factors for developing basal cell carcinoma include having fair skin, advancing age, tanning bed use and a history of therapeutic radiation therapy such as is used in cancer treatment. Basal cell carcinoma is slow growing and may first appear as a small bump or a dry patchy, raw area of skin. Small irregular blood vessels may be present on the area and there may be small areas of darkening or pigmentation present.

Squamous cell carcinoma is another type of skin cancer that may be more dangerous than the basal cell type. Squamous cells are located in tissues on the skin surface, as well as in tissues lining the hollow organs of the body such as the digestive and respiratory tract. Squamous cell carcinoma may occur in any of these locations. Squamous cell carcinoma usually first presents as actinic keratosis. These rough, red bumps on the scalp, ears, face or back of hands may be tender or sore. In approximately 10-20% of persons with actinic keratosis, these areas grow deeper into the skin and become squamous cell carcinoma. This process may take up to 10 years, but in some it occurs more rapidly. Unlike basal cell carcinomas, squamous cell carcinomas can metastasize, or spread to other parts of the body. These tumors usually begin as firm, skin-colored or red nodules. Sun exposure is the leading cause of squamous cell carcinoma. Damage to the skin takes many years to form skin cancer, so it may appear decades after a reformed "sun worshipper" has mended their ways.

The most concerning type of skin cancer is **melanoma**. Melanoma is a potentially fatal type of skin cancer and currently the most common type of cancer in women ages 25 to 29 years. The primary cause of melanoma is excessive exposure to Ultraviolet (UV) light whose source is typically the sun. The increased incidence of tanning bed use has also been attributed to dramatic leaps in skin cancer diagnoses. The chances of developing melanoma increase with age, but can occur at any age. Though it can occur on any skin surface, melanoma is often found on the trunk, head or neck in men and on the lower legs in women. Melanoma is rare in people with dark skin. When it does develop in dark-skinned people, it tends to occur under the fingernails or toenails, or on the palms or soles. Melanoma may spread to nearby lymph nodes and then to other parts of the body such as the liver, lungs, or brain. Risk factors for developing melanoma include having many moles on the body, having irregular moles (dysplastic nevi), having a personal or family history of a prior melanoma, fair skin, possessing a weakened immune system, a history of one or more blistering sunburns, and increased exposure to UV light. The first sign of melanoma is often a change in the size, shape, color, or feel of an existing mole. Most melanomas have a black or blue-black colored area. Melanoma also may appear as a new mole.

Yearly skin checks by a physician, as well as monthly self skin checks are recommended. Research has shown that early detection of skin cancer is associated with much higher cure rates. Pick a date that is the same each month to do your skin checks (birth date, first of the month etc). Use a full length mirror to check all of your skin from the top of your scalp to the soles of your feet. Be especially alert to new moles developing or to a change in the appearance of an existing mole. *Any new mole developing after the age of 30 should be watched closely and assessed by your PCP.*

During your monthly skin check, also be alert to and discuss with your PCP, any of the following:

- ✓ Rough "sandpaper-like" areas of skin
 - ✓ Bleeding moles
 - ✓ Rapidly growing moles
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- ✓ Growths that have a scaly or crusted appearance
 - ✓ Sores that do not heal
 - ✓ Moles that itch, or feel tender or painful

Sun exposure accumulates every time you are in the sun, so remember the following catch phrase when UV exposure is possible...."**Slip! Slop! Slap! Wrap!**" **Slip** on a shirt, **slop** on sunscreen, **slap** on a hat, and **wrap** on sunglasses to protect the eyes and sensitive skin around them.

Additional "Sun Sense" tips include:

Be familiar with the UV Index — The UV Index number, on a scale from 1 to 11+, is a measure of the amount of UV radiation reaching the earth's surface during an hour around noon. A higher number means more exposure to UV radiation.

Cover Up — When you are out in the sun, wear clothing to protect as much skin as possible. If you can see light through a fabric, UV rays can get through too. The ideal sun-protective fabrics are lightweight, comfortable, and protect against exposure even when wet. Some new products are now available to increase the UPF value of clothes you already own. They are used like laundry detergents, and add a layer of UV protection.

Use sunscreen with a sun protective factor (SPF) of 15 or more —

When using an SPF 15 and applying it correctly, you get the equivalent of 1 minute of UVB ray protection for each 15 minutes you spend in the sun. Check expiration dates on the sunscreen as most lose effectiveness after 2 to 3 years. Apply sunscreen generously to dry skin 20 to 30 minutes before going outside so your skin has time to absorb it.

Wear sunglasses — The ideal sunglasses should block 99% to 100% of UVA and UVB radiation. Check the label to be sure they do. Some labels may say, "UV absorption up to 400 nm." This is the same as 100% UV absorption.

Wear a hat — A hat with at least a 2- to 3-inch brim all around is ideal because it protects areas often exposed to the sun, such as the neck, ears, eyes, forehead, nose, and scalp.

Limit mid-day sun exposure — UV rays are most intense during the midday between the hours of 10:00 A.M. and 4:00 P.M. If you are unsure about the sun's intensity, take the shadow test: **If your shadow is shorter than you, the sun's rays are at their strongest.**

Avoid tanning beds and sunlamps — Tanning beds and sun lamps emit UVA and often UVB rays. Both types of rays can cause serious long-term skin damage, and both contribute to skin cancer.

Protect children from the sun — Children require special attention as they may spend more time outdoors and can burn more easily. Babies younger than 6 months should be kept out of direct sunlight and protected from the sun using hats and protective clothing.

For more information regarding skin cancer and prevention you may refer to the following resources:

American Academy of Dermatology - www.aad.org

American Cancer Society - www.cancer.org

Skin Cancer Foundation - www.skincancer.org

Utilize the "ABCDE Rule" when doing self checks and discuss any of the following symptoms or any concerns with your doctor.

A = Asymmetry If a mole was divided in half, it should mirror the other side. If it does not, it is asymmetrical.

B = Border Note any mole with a blurred or jagged edge.

C = Color Note any mole that develops any of a multiple of colors such as gray, red, purple, pink, blue, or white; darkening or spreading of or loss of a mole's color.

D = Diameter Any mole larger than the approximate size of a pencil eraser or ¼ inches in diameter.

E = Elevation A mole with a rough surface or that is raised above the skin.



ROUTINE SCREENINGS...WHEN DO YOU NEED THEM?

Routine screenings may save your life. The results can alert both physicians and patients to potential problems. How do we know what screenings are recommended and when they should be done? The media oftentimes promotes screening tests, but we should be comfortable asking our primary healthcare provider what would be recommended given our age, family history, and current health condition.

Certain conditions may indicate the necessity for earlier screenings. People with Trisomy 21 (Down Syndrome) are at higher risk for cardiac problems and hypothyroidism, which may indicate a baseline EKG and blood studies be completed at a younger age than that of the general population.

The **Health Risk Profiles (HRPs)** have alerted us to several conditions that have gone undetected, either because risk factors were not identified or because routine screenings were not performed:

Dysphagia (difficulty swallowing) can occur as the general population ages, but often exists in younger people with developmental disabilities. Some symptoms of dysphagia include coughing while eating or after a meal, holding food in the mouth, excessive saliva, and eating rapidly. Screening for this condition may include a chair-side evaluation by a speech pathologist or a videofluoroscopy. This condition can improve or deteriorate, therefore it is important that individuals be monitored and evaluated on an ongoing basis.



A **routine eye exam** by an ophthalmologist or optometrist is necessary for good eye health. These specialists complete an examination that can evaluate for serious problems such as glaucoma, cataracts, and retinal disorders that can lead to blindness. A vision screening by the Primary Care Physician (PCP) at the time of an annual physical will not detect these serious vision problems.

Risk factors for **osteoporosis** frequently occur long before the age of menopause. People who are confined to a wheelchair, lack weight-bearing ability, are thin-boned, have Trisomy 21, or have poor calcium intake are especially at risk for osteoporosis at an earlier age than expected. The doctor may order a PIXIE heel scan or a DEXA scan, which are non-invasive tests to determine bone health. Keep in mind that this condition occurs in men as well as women.



Routine blood work is generally done at the discretion of the physician. Complete blood counts, kidney and liver function, and electrolyte screenings are often indicated when people use prescription medications. Discuss this with your physician whenever a new medication is ordered.

Screening guidelines are for healthy people who do not have a specific condition or disease. If there is a family history or risk factors such as obesity, smoking, or poor nutrition, screenings may need to be done prior to the generally recommended ages. Screenings can be expensive in terms of time and money but are well worth the assurance that, if a condition is detected early, treatment will be given in a timely manner, with the chance of better outcomes.

Summer Recipes



SPICY SALSA CHICKEN GRILL

Ingredients

- 1/3 cup fresh lime juice
- 2 tsp. minced fresh chives
- 2 tsp. minced ginger
- 2 garlic cloves, minced
- 2 Tbsp. olive oil
- 2 tsp. chili powder
- 1 cup hot salsa
- 1 1/2 pounds boneless, skinless chicken breasts

In a small saucepan, mix together the lime juice, chives, ginger, and garlic. Add the olive oil and chili powder and heat to a boil. Stir in the salsa. Cool the mixture for 10 minutes.

Place the chicken in a plastic zippered bag or a bowl. Add the salsa mixture and seal the bag or cover the bowl. Marinate the chicken in the refrigerator for at least 2 hours or overnight. Discard the marinade.

Prepare an outdoor grill with an oiled rack set 4 inches above the heat source. Over a high fire, grill the chicken breasts for about 4 minutes per side, turning and basting with extra marinade until chicken is cooked through.

6 servings/serving size: 1 breast
Preparation time: 20 minutes
Cook time: 8-10 minutes
Exchanges: 4 very lean meat

1/2 monounsaturated fat
Calories: 158
Calories from fat: 47
Total fat: 5g
Saturated fat: 1g
Cholesterol: 69 mg

Sodium: 78 mg
Carbohydrate: 1g
Dietary fiber: 0 g
Sugars: 1g
Protein: 25 g

RANCH POTATO SALAD

Ingredients

- 3 medium russet potatoes, peeled
- 1/4 cup reduced fat mayonnaise
- 1/2 cup reduced fat ranch salad dressing
- 3/4 cup diced celery
- 1/2 cup thawed frozen peas
- 1 tsp. paprika
- 1/4 cup chopped scallions
- Salt and pepper to taste



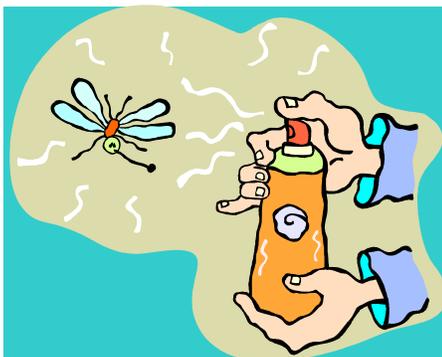
Boil the potatoes in lightly salted water for about 15-17 minutes until potatoes are tender, but still a little firm. Drain well. Cut the potatoes into 1-inch cubes.

Mix the potatoes with the remaining ingredients, cover and refrigerate for 1 hour or less.

6 servings/serving size: 1/2 cup
Preparation time: 20 minutes
Exchanges: 1 1/2 starch

Calories: 122
Calories from fat: 7
Total fat: 1g
Saturated fat: 0 g
Cholesterol: 0 mg

Sodium: 352 mg
Carbohydrate: 26 g
Dietary fiber: 2 g
Sugars: 6 g
Protein: 3 g



This summer those mosquito bites might only seem irritating, but the Centers for Disease Control (CDC) remind us that, in rare cases, mosquitoes also carry the deadly West Nile Virus. Taking a few moments for prevention can make a big difference in avoiding mosquito bites. The CDC suggests using an effective insect repellent and wearing long sleeves and pants during the peak biting hours at dawn and dusk to help prevent bites.



PSYCHOTROPIC MEDICATIONS AND THE HEAT

Summer is a carefree time, filled with picnics, camping, and spending time in the sun and warm weather. For people who take psychotropic medications, additional precautions should be taken to continue enjoying a healthy and safe summer season. The body's ability to regulate its own temperature is impaired by these medications and people are at risk for body heat complications during the hot and humid weather of summer. The risk of hyperthermia (excessive body temperature) can be fatal. Others at risk for this condition include persons with heart and pulmonary disease, diabetes, and alcoholism.

Major psychotropic medications to monitor include:

Trade Name	Generic Name
Abilify	aripiprazole
Clozaril	clozapine
Geodon	ziprasidone
Invega	paliperidone
Risperdal	risperidone
Seroquel	quetiapine
Zyprexa	olanzapine
Haldol	haloperidol
Loxitane	loxapine
Mellaril	thioridazine
Moban	molindone
Navane	thiothixene
Prolixin	fluphenazine
Serentil	mesoridazine
Stelazine	trifluoperazine
Thorazine	chlorpromazine
Trilafon	perphenazine

Suggestions to prevent heat related illness include:



Use fans or air-conditioning.

Keep windows shut, and blinds, shades or draperies drawn.



Open windows during evening and night hours to allow cooler air into the home if no air-conditioning is available.

Avoid overexertion by limiting activities and outdoor chores, especially during the hottest times of the day.

Apply sun screen lotion as needed.

Drink plenty of fluids. Water is best and it is recommended to consume 8 to 12 glasses per day to prevent dehydration.



Avoid coffee, tea, sodas, and alcohol.



Wear loose fitting and light-colored, summer-weight clothing.

Lose weight, if overweight.

Eat regular meals to ensure having adequate salt and fluids.

Increase salt intake, if no physical problems.



If you take lithium, extra salt and additional fluids may be indicated.

When feeling warm, use cool wet compresses, sit in a tub of cool water, or take a cool shower.



As a standard of care, always check with the primary healthcare provider before incorporating any dietary or medication changes.



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

American Academy of Dermatology www.aad.org

American Cancer Society www.cancer.org

Skin Cancer Foundation- www.skincancer.org

www.preventblindness.org

<http://www.epa.gov/sunwise/doc/eyedamage.pdf>

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FACT_SHEETS&p_id=142

www.menshealthnetwork.org



PROTECT YOUR EYES THIS SUMMER

"Think of all the little things that make each day so wonderful to behold." Now imagine life without sight. Imagine if you were one of the 80 million people in this country who have a potentially blinding eye disease.

Getting regular eye exams is the first preventive strategy.

50% of all blindness can be prevented with one small thing: **an eye exam**. This quote is from a public service message from Prevent Blindness America.

Be aware of protecting your eyes from the sun.

The sun emits two types of ultraviolet radiation (UV) that are very harmful to your skin and damaging to eyes. The ozone layer shields the Earth from 98.7% of harmful UV radiation. Ozone depletion, as well as seasonal and weather variations, cause different amounts of UV radiation to reach the Earth at any given time. UV-A rays (most sun rays) penetrate deep into the eye, while UV-B can damage the front of the eye. UV-C rays come from light of a welding arc or pond sterilization lamps. UV-A causes damage to cell DNA indirectly with no skin redness while other UV rays cause direct DNA mutations. This damage can happen in the cornea, lens, or retina of the eye.

Photokeratitis is a painful sunburn of the eye and can cause temporary vision loss. It can also occur due to using tanning beds without proper eyewear or excessive sun exposure, especially light **reflected from snow, water, sand or pavement**. Symptoms occur a number of hours after exposure and typically resolve spontaneously within 36 hours. The sensation has been described as having sand poured into the eyes.

Cumulative effects of inadequate protection of eyes from the sun can result in:

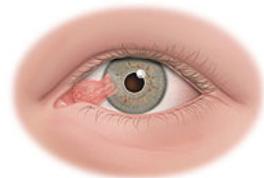
Cataracts: Clouding of the eye's lens that can blur vision

Pterygium: An abnormal, but usually non-cancerous, growth in the corner of the eye.

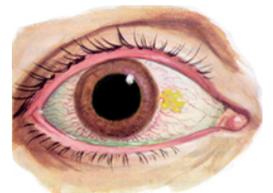
Pinguecula: A yellowish, thickened lesion on the conjunctiva near the cornea. Pingueculae represent a benign degenerative

change in the conjunctiva caused by the leakage and deposition of certain blood proteins through the permeable capillaries.

Macular Degeneration: Damage to retinal tissue related to central vision.



This is Pterygium.



This is Pinuecula.

Important Eye Protection

- ✓ Wear sunglasses that block 99-100% of UV-A and UV-B rays. Check the label. They don't have to be expensive.
- ✓ Consider goggles or wrap-around sunglasses to protect from reflected rays, blocking entry on the sides.
- ✓ The safest sun glasses are made from polycarbonate, the most impact-resistant material available for eyewear.

- ✓ Polarized lenses reduce glare. Unless they're specifically treated with UV coating, polarized lenses don't offer UV protection.
- ✓ Wear a wide-brimmed cap. This cuts UV exposure in half.
- ✓ UV light is greatest at midday (10 AM to 2 PM) but also protect eyes when outside for a prolonged time even if it is gray and overcast.



- ✓ Swimming goggles protect against chlorine which can make eyes red and puffy. Bacteria may grow under lenses if swimming with contacts.
- ✓ Use the EPA's SunWise UV Index to determine how to protect yourself from the sun each day. The index is found at: <http://www.epa.gov/sunwise/uvindex.html>

Build Other Healthy Habits

Do not Smoke — Smoking can cause you to develop cataracts and increases the risk of macular degeneration. Smoking is also a major irritant to persons with dry eye syndrome.

Limit alcoholic beverages — Alcohol dehydrates the body, including the eyes. Excessive quantities may lead to toxic amblyopia, an optic nerve disease.

Keep blood sugar within healthy limits — Keeping blood sugar levels stable can prevent or delay the onset of diabetic eye diseases including, diabetic retinopathy, glaucoma and cataracts. Blood sugar fluctuations can also make the lens inside the eye to swell, changing acuity (near-sighted one day and far-sighted another day), and making an accurate prescription difficult.

Keep blood pressure and cholesterol under control — Strokes affecting one side of the brain often produce large blind spots in your vision. A central retinal artery occlusion is a “stroke to the eye” and usually produces profound vision loss.

Eat antioxidant-rich foods — Foods containing antioxidants along with zinc have been shown to delay the progression of advanced macular degeneration by 25%. They are also believed to delay cataract formation. Lutein and zeaxanthin, both carotenoid nutrients, have also shown positive side effects in macular degeneration patients. Omega-3 fatty acids were shown to help prevent recurrent styes and improve dry eye symptoms.

Prevent Eye Injuries — Experts believe that the right eye protection could have lessened the severity or even prevented 90% of eye injuries in accidents, especially at work. If you are in an area that has particles, flying objects, or dust, you must at least wear safety glasses with side protection.

For more information:

www.preventblindness.org

<http://www.epa.gov/sunwise/doc/eyedamage.pdf>

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FACT_SHEETS&p_id=142

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IDEAS FOR OUR NEWSLETTER?

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