Low back pain is one of the most common presenting complaints in all of primary care medicine. Statistically, 80% of us experience back pain severe enough to be disabling – or at least to warrant medical management – at least once in our lifetimes.

The causes of back pain are many and varied, but even with our current level of knowledge and technology, the precise scientific or anatomic diagnosis is often less than definitive. Back pain can result from a specific incident of muscle injury or overuse – such as a weekend spent hauling trash out of the basement. It can be caused by altered muscle tone related to everything from tension to strain to

Plants Help Us While Protecting Themselves

LINDA BELL, MS, RD, CD-N
YHP nutritionist

RHEA HIRSHMAN
Editor

As far as most of us know, plants survive by absorbing light and water and nutrients from the soil. We don’t usually think of plants – except maybe for the noxious Venus flytrap in “Little Shop of Horrors” – as involved in active self-defense. Yet scientific evidence shows that plants have elaborate chemical self-defense mechanisms which can also produce a variety of benefits for humans.

Along with nutrients, plants contain substances that they produce naturally to protect themselves against viruses, bacteria, and fungi. These compounds are called phytochemicals, meaning plant chemicals. And it is not only

continued on page 2

Aching Back? You’re Not Alone

JOHN DAILINGER, PAC
Surgical Specialties, Yale Health Plan

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YHP Holiday Recess Hours

<table>
<thead>
<tr>
<th>Department</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>December 22, 26, 27, 28 (8:30 – 5:00); December 29 (8:30 – 12:30)</td>
</tr>
<tr>
<td>Laboratory</td>
<td>December 22, 26, 27, 28 (8:30 – 5:00); December 29 (8:30 – 12:30)</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>December 22, 26, 27, 28 (7:30 – 6:30); December 28 (8:30 – 6:30); December 29, 30 (8:30 – 3:30)</td>
</tr>
<tr>
<td>Administrative Dept.</td>
<td>December 22, 26, 27, 28 (8:30 – 5:00); December 29 (8:30 – 12:30)</td>
</tr>
<tr>
<td>The Urgent Care</td>
<td>The Urgent Care Department is open 24 hours/day</td>
</tr>
</tbody>
</table>
metabolic disease or environmental toxicity. Back pain can also have its origins in injured or inflamed ligaments or joints. It can come from a disease process, such as infection, connective tissue disorders or tumors. And it can be caused by damaged or degenerated intervertebral discs, or from structural or developmental variations or abnormalities.

In caring for back pain, it is vital to identify the small number of patients who need surgical management and refer them to an appropriate surgeon. With non-surgical management, the standard course of treatment consists of three steps of variable length:

- Control symptoms with a combination of rest and medication.
- Regain normal motion and ability to perform activities of routine daily living.
- Regain strength and ability to do recreational activities or exercises.

…only about one half of one percent of patients with back pain require surgical intervention.

When you have back pain, what should you do? Obviously, this depends on the severity of the pain and/or associated symptoms and their progress over time. For mild to moderate pain involving only the back and which does not interfere with sleep and still allows routine activities of daily living, avoid unnecessary pain-provoking activity and use over-the-counter anti-inflammatory medication. If the situation gradually improves over several days to two to three weeks, increase activities to tolerance, taper medication, and consider swimming for strength and prevention. Swimming is by far the best exercise both for prevention and in the early stages of therapeutic management once symptoms permit, as it fundamentally in several ways alters one’s relationship with gravity. If you are not a swimmer, you can also benefit simply by walking in shallow water.

Contact your primary clinician for further advice if you experience more severe pain, especially if it interferes with sleep or activities of daily living and/or is accompanied by any of the following:

- Pain radiating to the legs or accompanied by numbness or tingling
- Pain which is increased by coughing or sneezing
- If pain worsens despite over-the-counter medication

It’s especially important to seek care if your pain was the result of significant trauma, if you have progressive weakness, or if you note any change in bowel or bladder habit or function.

Statistically, you are likely to experience a significant episode of back pain and statistically, this is very unlikely to require surgical management (only about one half of one percent of patients with back pain require surgical intervention). The length of time it takes for the problem to resolve using the range of non-surgical interventions may be difficult to predict and may vary from one individual or one episode to the next, even if the problem has the same cause. You are often the best judge of what activity level makes sense for you. Nature tends to be very good about letting us know what we ought not to be doing. The difficulty is primarily in our ability to hear her message or to have the luxury to be able to incorporate appropriate responses (such as changes in our activity patterns) into our increasingly crowded schedules.

Your primary care clinician is always available to answer your questions and to make the necessary referrals.

To Help Prevent Back Pain

- Be careful about body mechanics. This means paying attention to how you perform common tasks such as lifting heavy objects, raking leaves, shoveling snow, sitting at your computer, getting in and out of your car. The books listed on page 6 have helpful tips.
- Maintain good, balanced muscle tone by getting regular moderate exercise.
- Avoid carrying excess weight. Overweight puts a strain on your back as well as on other body systems.

YHP will be sponsoring back care clinics beginning sometime in the spring. Watch for more details.
As we move into cold and flu season, I want to share with you some thoughts about a problematic trend in health care - the widespread overuse of antibiotics. This is one of the most pressing concerns in today’s medical practice. Resistance to commonly used antibiotics amongst a variety of microbes has reached epidemic proportions and threatens the health of many Americans. Reports of these “killer” bacteria are abundant in the press and many people have heard of drug-resistant Staphylococcus or E. coli. Furthermore, antibiotic resistance is estimated to cost the American health care system tens of billions of dollars annually.

Though the emergence of antibiotic-resistant microbes has several causes, it is clear that prescribing patterns contribute significantly. Overuse of antibiotics in the outpatient setting, particularly in the treatment of upper respiratory tract infections such as colds, plays a major role. A 1997 article in the Journal of the American Medical Association indicates that U.S. clinicians write over 50 million prescriptions a year to treat respiratory infections that may not need antibiotic therapy.

Since most upper respiratory infections are caused by viruses and not by bacteria, antibiotics — drugs which target bacteria — are inappropriate. Not only do antibiotics not do any good, but unnecessary antibiotics contribute to the development of drug-resistant bacteria strains. However, patients often request antibiotics or clinicians prescribe them because of concerns about possible progression of an illness or lost time from busy schedules, or simply because there is the tendency to do what has been done in the past.

This year, YHP is implementing a program aimed at reducing unnecessary antibiotic use for uncomplicated respiratory infections, while providing targeted therapies and education about viral infections. Through a series of cold treatment clinics members will be able to receive the most current information about management of respiratory infections, and will be able to obtain home treatment kits containing remedies aimed at alleviating symptoms. These measures should ensure that we manage viral respiratory infections aggressively yet appropriately. We will be focusing on replacing the practice of using an antibiotic simply “because it is available” with more suitable medical interventions that spare individuals and the community the risks of antibiotic overuse.

Your clinician will be glad to discuss any questions about antibiotic use, cold care and related issues. In addition, you can call the Department of Health Promotion and Education (203-432-1892) for more information. As always, we welcome your suggestions.

Coordinated Care at the Heart of YHP’s Medical Specialties

Rhea Hirshman
Editor

“Seeing a specialist” can be a draining experience: choosing the practitioner, making the appointment, having the records transferred, acclimating to a new office. Yale Health Plan offers comprehensive access to the specialists of Yale Medical School, but as an enhancement to care, members also have the advantage of being able to have many specialty appointments in the familiar environs of 17 Hillhouse Avenue, with their records easily accessible and their primary care clinician and familiar support staff nearby.

Cindy Russo, RN, MS, CNA notes, “The practice in Internal Medicine is based on a primary care model. When patients are able to see a specialist in close proximity to the primary care clinician, care is better coordinated.” Russo is the clinical manager of the Internal Medicine Department, under whose aegis the medical specialties fall (surgical specialties such as orthopedics and urology, also available at YHP, have their own department). Medical specialties offered on-site at YHP include endocrinology, gastroenterology, neurology, oncology (see the March 2000 issue of yale health care for an article about YHP’s oncology service), hematology, nephrology, HIV and infectious diseases.

Each of the specialty clinics has its own nurse coordinator, among whose tasks it is to evaluate referrals from the primary care clinicians so that patients with the most pressing problems are given the earliest possible appointments. The coordinators also schedule followup appointments and tests, do telephone triage, and act as conduits between the patient and the specialty physicians. Russo says, “The
Q: What is the best way to get a prescription refilled?
A: The interactive voice recording system (IVR), available 24 hours a day (203-432-0033), allows you to call in your order at any time. Punching in your patient identification number (which appears on every prescription label) and your prescription number at the prompt allows the system to check and process your prescriptions and tell you when they will be ready for pickup. Although most refills are available within one business day, please allow enough leeway for special order items and at busy times like before school breaks.

Q: Do I have to pick up my prescription as soon as it is ready?
A: No, but prescriptions must be picked up within two weeks after the date they are filled. Those not picked up will be returned to stock. If circumstances prevent you from picking up the prescription, you may call the Pharmacy to discuss holding it until a specific date.

Q: What should I do if I am away and need a prescription refilled?
A: Have your clinician call in a refill to a local pharmacy and have it refilled there. You can also ask the other pharmacy to call the YHP Pharmacy and have the prescription transferred to where you are. Retain the receipt and submit it to the Claims Department for reimbursement.

Q: What if I need a medication that is not carried by the Pharmacy?
A: The Pharmacy can special order most medications. If there is a problem, a pharmacist will consult with your clinician about alternatives.

Q: Can I purchase less or more of a medication than the clinician is prescribing?
A: Often this is possible, but doing so may require consulting with your clinician. You may check with the clinician yourself, or ask the pharmacist to do so for you. A three-month supply is the maximum for most medications.

Q: Can I get a prescription from a specialist filled here?
A: Yes. You can obtain prescriptions ordered by any specialty clinician to whom you have been referred.

Q: Can I purchase over the counter items at the Pharmacy?
A: Because of space, we stock only a limited supply of over the counter medications. We do carry the most common medications that clinicians may tell people to pick up along with their prescriptions.

Q: What should I do if I know I have drug allergies?
A: First, you should alert all your clinicians to any drug allergies. Also, when dropping off your prescription, please tell the pharmacist about your drug allergies.
Plants Help Us
continued from page 1

plants that benefit from this botanical version of chemical warfare. Along with certain vitamins and minerals (examples: vitamins A, C and E; minerals such as zinc and selenium), phytochemicals are antioxidants — substances that work to neutralize certain kinds of cellular damage in human bodies. Phytochemicals have been recognized recently as agents that may offer protection to plant-consuming humans against heart disease and certain cancers. They may also slow some processes involved in aging. All good reasons to eat a primarily plant-based diet.

As with vitamins and minerals, different plant foods supply different kinds of phytochemicals, several of which are presented in the chart. As these compounds are a hot topic of research, you can expect to hear more information about phytochemicals cropping up in the near future.

<table>
<thead>
<tr>
<th>THESE FOODS:</th>
<th>CONTAIN:</th>
<th>AND MAY PREVENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>cruciferous: broccoli, cauliflower, brussels sprouts, greens, cabbage</td>
<td>organosulfur compounds, glucosinolates</td>
<td>cancer</td>
</tr>
<tr>
<td>broccoli</td>
<td>sulphoraphane</td>
<td>breast cancer</td>
</tr>
<tr>
<td>allium vegetables: onions, garlic, scallions, leeks, chives</td>
<td>allium compounds</td>
<td>cancer</td>
</tr>
<tr>
<td>soy foods: soybeans, tofu, soy milk, soy flour, veggie burgers</td>
<td>isoflavones (phytoestrogens), saponins</td>
<td>cancer, heart disease</td>
</tr>
<tr>
<td>orange fruits &amp; vegetables; dark greens: carrots, sweet potatoes, winter squash, pumpkin, mango, spinach</td>
<td>beta-carotene</td>
<td>cancer</td>
</tr>
<tr>
<td>tomatoes, watermelons</td>
<td>lycopene</td>
<td>cancer (prostate cancer), heart disease</td>
</tr>
<tr>
<td>citrus fruits, mint</td>
<td>monoterpenes</td>
<td>cancer</td>
</tr>
<tr>
<td>grapes, strawberries, cranberries, nuts, blackberries, raspberries</td>
<td>ellagic acid</td>
<td>cancer</td>
</tr>
<tr>
<td>flaxseed</td>
<td>lignans, omega-3 fatty acids</td>
<td>cancer, heart disease</td>
</tr>
<tr>
<td>onions, kale, broccoli, red grapes, cherries, apples, cereals</td>
<td>quercetin</td>
<td>cancer, heart disease</td>
</tr>
<tr>
<td>red grape juice, red wine</td>
<td>resveratrol</td>
<td>cancer, heart disease</td>
</tr>
<tr>
<td>green tea</td>
<td>polyphenols</td>
<td>cancer</td>
</tr>
<tr>
<td>celery</td>
<td>butyl phtalide</td>
<td>high blood pressure</td>
</tr>
</tbody>
</table>

THESE FOODS: CONTAIN: AND MAY PREVENT:

**cruciferous:** broccoli, cauliflower, brussels sprouts, greens, cabbage | organosulfur compounds, glucosinolates | cancer |
**broccoli** | sulphoraphane | breast cancer |
**allium vegetables:** onions, garlic, scallions, leeks, chives | allium compounds | cancer |
**soy foods:** soybeans, tofu, soy milk, soy flour, veggie burgers | isoflavones (phytoestrogens), saponins | cancer, heart disease |
**orange fruits & vegetables:** dark greens: carrots, sweet potatoes, winter squash, pumpkin, mango, spinach | beta-carotene | cancer |
**tomatoes, watermelons** | lycopene | cancer (prostate cancer), heart disease |
**citrus fruits, mint** | monoterpenes | cancer |
**grapes, strawberries, cranberries, nuts, blackberries, raspberries** | ellagic acid | cancer |
**flaxseed** | lignans, omega-3 fatty acids | cancer, heart disease |
**onions, kale, broccoli, red grapes, cherries, apples, cereals** | quercetin | cancer, heart disease |
**red grape juice, red wine** | resveratrol | cancer, heart disease |
**green tea** | polyphenols | cancer |
**celery** | butyl phtalide | high blood pressure |

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**the YHP staff**

**LINDA BLACKWOOD, RT, RDMS, YHP’s new ultrasound technician, graduated from St. Vincent’s School of Radiology in Bridgeport and did her ultrasound training at Milford Hospital. Prior to coming to YHP in July, she worked as a sonographer at Milford Hospital and then at Middlesex Hospital (Middletown) where, in addition to her regular duties, she did a monthly rotation in the hospital’s high-risk pregnancy service.**

**CYNTHIA HOLLAND-TOFTNESS, RN, BS, MSN, FNP joined YHP’s Internal Medicine Department as a family nurse-practitioner in September. She received her RN from Gelsinger Medical Center in Pennsylvania, her BS from St. Joseph College in Maine and her MSN and FNP from Southern CT State University. Describing herself as having “a special interest in women’s health,” she has many years of experience as a nursing educator as well as a staff nurse and a clinical nurse specialist. Most recently she was a perinatal clinical educator at St. Mary’s Hospital (Waterbury) and a perinatal clinical nurse specialist at Middlesex Hospital (Middletown).**

**STEFFEN FINKELSTEIN, MS, RN, CS, FNP received his BSN and MSN from Pace University. Prior to joining YHP’s Student Medicine Department in October, he worked as a medical-surgical staff nurse at Beth Israel Medical Center in New York, as a family nurse practitioner at Southwest Community Health Center (Bridgeport) and as a family nurse practitioner for college students at the Pace University Health Care Unit (New York).**
Back Pain Remedies for Dummies

Michael S. Sinel MD and William W. Deardorff MD
IDG Books Worldwide, 1999

Written by a psychologist and a renowned expert in non-surgical approaches to spinal problems, this book follows the same user-friendly format as the rest of the “Dummies” books. It discusses the importance of prevention for those who have and those who have not experienced intermittent backaches. The 23 chapters offer useful tips, clinical information — including indications that should send you to see your clinician — and numerous stretching exercises and other techniques for achieving and maintaining back health. There is also an excellent glossary explaining medical terminology.

Back in Shape — a Back Owner’s Manual

Stephen Hochschuler MD
Houghton Mifflin Co., 1991

Full of readable explanations of back physiology, easy to follow home remedies and exercises from the nation’s largest spine clinic, this book is written by a practicing MD who has also experienced back problems. It focuses on practical tips for getting and keeping your back in shape in order to avoid injury and explains what to do if you do have an episode of back pain. The author de-emphasizes surgical treatment and provides the back pain sufferer with specific recommendations for stretching, exercise and medications.

Yale Health Plan members who are HIV+ are invited to join a peer support group at the health plan. The group currently meets one evening a month. If you are interested in learning more, please contact Debra Boltas, Ph.D. at 203-432-0290.

YHP Pharmacy at the ready

Many of you have heard recent news reports about shortages of pharmacists both nationwide and here in Connecticut. This is due in part to an increase in pharmacy training time from five to six years in many institutions, with a resulting deficit in the number of pharmacy students graduating this year. But the YHP Pharmacy continues to be fully staffed. Donna Gayman, R.Ph., head of the YHP Pharmacy, notes “We saw this trend coming and planned for it by retooling our work processes and information systems and hiring additional staff in the past year.” YHP Pharmacy hours will remain the same and, Gayman adds, “In fact, we intend to increase pharmacist involvement in patient care.” (See article in July/August issue of this newsletter.)
healthy ideas

Common (cold) sense

During the cold season, prevention is always the best idea. Colds are usually caused by the rhinovirus, spread when it comes in contact with mucus membranes around your eyes and nose. Frequent hand washing and avoiding rubbing your eyes and nose can help prevent colds. You are more vulnerable to colds when you are tired so getting regular sleep is also helpful.

Once you have a cold, treatments are aimed at alleviating the symptoms. Antibiotics do not help hasten recovery from a viral infection. Occasionally, people may get a bacterial sinus infection during their cold and this may need treatment with antibiotics.

Inhaling warm moist air, which you can do by taking warm showers, humidifies the nasal sinuses and usually helps to relieve congestion. Frequent use of saline nasal sprays (every 3-4 hours) also helps reduce congestion and seems to help prevent sinus infections. Decongestant medications such as pseudoephedrine tablets and decongestant nasal sprays are also helpful. Most individuals, including those with well-controlled high blood pressure, can safely take decongestants for several days. However, no one should use them for more than four or five days. After that, a “rebound” effect can cause more swelling when the decongestants are finally stopped.

Acetominophen, aspirin or ibuprofen will help with achiness or headaches. Taking in plenty of non-caffeinated fluids (water, tea, juice) is essential, as even mild dehydration worsens symptoms. Get plenty of rest. If symptoms have not improved in a week, or if you are experiencing sinus pain, shortness of breath, persistent or worsening cough or a fever over 100, you should consult with your clinician as you may have developed a sinus infection or pneumonia.

Less day? Ingest More “D”

Vitamin D is important for healthy bones. The body can’t make vitamin D from the winter sun, so be sure to include a source of vitamin D in your diet, such as vitamin D fortified milk or soy milk, vitamin D fortified cereal, a multi vitamin, or calcium supplements with vitamin D. The daily value for vitamin D is 400 IU for those 70 or younger, and 600 IU for those over 70. A quart of milk provides 400-600 IU of vitamin D. Most multivitamins contain vitamin D, and many calcium supplements also supply vitamin D. If you take a supplement, be sure not to exceed 1000 IU of vitamin D from your supplements and food.

Medical Specialties

continued from page 3

specialists are usually here only during their clinic hours. Having nurse coordinators means that patients have greater access to their specialty clinician.”

Of the on-site specialties, gastroenterology is the most frequently used, partly because gastrointestinal problems are relatively common and partly because it is the one on-site medical specialty that involves screening procedures, such as sigmoidoscopies. In contrast, for endocrine problems, while a patient may have blood sugar levels or thyroid levels checked as part of a physical exam, that testing is done through the primary care clinician. The specialist is consulted when complex issues in diagnosis or management arise.

Endocrinology deals with the glandular system. The more frequent conditions handled through the endocrinology clinics, which run three or four times a week, are thyroid disorders and diabetes. Diabetes is an increasingly common problem in the population as a whole. YHP offers extensive diagnostic, treatment and education services geared towards helping patients make the lifestyle changes needed to manage this illness.

Neurology involves diagnosing and treating diseases of the brain and nervous system. Because neurological symptoms can have so many causes, Ronnie Redente, RN, the neurology clinic coordinator notes, “These appointments involve lots of history taking. Patients will usually receive a history form to complete in advance so the clinician can make the best use of appointment time.”

The infectious disease clinic deals largely with illnesses encountered while YHP members are traveling, such as malaria and tuberculosis. While such problems are often treatable through the primary care clinician, having the infectious disease specialty consultation available is important if symptoms are out of the ordinary or do not respond to standard treatment.

Some specialties, the most frequently used of which is cardiology, do require YHP members to go off site for their appointments. But Russo notes that YHP’s coordinated care system is there regardless of where the specialty consultation and treatment happens. “It’s all about a team approach to patient care, whether that care is delivered here at YHP or anywhere else a member needs to go to get the services they need.”

Some of the members of YHP’s Medical Specialties team
Early Pregnancy Classes
Held on the 2nd Wednesday of each month from 10:30–11:30 in room 405 for YHP members. To register, call the ObGyn Department at 203-432-0222 or stop by the appointment desk. We encourage you to bring a supportive person.

Weight Watchers at Work
Mondays, 12:15–1:00 in room 405. You can join any time. For information, call 203-432-1892.

Adult CPR Classes
Adult CPR classes are held monthly. For information, call 203-432-1892.

Blood Pressure Checks
Tuesdays and Thursdays from 9:00–11:00 in room 406. Open to the Yale community free of charge, by referral or on a walk-in basis. For info, call 203-432-0093.

Post-partum Reunions
Held on the 3rd Friday of each month from 10:00–11:30 in room 405. Bring your new babies to this great support network for all new moms! Conducted by Wendy Madore, RNC. Call the ObGyn Dept. (203-432-0222) to register.

YHP Cancer Support Group
Life Options is a support group for adult YHP members who have been diagnosed with cancer, regardless of type of cancer or stage of disease. The group meets weekly with a facilitator. There are three 15-week programs each year. Group members can enroll in consecutive series of meetings. Funded partially by the Edith S. Hallo Fund and by a small weekly fee charged to each participant. To enroll or for more information, contact the facilitator, Mona Felts, MSW, at 203-432-0290.

Wondering whether you should get the pneumovax, which protects against pneumonia? While you should check with your clinician, the general guidelines are that the vaccine should be taken by those in the following categories:
- anyone over 62
- adults with chronic heart, lung, liver or kidney disease
- adults with diabetes
- adults with compromised immune systems due to long term steroid or chemotherapy treatments.

You may obtain the vaccine at the walk-in clinics held in YHP’s Immunization Department on the 4th floor. Hours are 8:30-4:30 every weekday except Tuesday.