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Introduction

Thank you for scheduling your Annual Wellness Exam with Premier Family Medical. We know that your lives are busy and therefore, we want the time you spend with us to be as valuable as possible. On the following pages, you will find information on a variety of healthcare topics and conditions that the Centers for Medicare & Medicaid Services (CMS) have highlighted as important to your healthcare. Paired with the information your provider will go over with you during your visit, this book will be a valuable source of information to refer to on your own time.

Premier Family Medical is made up of physicians, nurse practitioners, physicians' assistants, and support staff who are committed to providing you with the highest quality of healthcare using evidence-based guidelines. The Annual Wellness Exam is a big part of insuring that your healthcare needs are being met. This visit gives you an opportunity to update your provider on any of the following information that has occurred over the past year:

- **new medical diagnoses and medications given by outside physicians**
- **hospital stays**
- **injuries**
- **surgeries**
- **allergies**

This visit also allows your provider to gather information about your health and wellness. This includes questions about the following:

- **safety in your home and risks for falls**
- **advance directives**
- **depression**
- **preventive tests**
- **activities of daily living**
- **memory and cognitive functioning**
- **chronic medical conditions**

Our goal at Premier Family Medical is to provide collaborative care in an effective, respectful, and empathetic manner. We hope that the information in this book will complement the information you have received from your healthcare provider and help you understand your health and wellness more thoroughly.

Thank you for choosing Premier Family Medical as your medical home.

Health And Wellness

Four Steps to Healthier Eating

Changing the way you eat can improve your health. It can lower your cholesterol and blood pressure and help you stay at a healthy weight. Your diet doesn't have to be bland and boring to be healthy. Just watch your calories and follow these steps:

1. Eat fewer unhealthy fats

- Choose more fish and lean meats instead of fatty cuts of meat.
- Skip butter and lard and use less margarine.
- Pass on foods that have palm, coconut, or hydrogenated oils.
- Eat fewer high-fat dairy foods like cheese, ice cream, and whole milk.
- Get a heart-healthy cookbook and try some low-fat recipes.

2. Go light on salt

- Keep the saltshaker off the table.
- Limit high-salt ingredients, such as soy sauce, bouillon, and garlic salt.
- Instead of adding salt when cooking, season your food with herbs and flavorings. Try lemon, garlic, and onion.
- Limit convenience foods, such as boxed or canned foods and restaurant food.
- Read food labels and choose lower-sodium options.

3. Limit sugar

- Pause before you add sugars to pancakes, cereal, coffee, or tea. This includes white and brown table sugar, syrup, honey, and molasses. Cut your usual amount by half.

- Use non-sugar sweeteners. Stevia, aspartame, and sucralose can satisfy a sweet tooth without adding calories.
- Swap out sugar-filled soda and other drinks. Buy sugar-free or low-calorie beverages. Remember water is always the best choice.
- Read labels and choose foods with less added sugar. Keep in mind that dairy foods and foods with fruit will have some natural sugar.
- Cut the sugar in recipes by 1/3 to 1/2. Boost the flavor with extracts like almond, vanilla, or orange. Or add spices such as cinnamon or nutmeg.

4. Eat more fiber

- Eat fresh fruits and vegetables every day.
- Boost your diet with whole grains. Go for oats, whole-grain rice, and bran.
- Add beans and lentils to your meals.
- Drink more water to match your fiber increase, this helps prevent constipation.

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The Rewards of Fitness

Do you need to be convinced that exercise is a good idea? Exercise and fitness offer many rewards. Think about your goals. Can exercise help you achieve some of them?

A stronger and happier you

Even before you see the difference, you will feel the difference. Here are 3 ways you will benefit from more activity:

Physical fitness. You'll have more stamina. You'll also enjoy recreation more. And you'll keep your strength and independence as you age.

Mental fitness. You'll manage stress better, be less tense, think more clearly, and maybe even sleep better.

Long-term health. Your risk of some diseases may go down. This includes heart disease, thinning bones (osteoporosis), some cancers, high blood pressure, and diabetes.

Check your health first

If you answer yes to any of the questions below, you should talk to your healthcare provider before starting a fitness program:

1. Has a healthcare provider ever said you have heart trouble?
2. Do you ever have chest pains?
3. Do you often feel faint or have dizzy spells?
4. Has a provider ever said your blood pressure is too high?
5. Has a provider ever said that you have a bone or joint problem that could be made worse by exercise?

6. Do you take any prescription medicines for problems such as diabetes or asthma?

Talking with your provider before beginning a new exercise program is a good idea for anyone.

Will I lose weight?

Many of us would like to lose or keep off a few pounds. Being more active each day and building muscle can help. Here's how:

- Being active burns calories. You burn nearly twice as many calories just walking slowly as you do sitting.
- Muscle burns more calories than fat. So the more muscle you build up from activity, the more calories you burn.
- If you add more muscle, you'll use more calories even when you're not being active.
- Being active helps you keep more muscle as you age. More muscle means it will be easier to control your weight.

Be sure to check with your provider before starting any weight loss or exercise program.

Understanding Food and Cholesterol

Having a high cholesterol level puts you at risk for heart disease and other health problems. What you eat has a big effect on your body's cholesterol level. Eating certain foods can raise your cholesterol. Other foods can help you lower it. Watching what you eat can help you get your cholesterol level under control.

Know which foods are high in saturated fat and trans fat

Foods high in saturated fat and trans fat can raise your LDL (bad) cholesterol. It's important to know which foods are high in these fats, and to eat less of them. This can help you manage your cholesterol levels.

Foods high in these fats are:

- Animal products, including beef, lamb, pork, and poultry with skin on
- Cold cuts, bacon, sausage
- Creamy sauces and fatty gravies
- Cookies, donuts, muffins, and pastries
- Fried foods
- Shortening, butter, coconut oil, palm oil, cocoa butter, partially hydrogenated oils (read labels)
- High-fat dairy products such as whole milk, cheese, cream cheese, and ice cream

Better choices:

- Lean beef, skinless white-meat poultry, fish
- Tomato sauce, vegetable puree
- Dried fruit, bagels, bread with jam

- Baked, broiled, steamed, or roasted foods
- Soft (tub) margarine, canola oil, and olive oil in moderate amounts
- Low-fat or non-fat dairy products, such as 1% or fat-free milk, and reduced-fat cheese

Use fiber to help control cholesterol

Foods high in fiber can help you keep your cholesterol down. Good sources of fiber are:

- Oats
- Barley
- Whole grains
- Beans
- Vegetables
- Cornmeal
- Popcorn
- Berries, apples, other fruits

| Safety

Taking Medication Safely

Medicine is given to help treat or prevent illness. But if you don't take it correctly, it might not help and could even harm you. Your doctor or pharmacist can help you learn the right way to take your medicine. Listed below are some tips to help you take medicine safely.

Safety tips

- Have a routine for taking each medicine. Make it part of something you do each day, such as brushing your teeth or eating a meal.
- When you go to the hospital or your doctor's office, bring all your current medicines in their original boxes or bottles. If you can't do that, bring an up-to-date list of your medicines.
- Don't stop taking a prescription medicine unless your doctor tells you to. Stopping a medication when you aren't told to by your doctor could make your condition worse.
- Don't share your medications with anyone.
- Let your doctor and pharmacist know of any allergies you have.
- Taking prescription medicines with alcohol, street drugs, herbs, supplements, or even some over-the-counter medicines can be harmful. Talk to your doctor or pharmacist before using any of these things while taking a prescription medicine.
- When filling your prescriptions, try using the same pharmacy for all of your medicines. If not, let the pharmacist

know what medicines you are already on.

- Keep medicines out of the reach of children and pets.
- Don't use medicine that has expired or that doesn't look or smell right. Get rid of it properly. To find out the right way to get rid of medicine:
 - Call your city or county's household trash and recycle service and ask if a drug take-back program is available in your community.
 - Call your pharmacy and ask the right way to get rid of the medicines safely.
 - Go to www.fda.gov to learn how to dispose of medication.
- Medicine that comes in a container for a single dose should be used only one time. If you use the container a second time, it may have germs in it that can cause illness. These illnesses include hepatitis B and C. They also include infections of the brain or spinal cord (meningitis and epidural abscess).

Using generic medicines

Medicines have brand names and generic names. When a medicine is first made, it is sold only under its brand name. Later, it can be made and sold as a generic. Generic medicines cost less than brand-name medicines and most work just as well. Most people can use the generic medicine instead of the brand-name medicine, unless their doctor says otherwise

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Preventing Falls in Your Home

As you get older, falls are more likely. That's because your reaction time slows. Your muscles and joints may also get stiffer, making them less flexible. Illness, medications, and vision changes can also affect your balance. A fall could leave you unable to live on your own. To make your home safer, follow these tips:

Floors:

- Put nonskid pads under area rugs.
- Remove throw rugs.
- Replace worn floor coverings.
- Tack carpets firmly to each step on carpeted stairs. Put nonskid strips on the edges of uncarpeted stairs.
- Keep floors and stairs free of clutter and cords.
- Arrange furniture so there are clear pathways.
- Clean up any spills right away.

Bathrooms:

- Install grab bars in the tub or shower.
- Apply nonskid strips or put a nonskid rubber mat in the tub or shower.
- Sit on a bath chair to bathe.
- Use bathmats with nonskid backing.

Lighting:

- Keep a flashlight in each room.
- Put a nightlight along the pathway between the bedroom and the bathroom.

Certain types of exercise may help make you less likely to fall. Try the ones below. Or do other exercises that your healthcare provider suggests. Depending on your health, you may

need to start slowly. Don't let that stop you. Even small amounts of exercise can help you. Be sure to talk to your healthcare provider before starting any exercise program.

Exercises to help prevent falls

Improve balance

Many types of exercise can help improve balance. Tai chi and yoga are good examples. Here's another one to try. You can do it anytime and almost anywhere.

- Stand next to a counter or solid support.
- Push yourself up onto your tiptoes.
- Hold for 5 seconds. If you start to lose your balance, hold onto the counter.
- Rest and repeat 5 times. Work up to holding for 20 to 30 seconds, if you can.

Increase flexibility

Being more flexible makes it easier for you to move around safely. Try exercises like the seated hamstring stretch:

- Sit in a chair and put one foot on a stool.
- Straighten your leg and reach with both hands down either side of your leg. Reach as far down your leg as you can.
- Hold for about 20 seconds.
- Go back to the starting position. Then repeat 5 times. Switch legs and start over.

Build your staying power

Aerobic exercises make your heart and lungs stronger so you can keep moving longer.

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Walking and swimming are two of the best types of exercises you can do. Using a stationary bike is great, too. Find an aerobic exercise that you enjoy. Start slowly and build up. Even 5 minutes is helpful. Aim for a goal of 30 minutes, at least 3 times a week. You don't have to do 30 minutes in 1 session, you can break it up and walk a little throughout the day.

More helpful tips:

- Start easy. Slowly work up to doing more.
- Talk with your healthcare provider about the best exercises for you.
- Call senior centers or health clubs about exercise programs.
- If needed, have a family member watch you walk every so often to check your stability.
- Exercise with a friend. Choose an activity you both enjoy.
- Consider tai chi or yoga to strengthen your balance.
- Try exercises that you can do anytime, anywhere.

Medical Health

High Blood Pressure: Prevention and Control

High blood pressure (also called hypertension) is known as the “silent killer”. This is because most of the time it doesn’t cause symptoms. In fact, many people don’t know they have it until other problems develop. In most cases, high blood pressure can’t be cured. It’s a disease that requires lifelong treatment. The good news is that it CAN be managed.

Understanding blood pressure

The circulatory system is made up of the heart and blood vessels that carry blood through the body. Your heart is the pump for this system. With each heartbeat (contraction), the heart sends blood out through large blood vessels called arteries. Blood pressure is a measure of how hard the moving blood pushes against the walls of the arteries.

High blood pressure can harm your health

High blood pressure makes the heart work harder to pump blood. Frequent high blood pressure can also cause changes in the artery walls. The walls thicken and become rough, which leads to a buildup of plaque (a fatty material). This can damage the arteries. It can also reduce blood flow through the artery. If blood pressure is not controlled, all these effects can lead to serious health problems. These include heart disease, heart attack (also known as acute myocardial infarction, or AMI), stroke, kidney disease, and blindness.

Measuring blood pressure

An example of a blood pressure measurement is 120/70 (120 over 70). The top number is the pressure of blood against the artery walls during a heartbeat (systolic). The bottom number is the pressure of blood against artery walls between heartbeats (diastolic). Talk with your health care provider to find out what your blood pressure goals should be.

Controlling blood pressure

If your blood pressure is too high, work with your doctor on a plan for lowering it. Below are steps you can take that will help lower your blood pressure:

- **Choose heart-healthier foods.** Eating healthier meals helps you control your blood pressure. Ask your doctor about the DASH eating plan. This plan helps reduce blood pressure by limiting the amount of sodium (salt) you have in your diet.
- **Maintain a healthy weight.** Being overweight makes you more likely to have high blood pressure. Losing excess weight helps lower blood pressure.
- **Exercise regularly.** Daily exercise helps your heart and blood vessels work better and stay healthier. It can help lower your blood pressure.
- **Stop smoking.** Smoking increases blood pressure and damages blood vessels.

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- **Limit alcohol.** Drinking too much alcohol can raise blood pressure. Men should have no more than two drinks a day. Women should have no more than one. A drink is equal to one beer, or a small glass of wine, or a shot of liquor.
- **Control stress.** Stress makes your heart work harder and beat faster. Controlling stress helps you control your blood pressure.

Risk factors for high blood pressure

Risk factors are things that make you more likely to have a disease or condition. Do you know your risk factors for high blood pressure? You can't do anything about some risk factors. But other risk factors are things that can be changed. Know what high blood pressure risk factors you have. Then find out what changes you can make to help control your risk for high blood pressure. Start with the change that you think will be easiest for you.

Risk Factors You *Can't* Control

Though you can't change any of the things listed below, check off the ones that apply to you. The more boxes you check, the greater your risk for high blood pressure:

- Family History.** One or both of your parents or grandparents has had high blood pressure or heart disease.
- Gender and Age.** You're a man over age 55 or a post-menopausal woman.

Risk Factors You *Can* Control

There are plenty of risk factors for high blood pressure that you can control. Learn what these risk factors are and then find out how to

reduce your risk. Check the ones that apply to you:

- What do you eat?** Do you eat a lot of salty, fatty, fried, or greasy foods?
- Do you smoke?** Do you smoke cigarettes or cigars, chew tobacco, or dip snuff?
- How active are you?** Are you inactive most of the time at work and at home?
- What is your weight?** Has your doctor said that you are 15 or more pounds overweight?
- What is your stress level?** Do you often feel anxious, nervous, and stressed?

Facts about high blood pressure

- **Feeling OK does not mean that blood pressure is under control.** Likewise, feeling bad doesn't mean it's out of control. The only way to know for sure is to check your pressure regularly.
- **Medication is only one part of controlling high blood pressure.** You also need to manage your weight, get regular exercise, and adjust your eating habits.
- **High blood pressure is usually a lifelong problem.** But it can be controlled with healthy lifestyle changes and medication.
- **Hypertension is not the same as stress.** Although stress may be a factor in high blood pressure, it's only one part of the story.
- **Blood pressure medications need to be taken every day.** Stopping suddenly may cause a dangerous increase in pressure.

Recognizing a Heart Attack or Angina

If you have risk factors for heart problems, you should always be on the lookout for signs of angina or heart attack. If you have a sudden heart problem, getting treatment right away could save your life.

Understanding angina and heart attack

- Angina is a painful burning, tightness, or pressure in the chest, back, neck, throat, or jaw. It signals a lowered amount of blood flow to the heart, most commonly explained by a blockage in a heart artery. Angina is a sign that you may be having, or are about to have, a heart attack.
- A heart attack, also known as acute myocardial infarction, or AMI, is what happens when blood cannot get to part of the heart muscle. Part of the heart muscle then begins to die. A heart attack can be deadly. It is vital to get help as soon as possible for a heart attack.

Stable angina versus unstable angina

Stable angina, also known as chronic angina, has a typical pattern. It occurs predictably with physical exertion or strong emotion. Symptoms are easily relieved by rest and nitroglycerin or both. Angina symptoms will most likely feel the same each time you have them. It is important to discuss these symptoms with your doctor, as they can be a warning sign for a future heart attack.

Unstable angina causes unexpected or unpredictable symptoms, commonly occurring at rest, and is a medical emergency. Angina is also considered unstable if resting and Nitroglycerin doesn't provide symptom relief or if symptoms are worsening, occurring more frequently, and lasting longer. These symptoms suggest a severe blockage or a spasm of a heart artery. Unstable angina is commonly a sign of an active heart attack. Remember the following tips:

- Stable angina symptoms last for only a few minutes. If they last for longer than a few minutes, or go away and come back, you may be having a heart attack. Call 911!
- Stable angina symptoms should go away with rest or medication. If they don't go away, call 911!
- If you have shortness of breath, cold sweat, nausea, or lightheadedness, call 911!

Warning signs of a heart attack

If you have symptoms that you can't explain, call 911 right away. The following are warning signs of a possible heart attack:

- Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the

back, neck, jaw, or stomach.

- Shortness of breath with or without chest discomfort.
- Other signs may include breaking out in a cold sweat, nausea, or lightheadedness.

Note for women: Like men, women commonly have chest pain or discomfort as a heart attack symptom. But women are somewhat more likely than men to have other common symptoms, particularly shortness of breath, nausea and vomiting, back pain, or jaw pain.

If you have diabetes you may have silent heart problems

Over time, high blood sugar can damage nerves in your body. This may keep you from feeling pain caused by a heart problem, leading to a “silent” heart problem. If you don’t feel symptoms, you are less able to get treatment right away. Talk to your health care provider about how to lower your risk for silent heart problems.

Stroke: Are You at Risk?

What is Ischemic Stroke?

The brain needs a constant supply of blood to work. During a stroke, blood stops flowing to part of the brain. The affected area is damaged. Its functions are harmed or even lost. Most strokes are caused by a blockage in a blood vessel that supplies the brain. They can also occur if a blood vessel in the brain ruptures (bursts open).

From the heart to the brain

The heart is a pump. It sends oxygen-rich blood out through blood vessels called arteries. If an artery between the heart and the brain is blocked, the brain can't get enough oxygen. Some artery blockages are caused by fatty deposits (plaque). Arteries can also be blocked by blood clots. Some clots form on the plaque. Others can form in the heart—especially in people with atrial fibrillation, an irregular heart rhythm. If a piece of plaque or clot breaks off and enters the blood stream, it can flow to the brain and cause a stroke.

How a stroke occurs

Ischemic stroke occurs when an artery that supplies the brain is greatly narrowed or blocked. This can be caused by a buildup of plaque. It can also occur when small pieces of plaque or blood clot (called emboli) break off from the blood vessel or heart into the bloodstream. The emboli flow in the blood until they get stuck in a small blood vessel in the brain.

Healthy arteries. In a healthy artery, the lining of the artery wall is smooth. This lets blood flow freely from the heart to the rest of the

body. The brain gets all the blood it needs to function well.

Damaged arteries. High blood pressure, cigarette smoking, or other problems can roughen artery walls. This allows plaque to build up in the walls. Blood clots may also form on the plaque. This can narrow the artery and limit blood flow.

Risk Factors for Stroke

Certain health and lifestyle issues—called risk factors—increase your chances of having a stroke. The leading risk factor for stroke is high blood pressure. But there are many other factors that also put you at risk. The following will help you identify which risk factors you have. That way, you know where you need to make healthy changes. Talk to your healthcare provider about ways to help reduce your risk factors.

What are your risk factors?

Risk factors are different for each person. Check next to the factors that apply to you. Keep in mind that some factors, such as your age, can't be changed. But others CAN be managed.

Health risk factors

- You have high blood pressure
- You're overweight
- You have unhealthy cholesterol levels
- You have atrial fibrillation
- You have atrial flutter
- You have had a heart attack
- You have diabetes
- You are a man

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___ You are African-American, Alaska Native, or American Indian

Lifestyle risk factors

___ You rarely exercise

___ You often eat salty, fried, or greasy foods

___ You smoke

___ You have more than 2 alcoholic drinks per day

Age and family history

___ You are over age 60

___ A parent, brother, or sister has had a stroke

Metabolic syndrome raises risk

Any of the factors above puts you at increased risk of stroke. But having three or more of certain risk factors (a condition called **metabolic syndrome**) multiplies your risk. These factors include too much weight around your waist, high blood pressure, high blood sugar, and unhealthy cholesterol levels. If you're a woman, your risks may also include polycystic ovary syndrome. If you have any of these risk factors, be sure to talk to your health care provider about how to decrease your risk of stroke and improve your overall health.

Symptoms of a Stroke

Get help right away if any of these symptoms come on suddenly, even if the symptoms don't last.

- **Weakness.** You may feel a sudden weakness, tingling, or a loss of feeling on 1 side of your face or body including your arm or leg.
- **Vision problems.** You may have sudden double vision or trouble seeing in 1 or both eyes
- **Speech problems.** You may have sudden trouble talking, slurred speech,

or problems understanding others.

- **Headache.** You may have a sudden, severe headache.
- **Movement problems.** You may have sudden trouble walking, dizziness, a feeling of spinning, a loss of balance, a feeling of falling, or blackouts.
- **Seizure.** You may also have a seizure with a large or hemorrhagic stroke.

Remember: If you have any of these symptoms, call 911 and your doctor as soon as possible.

F.A.S.T. is an easy way to remember the signs of a stroke. When you see these signs, you will know that you need to call 911 fast

F.A.S.T. stands for:

F is for face drooping – One side of the face is drooping or numb. When the person smiles, the smile is uneven.

A is for arm weakness – One arm is weak or numb. When the person lifts both arms at the same time, one arm may drift downward.

S is for speech difficulty – You may notice slurred speech or difficulty speaking. The person can't repeat a simple sentence correctly when asked.

T is for time to dial 911 – If someone shows any of these symptoms, even if they go away, call 911 immediately. Make note of the time the symptoms first appeared.

Depression and Suicide in Older Adults

Nearly 2 million older Americans have some type of depression. Sadly, some of them even take their own lives. Yet depression among older adults is often ignored. Learn the warning signs. You may help spare a loved one needless pain. You may also save a life.

What is depression?

Depression is a mood disorder that affects the way you think and feel. The most common symptom is a feeling of deep sadness. People who are depressed also may seem tired and listless and nothing seems to give them pleasure. It is normal to grieve or be sad sometimes, but sadness decreases or passes with time. Depression rarely goes away or improves on its own. Other symptoms of depression are:

- Sleeping more or less than normal
- Eating more or less than normal
- Having headaches, stomachaches, or other pains that don't go away
- Feeling nervous, "empty", or worthless
- Crying a great deal
- Thinking or talking about suicide or death
- Feeling confused or forgetful

What causes it?

The causes of depression aren't fully known. Certain chemicals in the brain play a role. Depression does run in families. And life stresses can also trigger depression in some people. That may be the case with older adults. They often face great burdens, such as the death of friends or a spouse. They may have failing health. And they are more likely to be alone, lonely, or poor.

How you can help

Often, depressed people may not want to ask for help. When they do, they may be ignored. Or, they may receive the wrong treatment. You can help by showing parents and older friends love and support. If they seem depressed, help them find the right treatment. Talk to your doctor or contact a local mental health center, social service agency, or hospital. With modern treatment, no one has to suffer from depression.

Resources

- **National Institute of Mental Health**
866-615-6464
www.nimh.nih.gov
- **National Alliance on Mental Illness**
800-950-6264
www.nami.org
- **Mental Health America**
800-969-6642
www.nmha.org
- **National Suicide Hotline**
800-784-2433 (800-SUICIDE)
- **National Suicide Prevention Lifeline**
800-273-8255 (800-273-TALK)

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Diabetes: Signs and Risk Factors

Diabetes is a condition in which your body has trouble using a sugar called **glucose** for energy. As a result, the sugar level in your blood becomes too high. Diabetes is a **chronic** (lifelong) condition. Left untreated, it can result in major health problems (**complications**).

Signs of Diabetes

Do any of the following questions apply to you? If so, see your healthcare provider:

- Do you feel tired all the time?
- Do you urinate often?
- Do you feel thirsty or hungry all the time?
- Are you losing weight for no reason?
- Do cuts and bruises heal slowly?
- Do you have numbness or tingling in your fingers or toes?

What puts you at risk?

People of all backgrounds can get diabetes. More often, though, it affects African-Americans, Native Americans, Hispanics, Asian Americans, and Pacific Islanders. Other factors that increase risk include:

- A family history of diabetes
- Being overweight
- Being over age 40
- Having had gestational diabetes (diabetes during pregnancy)
- Not enough physical activity

Why worry about Diabetes?

- Diabetes keeps your body from turning food into energy.

- Diabetes can cause problems with your eyes, kidneys, nerves, and feet. It can also hurt your heart and blood vessels.
- Once you get diabetes, it won't go away, but it can be managed with proper treatment.

See your doctor for a checkup if you have any of the signs or risks listed above.

Does ethnicity matter?

Type 2 diabetes is more common in African Americans, Hispanic/Latinos, American Indians, Asian Americans, and Pacific Islanders.

Higher body weights increase diabetes risk for everyone. Asian Americans are at increased diabetes risk at lower body weights than the rest of the general public (about 15 pounds lower).

Prediabetes

Take the prediabetes risk test on the next page to see if you are at risk for type 2 diabetes.

Do You Have Prediabetes?

Prediabetes Risk Test

Put the points that correspond with your answer on the line next to the question.

1 How old are you? _____

Less than 40 years (0 points)

40—49 years (1 point)

50—59 years (2 points)

60 years or older (3 points)

2 Are you a man or a woman? _____

Man (1 point)

Woman (0 points)

3 If you are a woman, have you ever been diagnosed with gestational diabetes? _____

Yes (1 point)

No (0 points)

4 Do you have a mother, father, sister, or brother with diabetes? _____

Yes (1 point)

No (0 points)

5 Have you ever been diagnosed with high blood pressure? _____

Yes (1 point)

No (0 points)

6 Are you physically active? _____

Yes (0 points)

No (1 point)

7 What is your weight status? See the chart on the right and put the points that correspond with your height and weight here: _____

Total score _____

Height	Weight (lbs.)			
	0 points	1 point	2 points	3 points
4'10"	<119	119-142	143-190	191+
4'11"	<124	124-147	148-197	198+
5'0"	<128	128-152	153-203	204
5'1"	<132	132-157	158-210	211+
5'2"	<136	136-163	164-217	218+
5'3"	<141	141-168	169-224	225+
5'4"	<145	145-173	174-231	232+
5'5"	<150	150-179	180-239	240+
5'6"	<155	155-185	186-246	247+
5'7"	<159	159-190	191-254	255+
5'8"	<164	164-196	197-261	262+
5'9"	<169	169-202	203-269	270+
5'10"	<174	174-208	209-277	278+
5'11"	<179	179-214	215-285	286+
6'0"	<184	184-220	221-293	294+
6'1"	<189	189-224	227-301	302+
6'2"	<194	194-232	233-310	311+
6'3"	<200	200-239	240-318	319+
6'4"	<205	205-245	246-327	328+

If you scored 5 or higher:

You're likely to have prediabetes (a condition that precedes type 2 diabetes in which the blood glucose levels are higher than normal) and are at high risk for type 2 diabetes.

However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes.

Talk to your doctor to see if additional testing is needed

Assessing and Controlling Your Cholesterol

Cholesterol is a waxy substance. It travels in your blood through the blood vessels. When you have high cholesterol, it builds up in the walls of the blood vessels. This makes the vessels narrower which causes the blood flow to decrease. You are then at greater risk for having a heart attack or a stroke.

Good and bad cholesterol

Lipids are fats. Blood is mostly water. Fat and water don't mix so our bodies need lipoproteins (lipids inside a protein shell to carry the lipids). The protein shell carries its lipids through the bloodstream. There are two main kinds of lipoproteins:

- **LDL (low-density lipoprotein)** is known as “bad cholesterol”. It mainly carries and delivers cholesterol to body cells. Excess LDL cholesterol will build up in artery walls. This increases your risk for heart disease and stroke.
- **HDL (high-density lipoprotein)** is known as “good cholesterol”. This protein shell collects excess cholesterol that LDLs have left behind on blood vessel walls. That's why high levels of HDL cholesterol can decrease your risk of heart disease and stroke.

Assessing your risk

Have you been told that your cholesterol is too high? If so, you could be heading for a heart attack, also known as acute myocardial infarction (AMI), or stroke without knowing it. This is especially true if you have other risk factors for heart disease. Get smart about cholesterol and your heart disease risk. The following can help you understand your heart

disease risk and how your cholesterol level affects it. Talk to your healthcare provider about how to get started controlling your cholesterol.

Why is high cholesterol a problem?

Blood cholesterol is a fatty substance that travels through the bloodstream. When blood cholesterol is high, it forms plaque. The plaque builds up in the walls of arteries (blood vessels that carry blood from the heart to the body). This narrows the opening for blood flow. Over time, this can lead to coronary artery disease, heart attack, or stroke.

Three steps to assessing your risk

Step 1: Find your risk factors for heart disease

How your cholesterol numbers affect your heart health depends on other risk factors for heart attack and stroke. Check off each risk factor below that applies to you:

___ Are you a man 45 years old or older or a woman 55 years old or older?

___ Does your family have a history of heart problems? This includes heart attack, coronary heart disease, or atherosclerosis.

___ Do you have high blood pressure? Are you on blood pressure medication?

___ Do you smoke?

___ Do you have diabetes?

Step 2: Test your cholesterol

Cholesterol testing most often needs no preparation. Sometimes you may be asked to fast (not eat) before your test. A blood sample is taken and sent to a lab. There, the amount of cholesterol and triglyceride in your blood is measured. There are two types of cholesterol

in the sample. The first is HDL (“good cholesterol”). The second is LDL (“bad cholesterol”). Cholesterol test results are most often shown as the total of HDL and LDL cholesterol numbers. You may also be told the separate HDL and LDL cholesterol results.

Fill in your numbers below:

HDL cholesterol: _____

LDL cholesterol: _____

Total cholesterol: _____

Triglyceride: _____

Step 3: Discuss the results with your healthcare provider

If your cholesterol levels are higher than normal, your healthcare provider will help you with steps to take to lower your levels. Steps may include lifestyle changes like diet, physical activity, quitting smoking, and medication.

Controlling cholesterol levels

Total cholesterol includes LDL and HDL cholesterol, as well as other fats in the bloodstream. If your total cholesterol is high, follow the steps below to help lower your total cholesterol level:

Reduce unhealthy fats in your diet

- Cut back on saturated fats and trans (also called hydrogenated) fats by selecting lean cuts of meat, low-fat dairy, and using oils instead of solid fats. Limit baked goods, processed meats, and fried foods. A diet that’s high in these fats increases your bad cholesterol. It’s not enough to just cut back on foods containing cholesterol.
- Eat about 2 servings of fish per week. Most fish contain omega-3 fatty acids. These help lower blood cholesterol.

- Eat more whole grains and soluble fiber (such as oat bran). These foods lower overall cholesterol.

Be active

- Choose an activity you enjoy. Walking, swimming, and riding a bike are some good ways to be active.
- Start at a level where you feel comfortable. Increase your time and pace a little each week.
- Work up to 40 minutes of moderate to high intensity physical activity at least 3 to 4 days per week.
- Remember, some activity is better than none.
- If you haven’t been exercising regularly, start slowly. Check with your doctor to make sure the exercise plan is right for you.

Quit smoking

Quitting smoking can improve your lipid levels. It also lowers your risk for heart disease and stroke.

Weight management

If you are overweight or obese, your healthcare provider will work with you to lose weight and lower your BMI (body mass index) to a normal or near-normal level. Making diet changes and increasing physical activity can help.

Take medication as directed

Many people need medication to get their LDL levels to a safe level. Medication to lower cholesterol levels is effective and safe. Remember, taking medication is not a substitute for exercise or watching your diet! Your doctor can tell you whether you might benefit from a cholesterol-lowering medication.

Urinary Incontinence

Urinary incontinence is the inability to control the release of urine. You may leak urine or you may not be able to hold urine until you can get to a bathroom. Read on to learn more about the types of incontinence.

Stress Urinary Incontinence (SUI)

If you have SUI, urine leaks out of the bladder during activity. Symptoms of SUI include leaking when coughing, sneezing, or laughing. This may occur because muscles under the bladder are weak. It also sometimes happens in men for a time after prostate surgery.

Urge Incontinence

Urge incontinence is also called an “overactive bladder.” With this type, the bladder feels full even when it’s almost empty. The main symptom is a sudden urge to urinate that can’t be controlled. The urge is felt often. This type can be caused by infection or by a nerve problem. It can also be caused by a growth in the bladder.

Overflow Incontinence

With overflow incontinence, the bladder doesn’t empty when it should. It then gets very full and urine may leak out in small amounts. Or the urge to urinate is felt often, but urine trickles instead of flowing freely. The bladder may never feel empty. Blockage of the opening to the bladder or the urethra may cause this type. Or it may be caused by nerve or muscle problems that stop the bladder from contracting.

Mixed Incontinence

If you have mixed incontinence, you have more than one type of incontinence at the same time.

Incontinence in Women: Treatment Options

The best treatment for you will depend on the type of incontinence you have. Your symptoms, age, and any underlying problems that are found also affect your treatment. While some types of incontinence may eventually require surgery, non-surgical treatments may be effective in many cases. Non-surgical treatments include lifestyle changes, muscle-strengthening exercises, and medications.

Treatment recommendations for stress urinary incontinence

Guidelines from the American College of Physicians for treating stress urinary incontinence include:

- Pelvic floor strengthening exercises (Kegel exercises) and bladder training
- Medications for urgency incontinence if bladder training has not helped.
- Lifestyle changes such as weight loss and increased activity if incontinence is due to being overweight.

- **Making certain diet changes.** Some foods may make you need to urinate more, so it may be good to avoid them. These include caffeinated drinks and alcohol. Ask your doctor whether these or other diet changes might be helpful.

Kegel exercises

Kegel exercises help strengthen the pelvic floor muscles. The pelvic floor muscles act as a sling to help hold the bladder and urethra in place. These muscles also help keep the urethra closed. Weak pelvic floor muscles may allow urine to leak. To strengthen the pelvic floor muscles, do Kegel exercises daily. In a few months, the muscles will be stronger and tighter. This can help prevent urine leakage.

Lifestyle changes

- **Quitting smoking.** Smoking can lead to a chronic cough that strains pelvic floor muscles. Smoking may also damage the bladder and urethra.
- **Losing weight.** Excess weight puts extra pressure on the pelvic floor muscles. Exercising and eating right can help you lose weight. This helps other treatments work better.

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Treating Urinary Incontinence in Men

You can't always control the release of urine which may cause you to leak urine. Or you may not be able to hold your urine until you can get to a bathroom. This is called urinary incontinence. This problem can be managed. Talk to your doctor about your treatment options which may include one or more of the following:

Taking medications

Prescription medications may help you by:

- Helping the sphincter to work better (this is the muscle that closes to keep urine from leaking out of the bladder)
- Stopping the bladder from contracting too often to push urine out
- Causing the bladder muscles to contract with more force
- Relaxing the sphincter muscle and allowing urine to flow more freely

Making changes to your routine

Certain changes in your daily routine may help. These include:

- Avoiding caffeine and alcohol
- Using timed voiding
- Doing Kegal exercises daily

Using a catheter

A catheter is a narrow tube that is inserted through the urethra into the bladder. It drains urine. A condom catheter covers the penis. It channels urine into a collection bag. It is worn most of the time. Intermittent catheterization means inserting a catheter to drain the bladder, then removing it at regular intervals.

Special therapies

- **Biofeedback.** This technique is taught by a nurse or physical therapist. During the therapy, a small sensor is placed inside or just outside the anus. Another sensor is placed on your stomach. These sensors read signals from the pelvic floor muscles. When you contract or relax your muscles, these signals are shown as images on a computer screen. Using the images, you can learn to relax or contract certain muscles. This can help you better control these muscles. And, it can help you learn pelvic floor muscle exercises.
- **Electrical stimulation.** This is a painless therapy that uses a tiny amount of electrical current. It helps strengthen very weak or damaged pelvic floor muscles. The electric current is sent through the muscles of the pelvic floor and bladder. This causes the muscles to contract. In time, this helps make the muscles stronger.
- **Stimulator implants.** This technique is used to treat urge incontinence. A small device is implanted under the skin near the stomach. This device gives off mild electrical signals. These block extra signals that are being sent to the bladder muscles. This helps the bladder work more normally.
- **Surgery.** Surgery may also be an option if other treatment methods have failed.

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Preventive Health

Breast Health: Self-Awareness and Screenings

What is breast self-awareness?

Breast self-awareness is knowing how your breasts normally look and feel. Your breasts change as you go through different stages of your life. So it's important to learn what is normal for your breasts. Breast self-awareness helps you notice any changes in your breasts right away. Report any changes to your healthcare provider.

Why is breast self-awareness important?

Many experts now say that women should focus on breast self-awareness instead of doing a breast self-examination (BSE). These experts include the American Cancer Society, the U.S. Preventive Services Task Force, and the American Congress of Obstetricians and Gynecologists. Some experts even advise not teaching women to do a BSE. That's because research hasn't shown a clear benefit to doing BSEs.

Breast self-awareness is different than a BSE. Breast self-awareness isn't about following a certain method and schedule. It's about knowing what's normal for your breasts. That way you can notice even small changes right away. If you see any changes, report them to your healthcare provider.

Changes to look for

Call your healthcare provider if you find any changes in your breasts that concern you. These changes may include:

- A lump
- Nipple discharge other than breast milk, especially a bloody discharge
- Swelling
- A change in size or shape
- Skin irritation, such as redness, thickening, or dimpling of the skin
- Swollen lymph nodes in the armpit
- Nipple problems, such as pain or redness

If you find a lump

Contact your provider if you find lumpiness in one breast, feel something different in the tissue, or feel a definite lump. Sometimes lumpiness may be due to menstrual changes. But there may be reason for concern.

Your provider may want to see you right away if you have:

- Nipple discharge that is bloody
- Skin changes on your breast, such as dimpling or puckering

It is normal to be upset if you find a lump. But it's important to contact your provider right away. Remember that most breast lumps are benign (not cancerous).

Normal breast changes

Breasts change over time. Their size and texture may vary with shifts in your body weight. Breasts also change as you go through different stages of your life.

Puberty

Breasts start growing before a girl begins to menstruate. This happens in response to hormonal changes. Each girl's breasts mature at their own pace.

Menstrual cycle

Most women's breasts change during the menstrual cycle. Before each period, mammary glands may swell and become tender or lumpy. After the period ends, swelling, tenderness, and lumpiness are likely to lessen. Women who take birth control pills may find that their breasts become firmer and larger.

Pregnancy and breastfeeding

During pregnancy, mammary glands enlarge to produce milk. This makes breasts larger and more firm. When breastfeeding ends, breasts return to their original size and may feel less firm.

Menopause

During and after menopause, ducts and mammary glands shrink. They're replaced by fatty tissue, making breasts feel less lumpy. Women who take hormone therapy may have fewer breast changes related to menopause.

Clinical breast exam

Many health organizations recommend a yearly clinical breast exam. This exam may be done by a gynecologist, family healthcare provider, nurse practitioner, or specially trained nurse. Yearly breast exams help to make sure that breast conditions are found early.

Your healthcare provider's role

A healthcare professional knows the tests and follow-up care needed if a problem is found. Your clinical exam is also a great time to ask

questions about breast self-exams. You can find out if you're checking your breasts in the best way. Or you may want to ask how pregnancy, breast implants, or breast reduction surgery affect the way you should check your breasts.

Diagnostic tests

If a clinical exam reveals a breast change, you may have other tests to find out more. These tests may include:

- **Mammography.** A low-dose X-ray of your breast tissue.
- **Ultrasound.** An imaging test that uses sound waves to create images of your breast.
- **Biopsy.** A small amount of breast tissue is removed by needle or by a cut (incision). The tissue is then checked under a microscope.

Guidelines for having clinical breast exams

The American College of Obstetricians and Gynecologists recommends that starting at age 29, you should have a clinical breast exam every 1 to 3 years. After age 40, have a clinical breast exam each year. If you're at higher risk for breast cancer, you may need exams more often. Risk factors for breast cancer may include:

- Being over 50 or postmenopausal
- Having a family history of breast cancer
- Having the BRCA1 or BRCA2 gene mutation or certain other gene mutations
- Having more menstrual periods due to starting menstruation early (before age 12) or having a late menopause (after age 55)
- Having no pregnancies
- Having a first pregnancy after age 30
- Being obese

- Having a history of radiation treatment to your chest area
- Exposure to DES during your mother's pregnancy
- Not being active
- Drinking too much alcohol
- Having dense breast tissue
- Taking hormone therapy after menopause

Other health organizations have different recommendations. Talk to your healthcare provider about what is best for you.

Mammography

Mammography is an X-ray exam of your breast tissue. The image it makes is called a mammogram. A mammogram can help find problems with your breasts, such as cysts or cancer. Mammography is the best breast cancer screening tool available.

Have screening mammograms and professional breast exams as often as your healthcare provider recommends. Also, be sure you know how your breasts normally look and feel. This makes it easier to notice any changes. Report changes to your healthcare provider as soon as possible.

How do I get ready for a mammogram?

- Schedule the test for 1 week after your period. Your breasts are less sore then.
- Make sure your clinic gets images of your last mammogram if it was done somewhere else. This lets the provider compare the 2 sets of images for any changes.
- On the morning of your test, don't use deodorant, powder, or perfume.
- Wear a top that you can take off easily.

What happens during a mammogram?

- You will need to undress from the waist up.
- The technologist will position your breast to get the best test results.
- Each of your breasts will be compressed one at a time. This helps get the most complete X-ray image.
- Your breasts will be repositioned to get at least 2 separate views of each breast.

What happens after a mammogram?

- More X-rays are sometimes needed. You'll be called to schedule them.
- You should receive your test results in writing. Ask about this on the day of your appointment.
- Have mammograms as often as your healthcare provider recommends.

Let the technologist know if:

- You're pregnant or think you may be pregnant
- You have breast implants
- You have any scars or moles
- You've had a breast biopsy or surgery
- You're breastfeeding

Colon Cancer Screen

Colorectal cancer (cancer in the colon or rectum) is a leading cause of cancer deaths in the United States, but it doesn't have to be. When this cancer is found and removed early, the chances of a full recovery are very good. Because colorectal cancer rarely causes symptoms in its early stages, screening for the disease is important. It is even more crucial if you have risk factors for the disease. Read below about colorectal cancer and its risk factors, then talk to your healthcare provider about being screened. You could be saving your own life.

Risk factors for colorectal cancer

Your risk of having colorectal cancer increases if you:

- Are 50 years of age, or older
- Have a family history or personal history of colorectal cancer or polyps
- Have a personal history of type 2 diabetes, Crohn's disease, or ulcerative colitis
- Have an inherited genetic syndrome like Lynch syndrome (also known as HNPCC0) or familial adenomatous polyposis (FAP)
- Are very overweight
- Are not physically active
- Smoke
- Drink a lot of alcohol
- Eat a lot of red or processed meat

How cancer develops

Polyps are growths that form on the inner lining of the colon or rectum. Most are benign, which means they aren't cancerous. But over time,

some polyps can become malignant (cancerous). This happens when cells in these polyps begin growing abnormally. In time, malignant cells invade more and more of the colon and rectum. The cancer may also spread to nearby organs or lymph nodes or to other parts of the body. Finding and removing polyps can help prevent cancer from ever forming.

Your screening

Screening means looking for a medical problem before you have symptoms. During screening for colorectal cancer, your healthcare provider will ask about your medical history, examine you, and do one or more tests.

History and exam

The history and exam may involve both of the following:

- **Medical history.** Your healthcare provider will ask about your medical history and your family history. Tell your provider if a family member has had colon cancer or polyps. Also mention any health problems you have had in the past.
- **Digital rectal exam (DRE).** During a DRE, the healthcare provider inserts a lubricated, gloved finger into the rectum. The test is painless and takes less than a minute. Healthcare providers agree that this test alone is not enough to screen for colorectal cancer.

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Screening test choices

Fecal occult blood test (FOBT) or fecal immunochemical test (FIT)

These tests check for occult blood in stool (blood you can't see). Hidden blood may be a sign of colon polyps or cancer. A small sample of stool is tested for blood in a laboratory.

Most often, you collect this sample at home using a kit your healthcare provider gives you. Follow the instructions carefully for using this kit. You might need to avoid certain foods and medicines before the test, as directed.

Barium enema with contrast (double-contrast barium enema)

This test uses X-rays to provide images of the entire colon and rectum. The day before this test, you will need to do a bowel prep to clean out the colon and rectum. A bowel prep is a liquid diet plus strong laxatives or enemas. You will be awake for the test, but you may be given medicine to help you relax. At the start of the test, a radiologist (a healthcare provider who specializes in imaging tests) places a soft tube into the rectum. The tube is used to fill the colon with a contrast liquid (barium) and air. This can be uncomfortable for some people. The liquid helps the colon show up clearly on the X-rays. Because the test uses X-rays, it exposes you to a small amount of radiation.

Virtual Colonoscopy

This exam is also called a CT colonography. It uses a series of X-ray photographs to create a 3-D view of the colon and rectum. The day before the test, you will need to do a bowel prep to clean out your colon. Your healthcare provider will give you instructions on how to do this. During the procedure, you will lie on a table that is part of a special X-ray machine called a

CT scanner. A small tube will be placed into your rectum to fill the colon and rectum with air. This can be uncomfortable for some people. Then, the table will move into the machine and pictures will be taken of your colon and rectum. A computer will combine these photos to create a 3-D picture. Because the test uses X-rays, it exposes you to a small amount of radiation.

Scope exams

Here are two types of scope exams:

- Colonoscopy.** This test can be used to find and remove polyps anywhere in the colon or rectum. The day before the test, you will do a bowel prep. This is a liquid diet plus a strong laxative solution or an enema. The bowel prep will cleanse your colon. You will be given instructions for this. Just before the test, you are given a medicine to make you sleepy. Then, a long, flexible, lighted tube called a colonoscope is gently inserted into the rectum and guided through the entire colon. Images of the colon are viewed on a video screen. Any polyps that are found are removed and sent to a lab for testing. If a polyp can't be removed, a sample of tissue is taken and the polyp might be removed later during surgery. You will need to bring someone with you to drive you home after this test.
- Sigmoidoscopy.** This test is similar to colonoscopy, but focuses only on the sigmoid colon and rectum. As with colonoscopy, bowel prep must be done the day before this test. It might not need to be as complete as the bowel prep for a colonoscopy. You are awake

during the procedure, but you may be given medicine to help you relax. During the test, the healthcare provider guides a thin, flexible, lighted tube called a sigmoidoscope through your rectum and lower colon. The images are displayed on a video screen. Polyps are removed, if possible, and sent to a lab for testing.

Colonoscopy is the only screening test that lets your healthcare provider see the entire colon and rectum. This test also lets your healthcare provider remove any pieces of tissue that need to be looked at by a lab. If something suspicious is found using any other tests, you will likely need a colonoscopy.

When to call your healthcare provider after a test

Call your healthcare provider if you have any of the following after any screening test:

- Bleeding
- Fever over 101°F
- Abdominal pain
- Vomiting

Osteoporosis: Screening and Prevention

Screening for Bone Loss

The strength of bones is measured by their **density** (thickness). High bone density means bones are less likely to fracture. If you are at risk for bone loss, your healthcare provider may refer you for bone density testing.

Bone density testing

Bone density testing is safe, quick, easy, and painless. It can detect osteoporosis before a fracture happens. It can also measure the response to treatment. There are several types of tests that you may have, including:

- **Central tests** are used for screening and diagnosis. They measure density in the hip and spine. The main central test is the **dual energy X-ray absorptiometry (DXA)**. The DXA is the standard bone density test.
- **Peripheral tests** are used for screening. They measure density in the finger, wrist, knee, shin, or heel. A common peripheral test is the **quantitative ultrasound (QUS)**. However, QUS screening is not as accurate or widely accepted as DXA screening.

Who should be tested?

- All postmenopausal women under age 65, with one or more risk factors in addition to menopause.
- All women age 65 and older
- Postmenopausal women with fractures.
- Women who are thinking about treatment for osteoporosis.

- Women who have been on hormone therapy for a long time.
- Men or women with certain medical conditions or who are taking certain medications (such as glucocorticoids or prednisone) for a long period.

Common testing sites

Any bone can fracture, but with osteoporosis some bones fracture more easily. These include bones in the spine, wrist, shoulder, and hip. That's why bone density testing may be done at one or more of these sites.

Understanding your results

The results of your test may seem confusing at first. Don't be afraid to ask your provider to explain. Your healthcare provider will compare your **bone mineral density (BMD)** with the BMD of young, healthy bone. The result is called a **T-score**. Bones remodel at different rates. So, a health T-score in the wrist doesn't mean the spine is also healthy. That's why more than one site may be scanned.

Preventing osteoporosis

Staying active*

Certain factors can speed up bone loss or decrease bone growth. For example, a lack of activity makes bones lose their strength. Exercise plays a big part in maintaining bone mass, no matter what your age. The amount and type of activity you do also play a part in keeping your bones strong. Weight-bearing and resistance exercises, such as walking, aerobic dancing, and bicycling, are just a few of the activities that are good for your bones.

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Things to avoid

Here are things to avoid to help prevent osteoporosis:

- **Alcohol** is toxic to bones. It is a major cause of bone loss. Heavy drinking can cause osteoporosis even if you have no other risk factors.
- **Smoking** reduces bone mass. Smoking may also interfere with estrogen levels and cause early menopause.
- **Inactivity** makes your bones lose strength and become thinner. Over time, thin bones may break. Women who aren't active are at a high risk for osteoporosis.
- **Certain medicines**, such as cortisone, increase bone loss. They also decrease bone growth. Ask your healthcare provider about any side effects of your medicines, and how to prevent them.
- **Protein-rich or salty foods** eaten in large amounts may deplete calcium.
- **Caffeine** increases calcium loss. People who drink a lot of coffee, tea, or colas lose more calcium than those who don't.

*** Be sure to check with your healthcare provider before starting any new exercise or diet program. Stop any exercises that cause pain.**

Vaccines for Adults

Influenza

The flu (**influenza**) is caused by a virus that is easily spread. A flu vaccine protects you and others from the flu. It's best to get a flu shot each fall, as soon as the vaccine is available in your area. You can get it at your healthcare provider's office or a health clinic. Drugstores, senior centers, and workplaces often offer flu shots, too. If you want to know if your provider has the flu vaccine available, or if you have other questions, ask your healthcare provider.

Flu symptoms

Flu symptoms tend to come on quickly. Fever, headache, fatigue, cough, sore throat, runny nose, and muscle aches are symptoms of the flu. Upset stomach and vomiting are not common for adults. Some symptoms, such as fatigue and cough, may last a few weeks.

How a flu shot protects you

There are many strains (types) of the flu virus. Medical experts predict which strains are most likely to make people sick each year. Flu shots are made from these strains. When you get a flu vaccine, inactivated ("killed") or very mild flu viruses are injected into your body or sprayed into your nose. These cannot give you the flu. But they do prompt your body to make antibodies to fight these flu strains. If you're exposed to the same strains later in the flu season, the antibodies will fight off the germs.

Recommendations for the flu vaccine

The CDC recommends that infants over the age of 6 months and all children and adults should get flu shots every year.

Some people are at increased risk of developing serious complications from the flu. It is extremely important that these people get the vaccine. They include those with:

- Long-term heart and lung conditions
- Other serious medical conditions
 - Endocrine disorders, like diabetes
 - Kidney or liver disorders
 - Weakened immune systems from disease or medical treatment; for example, those with HIV or AIDS or taking long-term steroids or medications to treat cancer.
 - Blood disorders, such as sickle cell disease

It is also very important that others that have an increased risk of being exposed to the flu or are around people with increased risk of complications get the vaccine. They are:

- Healthcare providers and other staff that provide care in hospitals, nursing homes, home health, and other facilities.
- Household members, including children, of people in high-risk groups.

Influenza Vaccines

The flu vaccine is available as a shot and as a nasal spray. Your healthcare provider will determine which vaccine is right for you.

- The **shot** is available in a few different forms. There is a high-dose vaccine for those over 65 and a vaccine for those

with egg allergies. It is safe for most people to have the flu vaccine but talk with your provider if you have had:

- A severe allergic reaction to a previous flu vaccine
- Guillain-Barre syndrome (a severe paralyzing condition)
- The **nasal spray** is recommended for people from 2 to 49 years old. It should not be given to adults who:
 - Are pregnant
 - Have weakened immune systems
 - Have egg allergies
 - Will be in close contact with someone with a weakened immune system
 - Have taken antiviral medication in the past 2 days

Flu facts

- The flu shot will not give you the flu
- The flu can be dangerous—even life-threatening. Every year, about 36,000 people die of complications from the flu.
- The flu is caused by a virus. It can't be treated with antibiotics.
- Influenza is not the same as “stomach flu,” the 24-hour bug that causes vomiting and diarrhea. This is most likely due to a GI (gastrointestinal) infection—not the flu.
- You need to get a flu shot each year.

Pneumococcal Disease

Pneumococcal disease is caused by a bacteria (*Streptococcus pneumoniae*). This germ is easily spread when someone with the bacteria

coughs, sneezes, laughs, or talks. You can get pneumococcal disease more than once. This is because there are many different types (strains) of the bacteria. Some strains are also resistant to treatment with antibiotics.

There are different kinds of pneumococcal disease depending on what part of the body is infected, they include:

- **Pneumonia.** Infection in the lungs.
- **Meningitis.** Infection of the covering of the brain and spinal cord.
- **Otitis media.** Infection of the middle ear.
- **Bacteremia or septicemia.** Infection in the blood.

Pneumococcal disease can be life-threatening, especially for people in high-risk groups. Each year, thousands of people die of this disease and thousands more become seriously ill.

Pneumococcal vaccines

The **pneumococcal vaccines** are the best way to avoid pneumococcal disease. They are safe and effective. The vaccines are given as shots (injections). This can be done at your health care provider's office or a health clinic. Drugstores, senior centers, and workplaces often offer vaccinations, too. If you have questions about getting vaccinated, ask your healthcare provider.

The pneumococcal vaccine is recommended for:

- Persons 65 and older
- Infants
- People with chronic health problems (such as diabetes, chronic lung or heart disease, liver disease); or who have cochlear implant

- People who have weakened immune systems
- People who live in nursing homes or other long-term care facilities
- People who smoke or have asthma

They are given:

- In a 4-dose series in infants
- One-two times in adults, depending on which vaccine was given

Your healthcare provider can tell you more about the pneumococcal vaccines, whether you should get them, and the number of shots you should receive.

Shingles

Shingles (Herpes Zoster)

Shingles is also called herpes zoster. It is a painful skin rash caused by the herpes zoster virus. This is the same virus that causes chickenpox. After a person has chickenpox, the virus remains inactive in the nerve cells. Years later, the virus can become active again and travel to the skin. Most people have shingles only once, but it is possible to have it more than once.

Risk factors for shingles

Anyone who has had chickenpox can develop shingles. But your risk is greater if you:

- Are 50 years of age or older.
- Have an illness that weakens your immune system, such as HIV/AIDS.
- Have cancer, especially Hodgkin disease or lymphoma.
- Take medications that weaken your immune system.

Symptoms of shingles

- The first sign of shingles is usually pain, burning, tingling, or itching on one part of your face or body. You may also feel as if you have the flu, with fever and chills.
- A red rash with small blisters appears within a few days. The rash may appear as follows:
 - The blisters can occur anywhere, but they're most common on the back, chest, or abdomen
 - They usually appear on only one side of the body, spreading along the nerve pathway where the virus was inactive.
 - The rash can also form around an eye, along one side of the face or neck, or in the mouth.
 - In a few people, usually those with weakened immune systems, shingles appear on more than one part of the body at once.
- After a few days, the blisters become dry and form a crust. The crust falls off in days to weeks. The blisters generally do not leave scars.

How is shingles treated?

For most people, shingles heals on its own in a few weeks. But treatment is recommended to help relieve pain, speed healing, and reduce the risk of complications. Antiviral medications are prescribed within the first 72 hours of the appearance of the rash. To lessen symptoms:

- Apply ice packs (wrapped in a thin towel), cool compresses, or soak in a cool bath.

- Use calamine lotion to calm itchy skin.
- Ask your health care provider about over-the-counter pain relievers. If your pain is severe, your provider may prescribe stronger pain medications.

What are the complications of shingles?

Shingles often goes away with no lasting effects. But some people have serious problems long after the blisters have healed, such as:

- **Postherpetic neuralgia.** This is severe nerve pain that lasts for months, or even years after you have shingles. Medications can be prescribed to help relieve the pain and improve quality of life.
- **Bacterial infection.** Shingles blisters may become infected with bacteria. Antibiotic medication is used to treat the infection.
- **Eye problems.** A person with shingles on the face should see his or her health care provider right away. Shingles can cause serious problems with vision, and even blindness.

When to seek medical care?

Contact your healthcare provider if you experience any of the following:

- Symptoms that don't go away with treatment.
- A rash or blisters near your eye.
- Increased drainage, fever, or rash after treatment, or severe pain that doesn't go away.

How can shingles be prevented?

You can only get shingles if you have had chickenpox in the past. Those who have never had chickenpox can get the virus from you. Although instead of developing shingles, the person may get chickenpox. Until your blisters for scabs, avoid contact with others, especially the following:

- Pregnant women who have never had chickenpox or the vaccine.
- Infants who were born early (prematurely) or who had low weight at birth.
- People with weak immune system (for example, people receiving chemotherapy for cancer, people who have had organ transplants, or people with HIV infections).

The shingles vaccine

If you're 60 years of age or older, ask your healthcare provider if you should receive the shingles vaccine. The vaccine makes it less likely that you will develop shingles. If you do develop shingles, your symptoms will likely be milder than if you hadn't been vaccinated.

The Shingles vaccine has been used since 2006 and went through years of testing before being licensed by the FDA. Zostavax is the only shingles vaccine currently approved for use in the United States. The vaccine reduces the risk of developing shingles by 51% and postherpetic neuralgia by 67% (<http://www.cdc.gov/vaccines/hcp/adults/downloads/fs-shingles.pdf>).

Note: Although the vaccine is licensed for people 50 years of age or older, the CDC does not recommend the vaccine for those who are 50 to 59 years old.

Advance Care Planning

Advance Medical Directive

An advance medical directive is a form that lets you plan ahead for the care you would want if you could no longer express your wishes. This statement outlines the medical treatment you would want or names the person you would wish to make healthcare decisions for you. Be aware that laws vary from state to state, and it may be worthwhile to talk with an attorney.

Writing down your wishes

- An advance directive is important whether you're young or old. Injury or illness can strike at any age.
- Decide what is important to you and the kind of treatment you'd want, or not want to have.
- Some states allow only one kind of advance directive. Some let you do both a Durable Power of Attorney for Health Care and a Living Will. Some states put both kinds on the same form.

A Durable Power of Attorney for Health Care

- This form lets you name someone else to be your agent.
- This person can decide on treatment for you only when you can't speak for yourself.
- You do not need to be at the end of your life. He or she could speak for you if you were in a coma but were likely to recover.

A Living Will

- This form lets you list the care you want at the end of your life.
- A living will applies only if you won't live without medical treatment. It would apply if you had advanced cancer, a massive stroke, or other serious illness from which you will not recover.

A living will effect only when you can no longer express your wishes yourself.

For more information and instructions about how to prepare your advance directives, go to:

<http://www.caringinfo.org/files/public/ad/Utah.pdf>

Understanding DNR Orders

Do Not Resuscitate (DNR) orders, sometimes known as Physician Order For Life-Sustaining Treatment (POLST), tell hospital staff not to perform potentially life-saving measures, such as CPR, if the patient's heart and lungs have stopped working. In many states, a DNR order applies to staff outside the hospital (nursing homes and emergency medical services) as well. A DNR order must be written by a healthcare provider (or, in some cases, certain other medical personnel). This can only be done with the patient's or family's consent. If a patient has not written an advance directive, the family, with the help of the healthcare team, will decide on a DNR.

The patient can cancel a DNR order at any time. The medical team can answer questions about the DNR form.

Writing a DNR order

When might a DNR order be written? When the patient's medical condition is such that, in the case of cardiac arrest, CPR, and other resuscitation methods are not desired. This could be either because the chance of successful resuscitation is very low, or the focus of the care plan has shifted to comfort measures instead of life-sustaining measures. Coma and terminal illness are instances when a DNR order might be used.

Irreversible coma

In a coma, a patient does not respond to sight, sound, or touch. The heart and lungs could be working, but brain function is damaged due to trauma or disease.

Terminal illness

In the last stages of heart disease, AIDS, cancer, and other illnesses, some patients don't want to prolong their suffering. If recovery isn't likely and quality of life is poor or getting worse, a patient or the family may agree to a DNR order.

DNR orders and hospice care

A hospice program can offer care during the final weeks of life. Hospice programs provide pain control and comfort care in the home or at special facilities. Hospice does not provide aggressive treatment. In fact, a DNR order will likely be discussed before a patient is admitted to hospice. A social worker or case manager may be able to help you arrange for hospice support.

For more information on Utah's Physician Order For Life-Sustaining Treatment, go to:

www.aqing.utah.edu

Mission Statement

Premier Family Medical's mission is to be the premier medical clinic in Utah County by providing superior medical care in an efficient, compassionate, team-based manner to patients of all ages in an atmosphere that is friendly and uplifting for patients, employees, and physicians.