Take it to heart

Robert DeBernardo, MD
Chief, Health Education and Preventive Medicine

Our hearts. We take for granted those 37 million beats per year until we or someone we know has a heart attack, or is diagnosed with heart disease. Then, our hearts are very much on our minds.

What is a heart attack? And what can you do to reduce cardiovascular risk?

A heart attack occurs when heart muscle dies because of insufficient blood flow through the coronary arteries. It is the end result of a gradual process of blockage. Often there are early warning signs that this blockage is occurring, such as shortness of breath or chest pain. But gradual occlusion (blockage) can occur without any warning signs.

While the degree to which we can...
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Nicotine in cigarettes causes constriction of the arteries, thus decreasing blood circulation. Compromised coronary blood flow due to arterial sclerosis or plaques exacerbates the constricting effect of nicotine and may contribute to a heart attack. Some of the effects of nicotine are reversible if you stop smoking. If you don’t smoke, don’t start. Avoid passive smoke. And if you do smoke, now is the time to quit.

Heart
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reduce cardiovascular risks varies — for instance, we have little control over genetic predisposition, age and gender — we can reduce the majority of risks. Preventable risk factors (in general order of importance) are: high blood pressure; cigarette smoking; severe obesity; diabetes or other vascular disease; sedentary life style; high LDL (“bad”) cholesterol and low HDL (“good”) cholesterol.

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Everyone hears about the dangers of “bad cholesterol” (LDL) and the advantage of the “good cholesterol” (HDL). Most cholesterol is actually generated by our own body. While a lesser amount is ingested from animal sources, low fat diets can help reduce LDL cholesterol, as can certain medications. HDL or “good cholesterol” can be increased by regular aerobic exercise. Studies have shown that, with very low fat diets and exercise, even pre-existing coronary plaques can be reduced.

Having more than one risk factor further increases the chances of developing coronary artery disease, although not all risk factors are of equal importance. For example, cigarette smoking and high blood pressure pose much greater risks than high cholesterol.

To keep your heart healthy you must ascertain and reduce risk factors. Get your blood pressure and cholesterol measured. Get regular aerobic exercise. Maintain a healthy weight. Don’t smoke. Eat a diet in which less than 25% of calories come from fat. Control diabetes and other vascular diseases. Consider taking antioxidants such as vitamin C and E, and a baby aspirin daily. If there are no contraindications, drink a glass of red wine each day. But, since no two of us are exactly the same, check with your health care provider about personalizing a heart-healthy program.

And if you need your blood pressure or cholesterol checked, or want to join the smokers’ cessation workshop, call the YHP Department of Preventive Medicine at 432–1826.

Raloxifene
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therapy without some of that therapy’s side effects.

Current hormone therapy regimens are prescribed to relieve symptoms of menopause, to prevent osteoporosis and to prevent coronary artery disease. These regimens consist of estrogen and progesterone in combination, or estrogen alone for women who have had hysterectomies. Estrogen improves bone density and reduces fracture risk by approximately 50%. With estrogen therapy, total cholesterol and LDL (“bad” cholesterol) levels are lowered while HDL (“good” cholesterol) levels are increased — all factors beneficial in helping reduce heart disease. There are other beneficial effects of estrogen therapy as well.

However, there can be unwanted side effects such as vaginal bleeding and breast tenderness, and a possible increase in breast cancer risk, particularly with long term use.

Raloxifene is a selective estrogen receptor modulator (SERM), meaning that it has some of the same biological actions as estrogen in some organs — in bone, for example — and minimal or no effects in other organs, such as the uterus and breast. Raloxifene can improve bone density without stimulating the endometrium (the lining of the uterus) and without causing breast tenderness.

Also, raloxifene lowers total cholesterol and LDL cholesterol and it does not have any effect on triglycerides (oral estrogens can raise triglycerides). However, it does not cause the beneficial increase in HDL cholesterol that estrogen does.

Disadvantages of raloxifene include lack of improvement in the hot flashes or flushes associated with menopause, and an increased risk of clot formation in veins. And as with any new drug, complete information is not yet available with regard to side effects and interactions with other medications.

If you are currently doing well on estrogen therapy there is probably no reason to switch to raloxifene. If, however, you are taking hormones primarily for osteoporosis prevention and are having problems with bleeding or breast tenderness, you may want to consider raloxifene. Any of your YHP gynecological health care providers can discuss your decision with you.
I am delighted to take this opportunity to greet everyone in the Yale Health Plan community and to extend a warm welcome to our new members. All of us at YHP look forward to helping you in every way possible. From time to time I hope to use this column to share some reflections about YHP and various health care issues.

Recently the news media have focused increased attention on the state of health care in the U.S. A day rarely goes by when we do not see something in the news about the health care crisis. All of us are concerned about instability in our public programs and turmoil in the private health care industry. Controversy about for-profit managed care has become particularly heated. Legislators, journalists and consumer groups are questioning the priorities of an industry in which the interests of patients do not always come first. The entire health care field appears to be undergoing constant change, motivated largely by economic concerns.

I believe that the strengths of Yale Health Plan are particularly striking when considered in the context of the turmoil in the health care field. Among our many strengths, the clarity of our mission is foremost. Simply stated, YHP exists to meet the health care needs of the Yale community. Our mission is to provide excellent and accessible care to our members. YHP is a nonprofit organization, dedicated to Yale’s students, faculty, staff and families. This means that we focus all of our resources on improving services to the Yale community. We do not ration care in order to generate profits. We do not provide incentives to our clinicians to withhold care.

The fact that YHP is clinician-run is an important advantage in an era of skepticism about health care organizations managed as big business. At YHP, policy decisions are clinical rather than purely economic. We are a small health plan, in contrast to the many HMOs with huge enrollments and impersonal administrative procedures. Our scale assures an intimate familiarity with our members. Our policy decisions invariably focus on the medical needs of individual people, not anonymous statistics.

In this era of crisis in American health care, YHP has been a stable, constructive presence for well over a quarter century. This stability allows us to concentrate on the true priority of a health care organization: care of its members. We are concentrating on improving access to health care in all areas. Whether we are talking about improving our parking situation, the telephones, or the appointment system, your access to care is our first priority. We also continue to direct our energies towards programs for improving and maintaining quality of care. In every way, we are striving to respond to your needs. We value your input and earnestly solicit your opinions.

Nurse midwives provide range of services at YHP

Deena Mariano, APRN

Nurse Practitioner, Internal Medicine

Nurse midwives have served a vital role in the provision of women's health services at Yale Health Plan for over twenty years. The current Yale Health Plan Obstetrics/Gynecology Department provider staff includes four Master’s-prepared certified nurse-midwives:

Barbara Dobay, CNM; Rochelle Kanell, CNM; Deborah Meredith, CNM; and Betsy Rogers, CNM.

Certified Nurse-Midwives (CNMs) are advanced practice nurses who provide primary gynecologic and obstetric care to women of all ages. They are registered nurses with post-baccalaureate education in midwifery and nursing and most hold Master’s or higher degrees in addition to current midwifery certification. Nurse midwives must also pass a national certification examination and meet strict requirements set by state health agencies in order to practice as certified nurse-midwives. Midwifery practice encompasses the full spectrum of women’s health needs throughout their lifetimes, from menarche (onset of the menstrual cycle) through menopause. This includes general gynecological care and Pap smears, contraceptive care and counseling, and obstetrical care during the prenatal period and through labor and birth.

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Using the Pharmacy

We asked Donna Gayman, the director of the YUHS pharmacy, to answer some frequently asked questions about the pharmacy’s services.

Q. How do I use the pharmacy refill recording line?

A. Recording a prescription refill is a simple procedure. Just leave the following information:

- Prescription number
- Patient name
- Daytime telephone number (important)
- Approximate day and time of pick-up
- Any change in quantity since last refill

The refill recording line has been a big success. Using it allows us to serve you better and faster. In consideration of other patients, please keep messages on the refill recording line brief.

Q. How can I be sure that my prescription refill will be ready when I arrive?

A. Calling at least 24 hours ahead will ensure that your prescription will be ready when you arrive if you still have open refills. We recommend calling at least 48 hours ahead as the pharmacy may need to contact your provider to obtain a new prescription.

Note: If you do not have your prescription number, simply give the name of the medication.

Q. Do you have any other tips on how best to use the YUHS pharmacy?

A. Use the prescription drop-off box for new prescriptions you do not need the same day. The drop-off box is on the first floor of the University Health Services Center opposite the elevators. Help reduce trips to the pharmacy by refilling all of your prescriptions at the same time. Call at least two days ahead for items requiring a special order.

Q. When is the best time to come to the pharmacy?

A. To avoid waiting lines and parking difficulties the best times to come are:

- Monday–Friday, 7:30 a.m. to 9:30 a.m.
- Saturday, 8:30 a.m. to 9:30 a.m.

Avoid our busiest times:

- Monday–Friday, 3:00 p.m. to 6:00 p.m.
- Avoid our busiest days:
  - Mondays and Fridays and days before and after holidays.

Q. Do I have to keep track of my YUHS pharmacy expenses?

A. If you are a Yale Health Plan member, the YUHS pharmacy keeps track of your prescription drug expenses and charges you accordingly. In order to participate in this electronic claims process, you must have your prescriptions filled at the YUHS Pharmacy.

Q. Can I fill my prescriptions at off-site pharmacies?

A. You still have the choice of filling your prescriptions at off-site pharmacies. However, you will have to pay the full amount for each item and then submit a completed claim form and itemized receipts to the YHP Claims Department for reimbursement.

Attention Medicare participants: Please pay for each prescription item and submit your receipts with a completed claim form to Connecticut General Life Insurance Company.
Christopher Kielt
Deputy Director for Operations

In October, Christopher Kielt joined the staff of Yale University Health Services (YUHS) as deputy director for operations. This new position involves a number of responsibilities, including human resources, information technology, and member services. Chris will play a pivotal role in helping us use our information technology and other resources in the ambitious project of improving clinical care and access to services throughout YUHS.

Chris Kielt was the technical project manager on ourIDX computer project. In addition, he has concurrently held the position of associate director and interim director for Administrative Systems, Information Technology Services (ITS). While at ITS, Chris held a variety of responsible management positions in several university areas, including Student Systems and Facilities.

We know that you will join us in welcoming Chris Kielt to YUHS.

Other additions to the YHP staff

Lori Capone
Senior Administrative Assistant, Administration

Douglas Glazer
Assistant Athletic Trainer, Physical Therapy

Gen Kamiskas
Medical Assistant, Contact Lens

Sharon McNamara, LPN
Staff Nurse, In-Patient Care Facility

Loretta Miller
Manager, Medical Records

Gregory Murphy
Manager, Quality Improvement & Design

Paul Rochefort
Staff Pharmacist, Pharmacy

Cindy Russo, RN
Nurse Manager, Internal Medicine

Thomas Scarmo
Staff Pharmacist, Pharmacy

Deborah Seymour, RN
Nurse Coordinator, Urgent Visit

Melissa Whelan
Information Systems Support Specialist, MIS

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Barbara Dobay has been a primary women’s health care provider at Yale Health Plan since 1977. Her areas of interest and specialty include hormone replacement therapy, Lamaze classes, and women’s sexual health issues. Rochelle Kanell, a women’s health primary provider since 1988, practices as a generalist with a broad knowledge of all facets of ob/gyn care. Deborah Meredith’s primary focus is obstetric care, although she also practices as a primary gynecologic provider. A primary women’s health care provider at YHP since 1996, she is also the liaison for the Undergraduate Student Medicine Department and performs initial gynecologic examinations as well as contraceptive counseling. Betsy Rogers has been with YHP since 1981. Her areas of interest include patient education and counseling, well-woman gynecologic care, and perimenopausal concerns.

The nurse-midwives at Yale Health Plan are available for office appointments. Contact them through the Obstetrics/Gynecology Department at 432–0222.
BOOK REVIEW

What Every Woman Needs to Know About Menopause
Mary Jane Minkin, M.D., and Carol V. Wright, Yale University Press, 1996

Reviewed by Barbara Collins, RN, Program Coordinator, Health Education and Preventive Medicine

Finally, a book that addresses the many questions about menopause, with answers that are short, concise and to the point. Two particularly informative chapters are “What Estrogen Replacement Therapy (ERT) Can and Cannot Do for You” and “A Practical Guide to ERT.” These two chapters present over eighty questions concerning estrogen replacement therapy (ERT), and would be very helpful for any woman confronted with the issue of whether or not to begin ERT.

Keep in mind that although this book was published very recently — 1996 — continuing research means that there are frequent new developments in the study of menopause. However, this volume, informative and easy to read, remains a very useful tool. The book is available to Yale Health Plan members at the Betty Stowe Library located at Yale University Health Services on the 4th floor in the Center for Health Education & Preventive Medicine.

Another worthwhile book on this subject, with a different point of view, is Dr. Susan Love’s Hormone Book (Random House, 1997). It is also available at the Betty Stowe Library. Please note that the Betty Stowe Library is not a lending library; all books must be read in-house.
Sugar vs. Fructose

A member asks, “My children request that I purchase a heavily advertised brand of cookies that are ‘fruit-juice sweetened.’ Are they nutritionally better than those cookies baked with ordinary sugar?”

No, “naturally sweetened” foods that contain fructose are no better nutritionally than cookies made with table sugar (sucrose), refined or raw. The body breaks down sucrose into fructose and glucose, the simple sugars needed for energy. The biggest difference between “fruit juice sweetened” cookies and those that contain sugar is that the fruit-juice sweetened cookies are often more expensive.

Updating adult immunizations

Center for Health Education and Preventive Medicine

Several immunizations are necessary for adults to maintain a healthy immunization profile.

Tetanus-Diphtheria Toxoid Boosters. All adults should receive this every ten years. A tetanus booster should be given for any injury that involves dirt or puncturing. If the injury occurs more than five years after the last tetanus injection, a tetanus booster should be given.

Measles, Mumps, Rubella Vaccine (MMR). This series should be obtained by individuals born after 1956 with no documented history of having had the disease and no proof of prior vaccination.

Influenza and Pneumococcal Vaccine. Flu vaccine is given annually and pneumococcal vaccine every ten years. Individuals who are strongly advised to receive the vaccine are:

(t) people 65 and over; (2) those who have a chronic disease, especially lung and heart problems; (3) children with asthma; (4) those who work in nursing homes and health care facilities. For others, the vaccine is an option.

Polio Vaccine. Travelers to countries where polio is present should receive a polio booster.

All of the above vaccines are available at no charge to Yale Health Plan members.

Hepatitis B Vaccine. This is a series of three injections to prevent one form of viral hepatitis that is spread by contact with blood or bodily fluids. It is advised for health care workers and for individuals whose activities place them at high risk, such as injectable drug users and those with multiple sexual partners. The vaccine is also recommended for those who travel to certain high-risk parts of the world (Africa, China, the Middle East, South America, South East Asia, the Pacific Islands). Recently, immunization of all infants has been recommended.

The hepatitis B vaccine is a covered benefit for Yale employees who may be exposed to blood or bodily fluids on the job. The cost of the vaccine is subsidized for all other Yale Health Plan members.

Hepatitis A Vaccine is administered as one injection followed by a booster 6–12 months later. This virus is spread by fecal contamination of water. Indications for this vaccine are travel to high-risk areas and, in some cases, exposure to an acutely infected individual. Consult your health care provider.

New flu

While getting a flu shot is a good idea, the degree of protection depends upon whether or not the vaccine contained the particular strain of virus currently infecting the population. Because of the time required to prepare a vaccine for each flu season, predictions about the strain most likely to occur must be made during the previous year — and predicting a flu strain is a bit like long-term weather forecasting.

While the flu vaccine can offer substantial protection against the flu virus, it does not protect against other flu-like illnesses. Also, the virus’ ability to change means that the vaccine doesn’t necessarily provide absolute immunity, even against the flu. If the current strain is similar to others, as is the case with this year’s Sydney strain, partial immunity results. If there is a major shift in the virus, such as could potentially occur with the Hong Kong “bird flu,” the vaccine will offer little or no protection.
Early Pregnancy Class
Classes are held at YHP in room 405 on the 3rd Friday of each month from 10:00–11:30 a.m. for Yale Health Plan members. To register, call the Ob/Gyn Department at 432-0222 or stop by the Ob/Gyn appointment desk. We encourage you to bring a supportive person to the class.

CPR (Cardio-Pulmonary Resuscitation)
Classes for Adults
Adult heart-saver classes are held in room 405. The fee is $35 and includes CPR card and course materials.

Classes will be held Tuesday and Wednesday, March 17–18 and again on Tuesday and Wednesday, April 28–29. Preregistration and attendance at both sessions is required. To register, call 432-1892.

Health Risk Assessments
On the first Tuesdays and Wednesdays of the month from 2:00 p.m. –3:00 p.m. in room 405 at YHP. You can join any time. For information, call 432-1892.

Smoking Cessation Workshop
Thursdays, noon-1:00 p.m. in room 406 at YHP. This workshop is free to Yale Health Plan members. Pre-registration requested. To register, call 432-1826

Weight Watchers at Work
Mondays, 12:15-1:00 p.m. in room 405 at YHP. You can join any time. For information, call 432-1892.

For information call 432-1826.