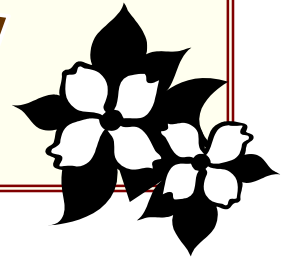


SC-HCQU View



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Irritable Bowel Syndrome

by Diane G. Schriver

What is IBS?

We hear about it often times or know someone who thinks they may have irritable bowel syndrome (IBS). Simply stated, IBS is a problem of abnormal function of the large intestine or colon. The colon is the last 5 feet of the intestine and serves two functions.

- It dehydrates and stores the stool, so that a well-formed soft stool occurs.
- It quietly propels the food by rhythmic contractions called peristalsis, from the right side over to the rectum, storing it there until the body can be rid of it by means of a bowel movement.

With IBS, the colon does not contract normally. Instead, it contracts in a disorganized, sometimes non-rhythmic and painful manner. Contractions can be exaggerated and last for long periods of time, while at other times, there is little bowel activity at all. These malfunctions lead to certain common symptoms associated with IBS, such as changing bowel patterns (either diarrhea or more commonly, constipation), crampy, abdominal discomfort or pain, a swollen abdomen (accumulation of air behind the contractions) or bloated abdomen, and possibly, visible mucous in the stools.

How is IBS diagnosed?

Your doctor may suspect you have IBS simply because of your symptoms. There are really no medical tests that can diagnose IBS, but rather a diagnosis is reached by ruling out other diseases that could cause your symptoms. Your doctor may begin with a physical exam – blood, urine or stool tests, followed by a lower gastrointestinal series – such as a barium enema, a flexible sigmoidoscopy, and/or an endoscopy/colonoscopy. If testing results are negative (no detected cancers, inflammations, infections, or illnesses), your doctor will usually make a firm diagnosis of IBS.

What if I have IBS?

Don't feel alone. IBS is actually more common than you would guess, being present in as many as half the patients seen by a gastroenterology specialist! IBS usually begins in young people under 40, tends to run in families, and is more common in women. Even though the symptoms of IBS may be severe, it is not a disease and does not lead to cancer. People diagnosed with IBS, are generally viewed to have inherently, overly sensitive and overly reactive bowels.

How is IBS treated?

Interestingly enough, the treatment is directed to both the gut and the psyche. Recommendations from your doctor for you to consider may include:

- Examine your diet and look for common trigger foods that seem to cause your symptoms. It may be helpful to avoid the following foods:
 1. fatty foods – French fries, fried or breaded foods
 2. milk products – cheese or ice cream
 3. chocolate, alcohol, caffeine, and/or carbonated drinks

(continued on page 6)

April – National Health Awareness Month

Cancer Control Month

www.cancer.org
contact local chapters

IBS (Irritable Bowel Syndrome) Awareness Month

iffgd@iffgd.org
www.aboutibs.org

National Autism Awareness Month

conference@autism-society.org
www.autism-society.org

Foot Health Awareness Month

ajbrewer@apma.org
www.apma.org/pubrelate.html

Cesarean Awareness Month

info@ican-online.org
www.ican-online.org

National Child Abuse Prevention Month

nccanch@caliber.com
<http://nccanch.acf.hhs.gov/topics/prevention/index.cfm>

Oral, Head and Neck Cancer Awareness Week (11-17)

inaseri@musc.edu
www.yulbrynnfoundation.org

National SAFE KIDS Week (30-7)

ibos@safekids.org
www.safekids.org

National Alcohol Screening Day (7)

nasd@mentalhealthscreening.org
www.NationalAlcoholScreeningDay.org

National Infant Immunization Week (24-30)

nipinfo@cdc.gov
www.cdc.gov/nip/events/niiw/

National Occupational Therapy Month

praota@aota.org
www.aota.org

Women's Eye Health & Safety Month

info@preventblindness.org
www.preventblindness.org

Sexual Assault Awareness Month

resources@nsvrc.org
www.nsvrc.org

Candlelight Vigil for Eating Disorders Month

anad20@aol.com
www.anad.org

National Facial Protection Month

inquiries@aaoms.org
www.aaoms.org

National Public Health Week (4-10)

lakitia.mayo@apha.org
www.apha.org

National Volunteer Week (17-23)

volunteerweek@pointsoflight.org
www.pointsoflight.org/nvw/nvw.cfm

YMCA Healthy Kids Day (2)

yakina.boone@ymca.net
www.ymca.net

Kick Butts Day (13)

kbdinfo@tobaccofreekids.org
www.kickbuttsday.org

2005 WalkAmerica (30-1)

walkamerica@modimes.org
www.walkamerica.org

Coming Attraction

2nd ANNUAL LEBANON COUNTY SELF-DETERMINATION CONFERENCE

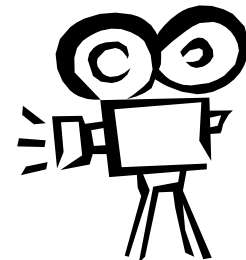
"Self Determination: What Does It Mean?"

Tuesday, May 24, 2005

Lebanon Valley College

Annville, PA

8:30 a.m. – 3:30 p.m.



Keynote Speaker: Steven Suroviec, Executive Director, The Arc of Pennsylvania

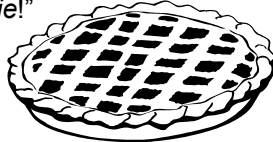
Sessions Include: Power of Attorney, Guardianship & Special Trusts

Panel Discussion: "Where We've Been, Where We Are & Where We Are Going"

Co-sponsored by The Arc of Dauphin & Lebanon Counties and the Lebanon County MH/MR program.

HCQU Food Review

Ah spring... time for rhubarb pie! Did you know that rhubarb is one of the few perennial **vegetables**? The leaves of rhubarb are not edible and may cause someone to become ill if ingested since they contain oxalic acid, which is poisonous. However, the juicy stalks are safe to use. Rhubarb contains some vitamin C, and also has laxative qualities. (Did you ever hear your grandmother call it a "spring tonic", now you know what she was talking about!). Although rhubarb is technically a vegetable, people usually prepare it as a dessert food, often as pie fillings and sauces.* So, the next time your mother says "Eat your vegetables!" it is safe to say "Please pass the *pie!*"



Rhubarb Pie

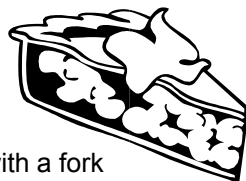
Courtesy of Melissa Erdman

- 2 c. rhubarb stalks cut into 1-inch pieces
- 2 c. strawberry halves (fresh or frozen without liquid)
- 1 T. minute tapioca
- 1 T. cornstarch
- ¾ - 1 c. sugar (depends how sweet you want it)
- 1 T. lemon juice

Mix all ingredients in a bowl until berries and rhubarb are well coated. Place mixture in a 9" piecrust and cover with another crust. Bake at 375° for 50-60 minutes until center is bubbly and crust is nicely browned. *Optional:* Crumbs may be used to top the pie instead of another crust. However, I usually allow the pie to bake for 30 minutes before putting the crumbs on top. This keeps the crumbs from absorbing a lot of liquid and becoming soggy instead of crumbly.

Crumbs:

- 1 c. flour
- ⅓ c. brown sugar
- 3 T. butter or margarine



Mix all ingredients together with a fork or pastry cutter until mixture resembles coarse crumbs.

Rhubarb Crunch

- | | |
|---|---------------------|
| 4 c. fresh rhubarb,
cut into 1" pieces | 2 t. flour |
| 1 c. sugar | 2 T. butter, melted |

Mix above ingredients together and put in a 9x13x2" pan and set aside. Mix following ingredients together to form crumbs:

- | | |
|-------------|----------------------|
| 1 c. sugar | ¼ c. oatmeal |
| 1 c. flour | 1 egg |
| ¼ tsp. salt | 2 tsp. baking powder |

Sprinkle crumbs onto rhubarb mixture. Bake at 375° for 40 minutes. Serve warm or cold with a dip of vanilla ice cream.

*The World Book Encyclopedia; 1986, Vol. 16, p. 295, Chicago

Regional Trainings

South Central HCQU

Trainings are **free**, but registration is required.

- **SAD & Depression In The Developmentally Disabled** – April 19, 2:00pm-4:00pm @ Bell Socialization Services, 160 S. George Street, York
- **Substitute Health Care Decision Making** by Linda and Bob Derr – April 28, 9:00am-3:30pm @ Government Center Annex, York County Area Agency on Aging, 141 W. Market Street, York
- **Managing Threatening Confrontations: Putting Order to Chaos** by Paul White – May 6, 9:00am-4:00pm @ Hershey Public Library (**Filled – waiting list available. If you need to cancel your reservation, please contact Cherie Adkins.**)
- **MR: What Are The Issues?** – May 12, 10:00am-12:00pm @ Typical Life Corp., NE Plaza, Manchester
- **De-Stress the Discharge & Communicationg With Health Care Professionals** – May 18, 9:00am-12:00pm @ Hershey Public Library
- **Anxiety Disorder & Bipolar in Developmentally Disabled** – May 24, 2:00pm-4:00pm @ Bell Socialization Services, 160 S. George Street, York
- **Consumer Health Fair** – June 4, 10:00am-2:00pm @ Penn State University York campus in the Conference Center
- **Disorders Of the Eye** – June 7, 10:00am-12:00pm @ Typical Life Corp., NE Plaza, Manchester
- **Get the most Out of a Psychiatrist** by Jim Siberski – June 8, 9:30am-2:30pm @ York Jewish Community Center

For more information call Cherie Adkins
717-909-3858

Leave a message re: registration, questions, etc.

In case of inclement weather cancellations will be posted on this phone line by 7:30am the day of the training.

SC-HCQU is not affiliated with the following organization, however we are pleased to inform our readers of these trainings:

FYI

Teresa Rash, CTRS, Director of Therapeutic Services at the Margaret E. Moul Home in York, will be presenting the following **free** trainings designed for line staff.

- **Sensory Stimulation and Therapeutic Activities** – May 19th, 6:00-8:00pm @ Images
- **Group Leadership and Cohesiveness** – June 16th, 6:00-8:00pm @ Images

For more information and/or to register, please call or e-mail Carol Rupp, Training Coordinator at TLC
717-268-8239
crupptlc@aol.com



KEYSTONE RESIDENCE OF LANCASTER COUNTY

Who's Who In The View

Keystone Residence of Lancaster provides supports and services to individuals experiencing mental illness and mental retardation, assisting adults to live successfully in the community. The individualized services are designed to help each person develop their unique gifts and capabilities while helping them find home, friends, family and meaningful work.

Keystone has been part of the Lancaster community since 1984, believing that all people have the right and the ability to live in the community.

SERVICES OFFERED

Mental Retardation Services – Supporting individuals in neighborhoods throughout Lancaster County, Keystone Residence homes are a valued alternative to life in an institution. We help people create a home where individuals participate in running the household, and where respect and friendship are promoted. Keystone helps individuals:

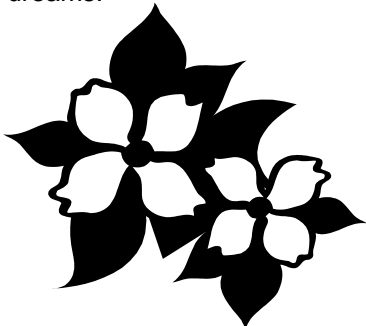
- build relationships with friends and family
- develop new skills in areas such as personal care, cooking, decision-making and developing a hobby
- participate in and contribution to the community by joining clubs, churches and organizations to match the individual's interests
- secure meaningful work.

Family Support Services – Our programs are designed to meet the needs of people with disabilities who are either living on their own or with their natural families. Our primary goals in this program are supporting people to make healthy choices, keeping families together and involved, training family members in skills necessary to provide on-going services, and networking with other service providers.

Mental Health Services/Adults – Keystone's mental health residential services emphasize helping people learn new ways of coping with life's challenges. We provide four levels of support:

- Treatment of the whole person including physical, emotional and vocational needs.
- Return to self-sufficiency by helping people strengthen skills necessary to live on their own.
- Coordination of Services with other agencies in Lancaster County.
- Flexibility in program support designed to meet the various and challenging needs of each person.

OUR VISION is that of creating an environment where all people regardless of background and "ability" can grow, make choices, and be valued and contributing members of the community. This effort is made possible through the commitment and skill of our dedicated employees. As professionals, they value the individuality of the person, and actively work toward the fulfillment of each individual's personal goals and dreams.





People with Disabilities and Sexual Assault

Historically, people with disabilities have been discriminated against because of their disabilities, seen as incapable and helpless, separated from society at large, and denied opportunities for education and other life experiences. Misperceptions and stereotypes about people with disabilities and a subsequent history of oppression also put people with disabilities at an increased risk to experience sexual assault. Assaults are motivated primarily out of anger and/or a need to feel powerful. Hence, offenders seek victims they perceive to be vulnerable and isolated from services and support.

Sexual violence is an act (verbal and/or physical), which violates a person's trust and/or safety, and is sexual in nature. The term "sexual violence" includes date/acquaintance rape, partner rape, caregiver sexual assault/abuse, stranger rape, incest, child sexual abuse, sexual harassment, exposure, and voyeurism. Sexual contact becomes assault when a person is unable to consent to an activity, does not consent, and/or when a service provider engages in sexual contact with a client. Victims/survivors of sexual violence can be forced, coerced, and/or manipulated into participating in sexual activity. Adults with disabilities who have been sexually assaulted may have experienced their sexual assault/abuse as an adult or they may be adult survivors of childhood sexual abuse.

- Among adults who are developmentally disabled, as many as 83% of the females and 32% of the males are the victims of sexual assault.
Johnson, I., Sigler, R. 2000. "Forced Sexual Intercourse Among Intimates," Journal of Interpersonal Violence. 15 (1).
- 15,000 to 19,000 people with developmental disabilities are raped each year in the United States.
Sobsey, D. 1994. "Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance?"
- 49% of people with developmental disabilities who are victims of sexual violence will experience 10 or more abusive incidents.
Valenti-Heim, D., Schwartz, L. 1995. The Sexual Abuse Interview for Those with Developmental Disabilities.
- In one study, 40% of women with physical disabilities reported being sexually assaulted.
Young, M. E., Nosek, M.A., Howland, C.A., Chanpong, G., Rintala, D.H. 1997. "Prevalence of Abuse of Women with Physical Disabilities." Archives of Physical Medicine and Rehabilitation Special Issue. Vol. 78 (12 Suppl. 5) s34-s38.
- For individuals with psychiatric disabilities, the rate of violent criminal victimization including sexual assault was 2 times greater than in the general population (8.2% vs. 3.1%).
Hiday, V.A., Swartz, M., Swanson, J., Borum, R., and Wagner, H.R. 1999. "Criminal Victimization of Persons with Severe Mental Illness." Psychiatric Services 50: 62-68.
- 15.2% of children who are sexually abused have disabilities.
NCCAN. 1993. A Report on the Maltreatment of Children with Disabilities.
- Males with disabilities are twice as likely than males without disabilities to be sexually abused in their lifetime.
Statistics Canada, Centre for Justice Statistics, 1994 in Roeher Institute (1995). Harm's Way. Ontario: Roeher Institute.
- 38% of women with disabilities who have been married experienced sexual violence by their partner.
Statistics Canada, Centre for Justice Statistics, 1994 in Roeher Institute (1995). Harm's Way. Ontario: Roeher Institute.
- It has been estimated that 83% of women with a disability will be sexually assaulted in their lifetime.
Stimpson, L. & Best, M. 1991. Courage Above All: Sexual Assault Against Women with Disabilities. Toronto: Disabled Women's Network.
- Only 3% of sexual abuse cases involving people with developmental disabilities are ever reported.
Valenti-Hein & Schwartz, 1995. The Sexual Abuse Interview for Those with Developmental Disabilities.
- 1 in 5 female and 1 in 6 male psychiatric inpatients reported abuse involving genital contact, which was often recurrent.
Jacobson, A. 1990. The Relevance of Childhood Sexual Abuse to Adult Psychiatric Inpatient Care. Hospital Community Psychiatry. 41(7): 80(7).)



People With Disabilities and Sexual Assault

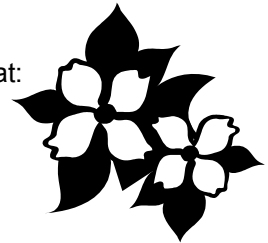
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- 45% of female psychiatric outpatients reported being sexually abused during childhood. Respondents who had been abused in childhood had higher levels of depressive and psychotic symptoms and higher rates of sexual victimization in adulthood than those who had not been abused.
Muenzenmaier, K., Meyer, I., Struening, E., Ferber, J., Childhood Abuse and Neglect Among Women Outpatients with Chronic Mental Illness. 1993. Hospital Community Psychiatry. 44 (7): 666-670.
- Lifetime risk for violent victimization was so high for homeless women with severe mental illness (97%) as to amount to normative experiences for this population.
Goodman, LA. Dutton, MA, Harris, M. Episodically Homeless Women with Serious Mental Illness: Prevalence of Physical and Sexual Assault. American Journal of Orthopsychiatry. 1995
- 88 to 98% of sexual abusers are male and are known by the victim/survivor who has disabilities.
Sobsey, D. & Mansell, S. 1994. An International Perspective on Patterns of Sexual Assault and Abuse of People with Disabilities.
- 33% of abusers or acquaintances, 33% are natural or foster family members, and 25% are caregivers or service providers.
Sobsey, D. 1988 "Sexual Offenses and Disabled Victims: Research and Practical Implications." Visa Vis, Vol. 6 No. 4.

This information sheet was revised in 2003 by the Wisconsin Coalition Against Sexual Assault (WCASA). WCASA is a membership organization of sexual assault centers, other organizations, and individuals throughout Wisconsin working to end sexual violence. For information sheets on other topics or to become a member, contact WCASA 600 Williamson St., Suite N-2, Madison, WI 53703, (608)257-1516, www.wcasa.org. For more information about sexual assault or to receive support with a sexual assault experience, contact your local sexual assault program. This sheet may be reproduced in its original format only.

More information on people with disabilities and sexual assault can be found on the Internet at:

- Wisconsin Coalition Against Sexual Assault @ www.wcasa.org
- The Safety Net @ www.ddssafety.net
- Advocate Web @ www.advocatweb.org
- The Arc @ www.thearc.org



Irritable Bowel Syndrome (continued)

How is IBS treated?

- Much evidence suggests that, if tolerated, a high roughage and bran diet is helpful. Over-the-counter bulking agents such as Metamucil and Citrucel provide beneficial fiber.
- Eat smaller, more frequent meals in a day.
- Certain medications for the colon, such as antispasmodics to calm painful contractions, or laxatives to treat constipation may be considered. If you have the ABC's of IBS (abdominal pain, bloating, constipation), Zelnorm, may be right for you. Antidepressants may help with severe pain. Follow your doctor's instructions closely when using any of these medications.
- Have regular exercise. Physical exercise is important in managing IBS. During exercise, the bowel usually quiets down. With regular exercise conditioning, the bowel may even relax during non-exercise periods! Of course, regular exercise is recommended for everyone, as a good general health maintenance measure.
- Practice stress reduction. Learn how to respond and control your body's response to stress. If you find that stress triggers the symptoms of IBS, interventions could include meditation or counseling.

Prevention and treatment of IBS may involve making changes in several areas of your life. **Remember, IBS is not a disease.** Perhaps the most important aspect in the treatment of this syndrome, is reassurance that nothing is seriously wrong, and that YOU can learn how to deal with and control your symptoms.

For further information related to IBS:
iffgd@iffgd.org or www.aboutibs.org

Resources: *The National Digestive Diseases Information Clearinghouse, Meducate of Camp Hill, PA*

Adults with Autistic Spectrum Disorder (Pervasive Developmental Disorders)

Not until the middle of the 20th century was there a name for a disorder that now appears to affect an estimated 1 out of every 500 children, a disorder that causes disruption in families and unfulfilled lives for many children. In 1943 Dr. Leo Kanner of the Johns Hopkins Hospital studied a group of 11 children and introduced the label, *early infantile autism*. At the same time a German scientist, Dr. Hans Asperger, described a milder form of the disorder that became known as Asperger syndrome. These two disorders are described and listed in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* as two of the five pervasive developmental disorders (PPD), more often referred to as autism spectrum disorders (ASD). These disorders are characterized by varying degrees of impairment in communication skills, social interactions, and restricted, repetitive and stereotyped patterns of behavior.

Some adults with ASD, especially those with high-functioning autism or Asperger syndrome, are able to work successfully in mainstream jobs. Nevertheless, communication and social problems often cause difficulties in many areas of life. They will continue to need encouragement and moral support in their struggle for an independent life.

Research into the causes, diagnosis, and the treatment of ASD is advancing. Early diagnosis is beneficial in helping the child with ASD develop to his or her greatest potential. Some possible causative factors being considered include:

- Childhood vaccines containing thimersol
- Major abnormal brain structure noted while in utero
- Genetic factors—twin and family studies

The Children's Health Act of 2000 is responsible for facilitating the development of a 10-year agenda for autism research. This agenda prioritizes research for different age groups. Since the home is the natural learning environment for most individuals, safety considerations must be assessed immediately—

- Arrange furniture appropriately, that makes sense to the individual
- Use locks where appropriate (cupboards containing cleaning supplies)
- Make electrical outlets and appliances safe
- Lock dangerous items away
- Label and organize everyday items
- Institute appropriate seating at a table or work station to reduce behavioral concerns at meal time
- Use visual signs such as STOP signs to define boundaries
- Remember fire safety, and keep lighters and matches locked up
- Consider identification options in the event individual gets lost and unable to communicate effectively

Individuals with ASD seem to respond well to a highly structured environment. They will never outgrow autism, but can learn to function within the confines of his or her disability, especially if treatment begins early.



If you look at the numbers, it can be overwhelming. Obesity is epidemic in the United States. In recent years, diabetes rates among people ages 30 to 39 rose 70%. About 4.5 million adults in the United States smoke cigarettes, even though this single behavior will result in disability and premature death for half of them. More than 60% of American adults do not get enough physical activity, and more than 25% are not active at all.

Yet if you talk to Americans, there is hope. They say they generally know what will make them healthier, but they are confused about what specific information is credible and accurate.

Get the facts! Is it better to eat a low-carb diet or a balanced diet? Should we be physically active three times a week or five times a week? How can we be expected to follow any of these recommendations when we're so busy?

It's no wonder many of us throw up our hands and give up. But if we want to live long and fulfilling lives, it's essential that we learn the real facts about health, nutrition, and physical activity.

Luckily, the real facts are pretty straightforward:

- Eat a healthy diet that includes fruits, vegetables, and whole grain products—and be sure to control portion sizes.
- Get physically active at least five times a week, for thirty minutes or more.
- Avoid tobacco and illegal drugs altogether.

Sounds simple, right? Well, if it were that easy, we'd all be effortlessly fit and healthy.

But today's lifestyle doesn't allow much room for health, and for many people it is impossible to make dramatic lifestyle changes. Instead, the good news is that small steps—or a few steady, consistent changes in your lifestyle can bring big results. Take a small step today!

From: United States Department of Health and Human Services, www.healthierUS.gov and www.smallstep.gov

Bulletin Board



Take note!

To receive our newsletters just send your e-mail address to mmerdman@geisinger.edu

You will be placed on our e-mail list and automatically receive *The HCQU View* each month.



Don't forget our Cell Phone Recycling Project!

To date we have collected 55 phones. These phones can be recycled or resold and a portion of the proceeds will benefit the *National Organization On Disability (NOD)*.

Remember –

A true friend never gets in your way – unless you happen to be on your way down.

– Arnold H. Glasow



Medications In The News

Antidepressants

Antidepressants are divided into three categories—tricyclics, MAOI's, and SSRI's. Each category affects serotonin and epinephrine within the nervous system in a slightly different way. Antidepressants are used in treating depression, and in some cases, enuresis (bed-wetting).

Each medication has adverse reactions that must be monitored from the onset of medication usage. Some of the most serious reactions include kidney failure, hypertension (high blood pressure), and paralytic ileus (no peristalsis within the colon).

Individuals with a history of seizure disorder, severe liver, kidney or heart disease, and certain prostate disorders are considered high-risk individuals. Therefore, the risk vs. the benefit must be weighed before initiating treatment.

It may take 2-3 weeks of usage for a therapeutic effect to take place. Use caution when involved in activities requiring alertness, as drowsiness, dizziness, and blurred vision may occur. Alcohol ingestion and other sedating medications should not be combined with antidepressants. Never discontinue an antidepressant quickly, after long-term use.

Remember, never share prescriptions. Your physician and pharmacist can be helpful in explaining risks, adverse reactions, and evaluating for a therapeutic effect.

[Some common antidepressants include: amitriptyline, imipramine, trazodone, paroxetine, and sertraline].