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# yale health care

NEWS FROM THE YALE HEALTH PLAN

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## ***Better Habits, New Drugs, Can Relieve “Heartburn”***

DAVID BRZOZOWSKI, M.S., R.PH

*Clinical Pharmacist, yuhs Pharmacy*

Estimated to affect 15 million Americans, GERD (gastroesophageal reflux disease), is one of the most common gastrointestinal problems. Often referred to as “heartburn,” the problem has nothing to do with our hearts. Instead, the symptoms—which include acidic fluid in the esophagus, chest pain, upper abdominal pain, belching, nausea—are caused by gastric fluid washing up from the stomach into the esophagus. Some GERD sufferers also experience difficulty or pain on swallowing, acid taste in the mouth, night time coughing, throat discomfort or hoarseness.

While for most the symptoms are merely bothersome, nighttime reflux is particularly damaging because of the length of exposure to acid in the esophagus. Severe untreated GERD can lead to more serious conditions including permanent damage to the esophagus.

Occasional reflux is normal, often caused by consumption of certain foods (e.g. spicy and fatty foods, citrus juices, chocolate, coffee, tea and colas), smoking, overeating, or drinking alcoholic beverages or eating just before bedtime.

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## **Empty Nest and Full Heart as Children Leave Home**

CAROLE T. GOLDBERG, PSY.D.

*Department of Mental Hygiene*



For many parents, “letting go” is one of the most difficult tasks of parenting. Robert Cormier, in *A Bad Time for Fathers*, says: “You bring up your children to be self-reliant and independent and they double cross you and become self-reliant and independent!” The empty nester is often faced with feelings of loss and left to wonder: how can the accomplishment of something so positive feel so bad?

### **What are you “supposed” to feel?**

Many parents are surprised at the intensity of their reactions. Some feel deadened, lost, lonely, scared, old, angry, hurt, and resentful. Others feel anxious, tearful, depressed, helpless, useless, discarded, and worthless. Still others feel, joy, satisfaction, relief, and excitement. A range of conflicting emotions is normal. Launching children into their futures is an ongoing process which creates significant changes in the family. In addition, for many parents, the fact of having children graduate from high school and move on can resurrect personal issues. A parent who struggled in high school and didn't go away to college may feel left out. One who had been capable but unable to afford advanced schooling may feel resentful. The expectation that the child will replicate the parent's college experience can also be a setup for misunderstandings.

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**How will home change?**

In a family with more than one child, the departure of each has its own concerns. Many find that letting go of the first is the most difficult and family dynamics continue to change with each good-bye. For most parents, adult life has been structured around the demands and pleasures of raising children. Feelings of deprivation, sorrow and even depression are common among empty nesters. If you believe that the only way to alleviate the pain is to restore the child-at-home situation, you may be even more vulnerable to depression. Your child may feel guilty about wanting to move on while feeling responsible for your feelings. Single parents of either sex may experience the empty nest even more intensely.

It is also okay to anticipate the benefits of your changed situation, including a lowered tension level with fewer responsibilities. This can be a time to set your own agenda, cultivate new interests and reestablish a marital bond or renew or pursue friendships. Research shows that satisfaction can increase considerably after children leave home. This occurs especially if there is also frequent contact with the children.

**How do you prepare your child?**

Encourage the child to express their emotions without judgments, while taking responsibility for your own feelings. Parents sometimes use real or feigned sadness to control their child's behavior: "I feel so lonely when I don't hear from you." Emotional withdrawal is also a common—but hurtful and counterproductive—way for parents to discipline their children. The child who learns: "You won't love me unless I always act in a way that pleases you" will have difficulty growing up and being independent. Adult children in a fused relationship with one or both parents are unable to function as autonomous individuals. Ironically, a fused relationship, which is often an effort to maintain intimacy, makes healthy intimacy impossible.

## Important telephone numbers

<b>Urgent Care</b>	432-0123
<i>Open 24 hrs/day, seven days per week</i>	
<b>Toll Free</b>	1-877-YHP-CARE
<b>Information</b>	432-0246
<b>Pharmacy</b>	432-0033
<i>Hours of operation</i>	
Monday–Wednesday, Friday	7:30 AM–6:30 PM
Thursday	8:30 AM–6:30 PM
Saturday	8:30 AM–3:30 PM
<b>Patient Representative</b>	432-0109
<b>Medicare/Retiree Coordinator</b>	432-8134
<b>Outpatient Referrals</b>	432-7397
<b>Claims</b>	432-0250
<b>Inpatient Care Facility</b>	432-0001

# in touch



To help in understanding what your child may be going through, and to help them express their needs, discuss with them your experience at their age. Celebrate their departure as an acknowledgment of their competence and a transition to a new phase of life. It's okay for your children to know that you are sad to see them leave; at the same time they should know you are proud of them.

Andrea Steenhouse, in *Empty Nest...Full Heart, The Journey From Home to College*, lists what she calls "home remedies" for parents. Some suggestions:

- Honor the separation but preserve the connection.
- Practice how to react to troubling phone calls—"Sounds like trouble. How are you going to handle it?"
- Call without an agenda.
- Try to respond to the fact of the call, not the content.
- Know that when they call home they want to feel snug. Try to be patient even when you're on your way out.

- Find another word for "homesick."
- Be available without hovering.
- Brace yourself for the changing of majors—the average is three, just so you know.
- Find your best calling night, usually Sunday, and ask how often.
- No, "I told you so's."
- Before switching around bedrooms at home, wait until the first visit and hope it will be their suggestion.

Trust your children to survive their mistakes. If a potential course of action seems destructive, run it by someone you trust before jumping to conclusions. Resist intervening simply because your children are acting in a way that falls short of your ideals, preferences, or dreams for them.

**How do you redefine your role as a parent? How is a relationship with a spouse or partner changed?**

For married couples, the marital relationship becomes prominent again when the children leave. The empty nest can place stress on a marriage. On the other hand, this can be a time for romance and regular dates, as well as a time to confront unresolved issues in a marriage, to hone communication skills and to develop conflict-resolution techniques.



# from the desk of

## PAUL GENECCIN, MD

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

Although as the director of YUHS I spend much of my time working on a range of initiatives—such as our electronic medical record, accreditation by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and plans for facilities renovations—the central mission of YUHS is the delivery of excellent and accessible health care.

Even as we are constantly working to improve clinical access, my colleagues and I are committed to extending our clinical mission beyond the traditional concept of the scheduled medical appointment. Most notably, we are creating ways to reach out to the members of our community who have particular health needs, regardless of whether they seek appointments.

The identification of high-risk populations—for example, the elderly, the diabetic, the asthmatic or those infected with HIV—is the starting point for what we call population medicine. Identifying the members of a given population allows us to provide what is sometimes referred to as care coordination. We have created an Office of Care Coordination to facilitate this important work—and I want to share a few of our successes with you. Some of these programs originate in clinical departments, some in the Office of Care Coordination, and many in collaboration.

- We have identified nearly 600 diabetic adults in the Yale community and we contact each one to ensure that they are up-to-date on screenings and therapies that have been shown to improve prognosis. Among this group, compliance with standards such as foot examination, retinal screening, urine protein determination and pneumococcal vaccination has increased by 200–300% in the past two years.
- Among our patients over the age of 62, YUHS's pneumococcal immunization rate has increased from 23% (the US national average) to 83% over the past three years.
- We have identified and are contacting the women in our community for whom we have no record of routine gynecological care or mammography.
- We are reaching out to the families of our nearly 300 pediatric asthma patients to ensure that they are as knowledgeable as possible, that their children are appropriately immunized and their medication regimens are optimal.

Some of our care coordination programs have been ongoing over many years. One example of longstanding success is our pediatric immunization initiative, which has led to a vaccination rate of 96%—among the highest in Connecticut. Other projects, like the pediatric asthma initiative, are new.

The patients most in need of care coordination are those with chronic illnesses (e.g., diabetes, HIV/AIDS, congestive heart failure, lung disease, cancer and multiple sclerosis) and those with cognitive impairment, recurrent hospitalization or ER visits, and patients who have difficulty adhering to a medical regimen. In some instances these patients may be financially challenged, struggling with substance abuse and addiction, or facing inadequate family and social supports. The members of the Office of Care Coordination and staff members in the clinical departments work intensively with these patients and their doctors and, where possible, with patients' families.

Of the many excellent projects that I have been involved with at YUHS, I am most proud of our population medicine and care coordination programs. Of course each of us hopes that we will never need the services of care coordination; we hope to belong to Yale's largest population—the healthy, needing little more than occasional visits for preventive care. But if you or a member of your family has need of these special services, we hope to hear from you. As always, I welcome your feedback about how we can best serve the Yale community.

# New Guidelines for Adult Preventive Care

ALAN GREENGLASS, MD

Chief, Internal Medicine



- **Immunizations.** “Shots are not just for kids!” In addition to needing booster shots for some childhood vaccinations, we should also receive the new important immunizations for adults.
- **Vascular health.** This includes the heart and the blood circulation to the brain and kidneys. Blood pressure, blood sugar, and cholesterol are all significant factors. Beware of much of the hype about newer testing and treatments. The old standbys listed here have been proven to be the most beneficial for the vast majority of people.
- **Cancer.** For some cancers (such as lung cancer) there are currently no good screening tests. Some tests haven’t been shown to lead to a longer, healthier life. But early detection of other cancers (colon, cervical, breast) has proven valuable.

Just a final few words about physical exams. More and more experts are saying the traditional yearly physical exam for most younger people does not improve health. Instead we need to focus on good health habits and on disease-specific exams at intervals consistent with when and how those diseases generally occur.

Preventive care has long been a focus of both clinicians and patients; however, recently there has not been much real clinical evidence to show which preventive interventions—including some of the “tried and true” approaches—actually work to improve health. Now, based upon the most current knowledge, new research and extensive medical reviews, the Obstetrics/Gynecology and Internal Medicine departments at YUHS have been able jointly to develop a set of adult preventive interventions for our members.

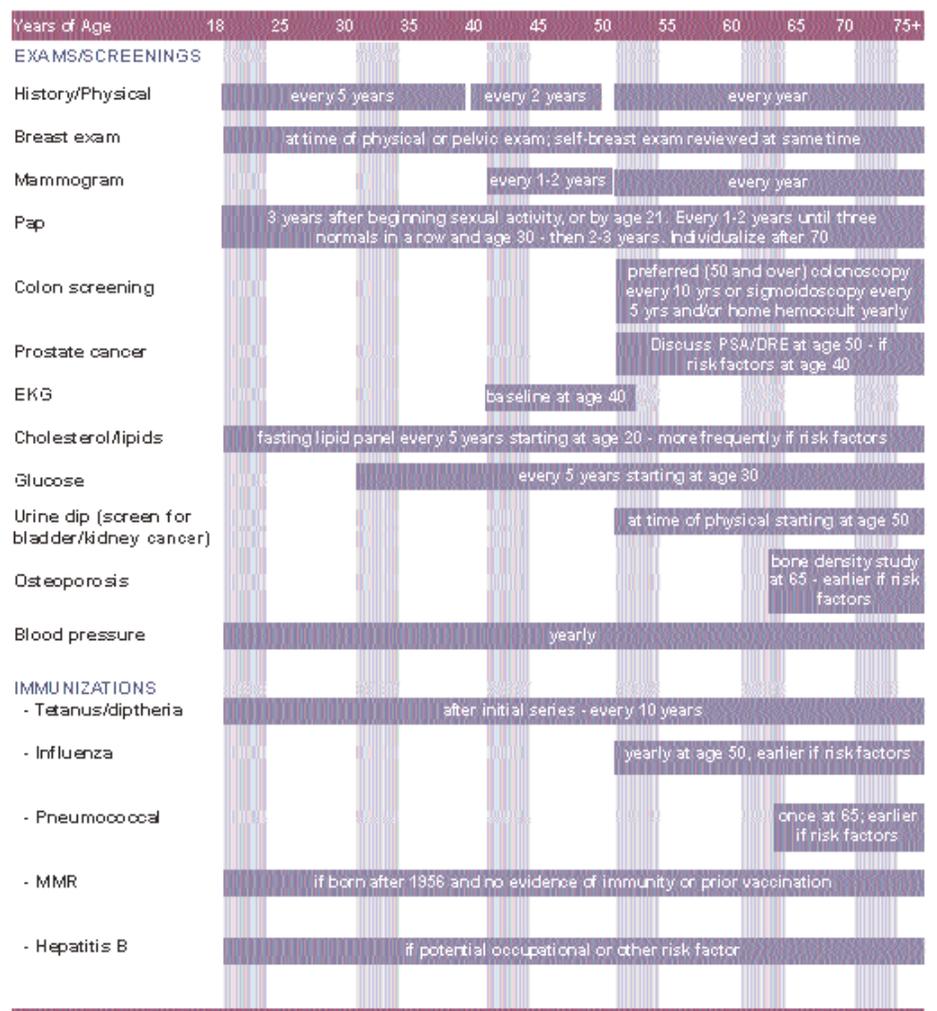
As we offer these recommendations, please remember the importance of being an active participant in your health care. Ask questions, and set aside the necessary time for the recommended medical appointments and tests.

While these guidelines work for most people, many individuals have particular health situations requiring different tests or schedules. Discuss your needs with your primary care clinicians. Most importantly—take good care of yourself. All the testing in the world cannot substitute for a good diet, safe sexual practices, adequate rest and regular exercise.

The recommendations cover three main areas:

## Adult Preventive Health Guidelines

The Yale Health Plan Internal Medicine and Obstetrics and Gynecology departments suggest the following:



Note: These are for average risk people. Please discuss your individual risks and recommendations with your clinician.



## GASTRIC REFLUX

*continued from page 1*

A simple change in habits can often relieve GERD symptoms. However, if changes in habits do not bring relief, you should consult your clinician, who may recommend further changes in diet and/or lifestyle and may also consider drug therapy.

For most mild to moderate cases, over-the-counter (OTC) medications should be tried before resorting to prescription drugs. The two types of over-the-counter medications are antacids and H<sub>2</sub>-blockers. Antacids such as Roloids, Tums, Maalox, Alka-Seltzer, Pepto-Bismol or Mylanta work by neutralizing stomach acids. The H<sub>2</sub>-blockers, such as Zantac 75, Axid AR, Tagamet HB 200, and Pepcid AC work by decreasing the production of acid in the stomach. H<sub>2</sub>-blockers are also available in higher doses by prescription. A number of combination products are also available.

If over-the-counter medications fail to provide relief, prescription-strength H<sub>2</sub>-blockers are often tried next. The newest drugs for the treatment of heartburn and GERD—the proton pump inhibitors (PPIs)—have become among the most commonly prescribed classes of drugs in the United States. PPIs work by inhibiting gastric acid secretion in the stomach, thus limiting damage to the esophagus and allowing for healing.

While PPIs are effective, controversy is rising regarding over-usage of these newer, but more expensive drugs. In many cases, the use of a proton pump inhibitor such as Nexium, Prevacid, Prilosec, Protonix, or Aciphex, may be unnecessary when cheaper alternatives would be just as effective.

For mild-to-moderate cases, PPIs should be considered only following an adequate trial of H<sub>2</sub>-blocker therapy in combination with an antacid. If PPI therapy is deemed necessary, the therapy should be reassessed after four to eight weeks.



Intermittent drug treatment with a PPI has been shown effective in managing patients who have responded quickly to initial therapy. Only those who do poorly on intermittent drug treatment and/or those with complicated reflux disease should be on PPIs on a long-term basis.

This practical stepwise treatment will soon be made more difficult. Starting in the fall of 2003, the PPI ranked as the best-selling drug in the world, Prilosec, will be available without a prescription. While there is concern about whether this change may further increase inappropriate use of PPI drugs, benefits may include a cost reduction and improved access to care for patients in need of short-term PPI therapy. Currently, prescription Prilosec costs approximately \$3.50 per pill in the United States; the OTC version will be available at less than one-third that price.

At YHP, a clinician can write a prescription for a Heartburn (GERD) Patient Care Kit for those patients with mild-to-moderate GERD. YHP members are eligible for one kit per year, available from the Pharmacy. The kit contains information as well as a sample of Pepcid Complete, a combination OTC product. The focus is on encouraging appropriate treatment of GERD. As always, if you have any questions, contact your clinician or speak to a pharmacist.

*Joan Cho, md (Internal Medicine Department) and Grace Tong, a sixth-year PharmD student at UConn, also assisted with this article.*

## Diet Tips to Manage GERD

Linda Bell, MS, RD, CD/N

YHP Nutritionist

Changes in eating habits and food choices can help if you have gastroesophageal reflux disease (GERD).

**Foods.** Eat a low fat diet, with adequate fiber. High fat foods are retained in the stomach longer and also tend to relax the lower esophageal sphincter valve between the esophagus and the stomach, making it easier for acid to back up. Also, avoid other foods that relax the lower esophageal sphincter valve and increase stomach acid—these include chocolate, peppermint, spicy foods, onions, and alcohol.

**Fluids.** Most fluids should be taken between meals with only sips at meals. Water, herbal teas, cranberry, grape or apple juices, skim or 1% milk are good beverage choices. Limit consumption of coffee and other caffeine-containing beverages. Avoid carbonated beverages. The amount of fluid tolerated at meals varies from person to person and can be adjusted over time to suit individual needs. Citrus juices and tomato products have a direct irritating effect on the esophagus; they should be avoided initially, but may be reintroduced gradually, according to tolerance.

### Other tips.

- Avoid vigorous exercise right after eating.
- Avoid overeating.
- Stay upright after eating.
- Avoid eating for three hours before bedtime.
- You may find relief by raising the head of the bed 4–8". Use a foam wedge pillow or prop up the head of the bed with wooden blocks.
- Avoid wearing tight clothing that puts pressure on the abdomen.
- If you are overweight, lose weight—even a few pounds may make a difference.
- Try to eat smaller meals at regularly spaced intervals, and to make a concerted effort to relax while eating and not to swallow air.

# books/information

## BOOKS

*Some good reading if you're facing an empty nest.*



### **Fighting For Your Empty Nest Marriage**

Claudia S. Arp, David H. Arp, Susan L. Bloomberg, Howard J. Markman, & Scott M. Stanley

### **How To Survive and Thrive in an Empty Nest.**

Jeanette C. Lauer & Robert H. Lauer

### **Empty Nest...Full Heart.**

Andrea Van Steenhouse

## yale health care

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## INFORMATION

### OFFICE RELOCATIONS

YUHS's business offices have moved out of 17 Hillhouse Avenue to 55 Whitney Avenue.

Billing, Claims, Information Systems and Services, and Finance now have the following address:

Yale University Health Services Business Office, 55 Whitney Avenue, Box 208217, New Haven, CT 06520-8217

Claims processing for Yale retirees has also relocated. The new address is:

Yale University Retiree Claims Processing, 55 Whitney Avenue, Box 208357, New Haven, CT 06520-8357

Telephone and fax numbers and email addresses will stay the same. Claims and Billing Department representatives will continue to be available by phone or in person during regular business hours. Patients may leave paperwork to be forwarded to the Claims or Billing Departments in any of the drop boxes located throughout the YUHS building at 17 Hillhouse Avenue or with Member Services.

### NATIONAL PHARMACY WEEK

The YUHS Pharmacy will observe National Pharmacy Week—October 19–25—with displays, programs and giveaways reflecting this year's theme: *Know your pharmacist, know your medicines.* Watch for more information.



### FLEE THE FLU

Annual free flu vaccination clinics will be held at the YUHS building on the following Wednesdays and Thursdays: November 5, 6, 12, 13, 19, 20 and December 3, 4. Please note that there is no clinic during Thanksgiving week. For more information, contact the Office of Health Promotion and Education at 203-432-0093.

## EMPLOYEE HEALTH FAIRS

YHP will be offering employee health fairs around campus. Attractions will include: Free flu shots for Yale employees, students and YHP Medicare participants; information about YHP services and benefits, including travel services, wellness programs, and nutritional counseling.

Join us at these times and locations:

- Friday, October 31  
10:00–2:00  
Divinity School Common Room
- Monday, November 3  
10:00–3:00  
Harkness Dormitory Lounge
- Monday, November 10  
10:00–3:00  
Harkness Dormitory Lounge
- Tuesday, November 11  
10:00–1:00  
Sterling Library Lecture Hall
- Monday, November 17  
10:00–1:00  
Kline Biology Tower Cafeteria
- Tuesday, November 18  
10:00–2:00  
Lobby, 155 Whitney Avenue.

## SENIOR HEALTH FAIRS

Three senior health fairs are scheduled for this fall. Events will include blood pressure screenings, flu immunizations, medication consultations and discussions about a range of health issues. Refreshments will be served. Mark your calendars now. Time for all events is 8:30–4:00.

- **Thursday, October 16 in Orange**  
High Plains Community Center  
Orange Center Road
- **Tuesday, October 21 in Hamden**  
Miller Complex—Senior Center  
Dixwell Avenue
- **Thursday, October 23 in Branford**  
Evangelical Free Church  
231 Leetes Island Road

## EMPTY NEST

continued from page 2

David and Claudia Arp, in *Fighting for Your Empty Nest Marriage*, offer some suggestions:

- Don't wait until the children are gone to catch a second wind in your marriage.
- Begin early to think of yourselves as a couple and to plan for exciting new adventures together.
- This is likely to be a time in your life for both you and your spouse when...your sexual needs are changing and your childfree house gives you an opportunity to develop your sexual relationship in a way not possible before.
- This is an opportune time to establish or reestablish an intimate relationship. Adults who lack intimate relationships are more vulnerable to (both) emotional illnesses...and... physical ailments. Intimacy is characterized by affection, sharing and mutual commitment.

### Couldn't there be a better time?

While most empty-nesters make successful adjustments, some experience a midlife crisis in which aspects of life that were once meaningful—work, marriage, and family—may seem boring, pointless or even intolerable. Mid-life in itself can be a time of multiple changes that include caring for aging parents, accepting one's own aging process and mortality, and assessing the quality and goals for one's life. How do you define yourself if you feel, as one woman commented when her last child left home "My career just walked out the door!" The healthiest course is to figure out how to accept and celebrate this stage. Parents can give themselves and their children a great gift if they work towards responding graciously and generously both in the letting go and in addressing their own needs and concerns.

*The full version of this article is available on the [yuh](#)s web site in the "Healthy Ideas" section.*

# healthy ideas

## UNDER PRESSURE?

When we measure blood pressure, we listen for the sound of blood pumping in a vessel and note the pressure at which the sounds begin and end. The higher number is the systolic reading—showing the tension in the arteries against which the heart is pumping. The lower number, the diastolic, reflects the pressure within the vessels at rest.

While blood pressure can be too low, the much more common problem is hypertension (high blood pressure)—a major risk factor for stroke, heart attack and kidney failure. Blood pressure can temporarily go up when we are anxious or frightened (such as during a medical visit); such temporary increases are not usually harmful. The problem occurs when the pressure is high most or all of the time. Constant high pressure strains organs and blood vessels.

Recent national guidelines have reclassified the criteria for hypertension. The numbers below are for non-diabetics. For diabetics, the numbers are lower.

### Hypertension

Numbers greater than 140/90

### Prehypertension

Numbers between 120-139 over 80-89

### Normal blood pressure

Numbers starting at 120/80 and lower

Your blood pressure will be checked during appointments with your [YUHS](#) clinician. In addition, the Office of Health Promotion and Education conducts monthly blood pressure screenings on the 4th floor of [YUHS](#) and at many campus locations (consult the [YUHS](#) website for dates and places) for [YUHS](#) members who are not currently being treated for a blood pressure problem. Members who have been diagnosed and are under treatment for hypertension are monitored in the Internal Medicine Department (203-432-0038) by appointment (Monday through Friday, 8:30 am to 4:00 pm).

To keep your blood pressure in the healthy range, or to lower it if needed, follow these tips:



- **Lose weight.** Every 10 pounds makes a difference in your blood pressure.
- **Get regular exercise.** Start with walking daily and increase as you can to more activity. The idea is to get 30-60 minutes of vigorous exercise most days of the week.
- **Stop smoking.** Smoking affects blood vessels and is a major risk factor for heart attack and stroke.
- **Decrease your salt intake.** Get the salt shaker off the table and read labels for sodium content.
- **Discuss with your clinician** all your medications, including over-the-counter remedies.

## WATCH FOR TRANS FATS

The federal government has added a new requirement for the nutrition labeling. Starting in January 2006, labels must disclose how much unhealthy trans fatty acids the product contains. Trans fats raise the risk of heart disease, and are found in certain processed foods such as margarines, chips, salad dressings, cookies and french fries. Until those guidelines take effect, you can avoid trans fats by noting terms such as "hydrogenated" on current food labels.



# yhp staff

## YUHS BREAST CANCER AWARENESS PROGRAMS

October is National Breast Cancer Awareness Month. YUHS and the YUHS Obstetric and Gynecology (Ob/Gyn) Department will offer three programs for the Yale community. All events are in the Presidents' Room in Woolsey Hall at 12:00 noon. Lunch will be provided.



Tuesday, October 7

### Abnormal Mammogram?

#### What to do Next?

*Nina Horowitz, md, Assistant Clinical Professor of Surgery, Yale-New Haven Hospital (ynhh)*

Tuesday, October 14

### Surviving Breast Cancer Treatment: Can Exercise Enhance Recovery?

*M. Tish Knobf, rn, phd, faan, American Cancer Society Professor of Oncology Nursing, Yale University School of Nursing.*

Tuesday, October 28

### What's New in Mammography?

*Liane Philpotts, md, Assistant Professor of Diagnostic Radiology, ynhh.*

The events are free, but RSVPs are required. To RSVP or for more information, call the YUHS Health Promotion and Education Department at 203-432-1826.

## The hospitalist: a new member of the clinical care team

"Hospitalists" have become more common in the last decade as the complexity of illness in hospitalized patients has increased. Hospitalists are often trained in a field, such as infectious disease, that is relevant to hospitalized patients and they are skilled at discerning what needs to be done and how to get it done in the busy hospital environment. By being able to see a patient daily, the hospitalist can better help guide us through major illness or surgery. As a colleague of the other clinicians caring for us, the hospitalist can provide regular communication that helps in long-term care.

## NEW CHIEF OF OPHTHALMOLOGY

Effective July 1, Susan Forster, MD has assumed the position of Chief of Ophthalmology. Educated at Harvard and at Columbia University College of Physicians and Surgeons prior to pursuing training in Ophthalmology at Yale, Forster has been with the YUHS Ophthalmology Department since 1993. As many of you know, she succeeds Douglas MacRae, MD, who retired in May 2003.

## YUHS HIRES FIRST HOSPITALIST



Brian Beaulieu, MD, has assumed the position of YUHS hospitalist effective July 1, 2003. A Massachusetts native, he received his BS and MD degrees from the

University of Massachusetts, where he also received a PhD in Immunology and Virology. He completed his internship and residency and had a fellowship in Infectious Diseases at Yale School of Medicine. Most recently, he served as the hospitalist for the Department of Internal Medicine at Yale-New Haven Hospital (YNHH).

Working with Internal Medicine and Care Coordination, Beaulieu provides clinical care to inpatients at YNHH. He also evaluates and facilitates patient care in the YNHH emergency department and for selected patients in the YUHS Inpatient Care Facility.

Effective October 1, 2003, Yale University Health Services (YUHS) has contracted with Clinical Laboratory Partners (CLP) to provide laboratory services at YUHS and at CLP sites statewide. Please see our web site ([www.yale.edu/uhs](http://www.yale.edu/uhs)) for additional information and the CLP locations.

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Member Services  
17 Hillhouse Avenue  
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Please remember that free parking for yhp members is available both in the lot right next to 17 Hillhouse Avenue and in parking lot 37, just across Trumbull Street.

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