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# yale health care

NEWS FROM THE YALE HEALTH PLAN

VOL. VIII NO. 5

SEPTEMBER—OCTOBER 2005

## Life Isn't Fair; Resiliency Helps

Carole T. Goldberg, Psy.D., Psychologist,  
Mental Hygiene Department

Rhea Hirshman, editor

**D**r. Jocelyn Elders, former Surgeon General of the U.S., recently noted that we are more likely to educate people about illness than about wellness. While addressing problems or symptoms is an essential part of medical care, maintaining health requires that we develop positive physical, mental and emotional behaviors. In psychology, significant research has been done on “resiliency” as a factor in maintaining emotional well-being.

### Facing Change

The New Oxford American Dictionary defines “resilient” as being able to withstand or recover quickly from difficult conditions. Changes in our lives range from the relatively mundane and frequent (shifts in the weather) to the life-altering, whether positive (having a wanted child) or negative (suffering the loss of a loved one). We can make our lives difficult by denying, resisting, or fighting against change, or we can adapt to and flow with changes.

*continued on page 2*

## YHP Promotes Wellness Initiatives

Judith Madeux, MS, APRN, MPH,  
deputy director, YUHS

Rhea Hirshman, editor

**P**reventing illness and injury—or enhancing health—encompasses a variety of activities which fall into two broad categories: (1) what we do as individuals in charge of our own day to day choices; and (2) preventive health measures we take in partnership with our clinicians, such as immunizations, screenings, evaluation of problems, and disease management.

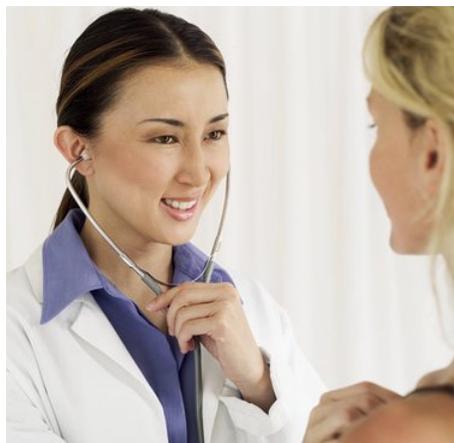
Below we have listed some of the many health promotion activities offered through YHP and some specific preventive measures available to members throughout their life spans.

While these programs and services are offered at the YHP facility, YHP staff also provide nearly 60 off-site programs annually, including flu clinics and blood pressure screenings at Yale work sites, senior health fairs in surrounding towns for our retirees, and stress management activities for students in dormitories and other gathering places. These lists are illustrative rather than inclusive, but should give you an idea of what we offer and what we can do together to maintain your health.

### Partial list of health promotion and wellness services available through YHP

- Phone access to a nurse for medical questions through our Urgent Care Department, 24/7.
- Free brochures in each clinic with information on prevention as well as care related to specific illness and surgeries.
- Case management services to coordinate and optimize care for those recovering from major surgery or experiencing life-threatening illnesses.

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## RESILIENCY

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The fact that life is not fair may ultimately be good for us. Resiliency comes from feeling personally responsible for finding ways to overcome adversity. The struggle to recover from setbacks can lead to developing previously untapped strengths and abilities. In doing research for “When Smart People Fail,” authors Carol Hyatt and Linda Gottlieb discovered that the most successful people they spoke with had experienced some major failure in their pasts. They noted that how you cope with failure is what shapes you, not the failure itself. Experiences that feel like failures can be converted into opportunities for learning and growth (a useful way to think about relationships that have ended “badly”).

*Resiliency comes from feeling ... responsible for finding ways to overcome adversity.*

### Resiliency and Self-knowledge

Self-knowledge comes from self observation, experimenting, and being receptive to feedback. People who focus on solving problems are much more resilient than those who disengage, feel helpless, or become highly emotional. Psychological research shows that attitudes are generally learned, not inborn; they are “habits” and, as with other habits, can be hard but not impossible to change.

Essential strengths such as self-confidence (what you expect from yourself), self-esteem (how you feel about yourself), and an accurate self-concept (who you think you are) function like gatekeepers that control access to higher-level resiliency abilities. If your identity is based primarily on external factors, you will feel anxious about change that threatens your identity sources and will try to keep the world around you frozen in place.

On the other hand, being empathic—able to think and feel from others’ viewpoints—is strongly related to resiliency. Those who lack empathy are rigid and much less likely to understand how they may be contributing to their own problems.

### Internal Controls

People who handle difficulties best score high on measures of “internal control” beliefs—feeling responsible for their own lives, believing they have some control over events and, most importantly, feeling that they control their responses to events.

Belief systems and attitudes are usually self-validating and self-fulfilling. If you expect a good outcome, your brain spots events and opportunities that can lead to that outcome. Research by psychologist Martin Seligman on “learned helplessness and learned optimism” indicates that an “explanatory style” that keeps a person feeling helpless can be replaced with one which strengthens resiliency during hard times.

People who believe their fates are always outside their control act in ways that confirm those beliefs. Negative emotions such as anxiety, anger, fear and helplessness decrease resiliency and limit choices, and blaming others keeps you in a non-resilient victim state. In contrast, feelings such as joy, playfulness, contentment, job satisfaction, love, and affection make you more aware of what is happening around you and increase problem-solving ability.

### Improving Resiliency

- Make a list of what is difficult for you and talk or write about how you feel about those items.
- List your positive experiences: What do you like to do?
- Develop in advance some strategies to cope with challenges.
- Learn effective responses to difficult situations in order to reduce emotional strain.



# in touch

## IMPORTANT TELEPHONE NUMBERS

<b>Urgent Care</b>	203-432-0123
<i>Open 24 hrs/day, seven days per week</i>	
<b>Toll free out of area</b>	1-877-YHP-CARE
<b>General information</b>	203-432-0246
<b>Pharmacy</b>	203-432-0033
<i>Hours of operation</i>	
Monday, Tuesday,	
Wednesday, Friday	8:00 AM–6:30 PM
Thursday	8:30 AM–6:30 PM
Saturday	8:30 AM–3:30 PM
<b>Patient Representative</b>	203-432-0109
<b>Medicare/Retiree Coordinator</b>	203-432-8134
<b>Outpatient referrals</b>	203-432-7397
<b>Claims</b>	203-432-0250

These responses might include reframing the experience by trying to see how you could be strengthened or what good might come from it.

- Find creative ways to handle new situations. Being curious and playful brightens your mood and helps you to see matters from new perspectives.
- Gain useful lessons from experiences that feel bad. What impact will my response have on the outcome? Is anything amusing about this—or could it be amusing later on? What am I learning that I didn’t know before?
- How does this look from a different viewpoint? If I turned it upside down or inside out?

If you know several ways to drive to work, you’re not stuck when there’s a traffic jam! In the same way, having a variety of available responses is crucial when handling unpredictable, chaotic or changing conditions.



# from the desk of

**PAUL GENECCIN, MD**

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

*An important part of our preparation is forecasting changes in health care...including...new modalities of treatment and new technologies...*

2005 has been a banner year for change at Yale Health Plan. Recently I sent all members the announcement of Yale's plan to construct a new YHP building, with our move scheduled for 2009. This date may seem far off, but 2009 is just around the corner when we are talking about planning, design and construction of a health care facility.

In preparation for this move, we have begun planning for expansion of our services and enhanced access for appointments, as well as new clinical programs in prevention, health education and wellness. The new YUHS facility will provide more convenient on-site services, greater privacy, improved parking and easy access from campus as well as from I-91 and I-95.

An important part of our preparation is forecasting changes in health care in future years—including projections of University population growth and YHP membership, new modalities of treatment and new technologies; the electronic medical record (EMR) and digitized

radiology studies are just two among many examples. Although the new facility will open in 2009, we are planning based on developments that seem likely a decade into the future and beyond.

During this past year, YHP was triple-accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The accreditation of our ambulatory clinics, behavioral health service and inpatient unit was a major success—and provided valuable recognition of our commitment to improving clinical care and service. The entire YHP staff has been energized by the ongoing work of measuring and monitoring clinical quality, while building programs and services to improve care for the Yale community.

Although I could discuss many other recent developments at YHP, including major steps in implementation of the EMR and new programs in population medicine, I will just mention of a few of the new faces at YHP, as well as a number of colleagues in new positions.

We welcome new medical and administrative staff (see announcement on page 7). Earlier this year Judith Madeux, MS, APRN, MPH, became deputy director and Sharon Remillard, RN, MSN, became associate director of clinical services. And this month, we welcome Michael Rigsby, MD as our new medical director. A long-time faculty member at the Yale School of Medicine, Dr. Rigsby is a well-known expert in infectious diseases and HIV (see page 6 for more).

Our clinical and administrative teams are well qualified to meet the ongoing and new challenges of the coming years, to push forward with projects to improve clinical care and service, to plan for our new facility, to complete our electronic medical record implementation and to build on our successes in population medicine. I look forward to keeping you up-to-date and as always, I invite you to share your ideas and feedback.



## INTEGRATED WOMEN'S HEALTH INITIATIVE

Female YHP members over 50 are accustomed to receiving annual mammogram screening referrals by mail in their birthday month. This year, women between 50–70 will also receive a letter introducing YHP's new Integrated Women's Health Program. Since YHP health maintenance guidelines recommend yearly visits for women over 50, many of these members find themselves having to make "annual" visit appointments twice a year—once in Internal Medicine and once in Ob/Gyn. This new program coordinates preventive care for these women between the departments of Internal Medicine and Gynecology.

The departments have developed guidelines for annual comprehensive health assessments (CHAs) for women in this age group. The screening for these members can therefore be provided in one annual visit, alternating each year between the primary care clinician in Internal Medicine and the primary care clinician in Ob/Gyn. The clinician will address health concerns, screening needs and vaccinations for the year. Of course, women with ongoing health issues will continue to have regularly scheduled follow-up appointments with the appropriate clinicians.

Instructions for making appointments will be included in the letter; appointments can be made by phone or Yale Health OnLine.



# Dietary Recommendations Similar for Reduction of Common Illnesses

Linda Bell, MS, RD, CD/N, YHP nutritionist

**D**iet can be important in the prevention of illnesses such as heart disease and cancer. While there are slight variations in the dietary recommendations put forth by the government (federal dietary guidelines), the American Heart Association and the American Cancer Society, there is also significant agreement about the basics of a healthy diet.

## What constitutes a “healthy diet”?

The dietary guidelines from the federal government describe a healthy diet as one that:

- emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products;
- includes lean meats, poultry, fish, beans, eggs, and nuts; and
- is low in saturated fats, *trans* fats, cholesterol, salt (sodium), and added sugars.

Comparing these guidelines (published jointly by the US Department of Health and Human Services and the US Department of Agriculture) to the current guidelines provided by the American Heart Association (AHA) and the American Cancer Society (ACS), we find the following.

## Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products

The AHA, ACS, and 2005 federal dietary guidelines emphasize the importance of eating adequate amounts of fruits and vegetables—at least five servings per day, with .5 (half) cup of most fruits and vegetables or 1 cup raw, leafy vegetables counting as one serving.

The 2005 dietary guidelines also recommend at least nine servings per day—2.5 cups of vegetables and 2 cups of fruit—for those who regularly consume more than 2000 calories daily. A diet high in fruits and vegetables has been shown to protect against certain forms of cancer, and can lower the risk of heart dis-



ease and stroke. The ACS recommends that we include vegetables and fruits at every meal and for snacks.

The dietary guidelines advance the specific recommendation to consume 3 or more ounce-equivalents of whole grain daily and to aim for at least half of grain servings to be whole grain. Whole grains provide fiber and other nutrients important to a healthy cardiovascular system. The ACS states that although associations between fiber and cancer are not conclusive, fiber-containing foods have other health benefits.

The AHA and ACS agree that reduced fat versions of dairy products are preferable due to the adverse effects of saturated fat on health.

## Includes lean meats, poultry, fish, beans, eggs, and nuts

The AHA recommends that, if eggs are included in the diet, you limit the cholesterol eaten in other meals that day—for example, by eating meals without meat or cheese or other high-cholesterol foods. The AHA also recommends limiting intake of lean meat, poultry and fish to 6 ounces per day, and trying to eat at least one or two servings of fish weekly.

The ACS recommends limiting consumption of red meats (especially those processed and/or high in fat), and choosing fish, poultry or beans. In addition, the ACS recommends avoiding frying and charbroiling meats, as these cooking methods may lead to the formation of potential carcinogens.

## Is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars

Saturated fat increases blood cholesterol—a risk factor for heart disease. There is also an association between high fat diets and certain cancers (colon and prostate), and evidence suggests that saturated fat is of particular concern. Cholesterol and trans fats are of more concern for prevention of heart disease than cancer, so more information about these can be found in AHA materials than ACS materials.

AHA recommendations about salt—consuming less than 2400 mg of sodium/day—are almost identical to those of the federal dietary guidelines (2300 mg of sodium/day). The ACS notes that although diets containing large amounts of foods preserved by salting and pickling are associated with an increased risk of certain cancers of the gastrointestinal tract, there is no evidence that salt used in cooking or flavoring foods affects cancer risk.

Regarding sugar, the AHA agrees that foods such as candy and soda should be limited, as they are high in calories and low in nutrition. The ACS also notes that a high intake of sugar can increase cancer risk by promoting obesity.

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The federal government, AHA and ACS recommend limiting alcohol to no more than one drink per day for women or two per day for men. However, the ACS notes that women at a high risk for breast cancer consider abstaining from alcohol.

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## References

- [www.healthierus.gov/dietaryguidelines](http://www.healthierus.gov/dietaryguidelines)
- [www.mypyramid.gov/guidelines/index.html](http://www.mypyramid.gov/guidelines/index.html)
- [www.cancer.org](http://www.cancer.org)
- [www.americanheart.org](http://www.americanheart.org)

## WELLNESS

continued from page 1

- Disease management services for groups of people with the same condition (for instance, asthma and diabetes) to provide support and information needed to maintain health.
- Blood pressure and cholesterol screenings on site and at off-site locations.
- Mole screening clinics through the Dermatology Department.
- Nutrition and exercise counseling.
- Walking program each spring.
- Women's Health Awareness programs each October and menopause education programs.
- Health fairs for retirees and seniors.
- On-site travel clinics, which provide a full range of services for those going overseas, including vaccinations, information on water purification, food safety, procedures for accessing medical facilities, avoiding health hazards, effects of altitude changes and so on. We also offer group clinics on and off-site for Yale groups traveling together.

- Influenza vaccine for all age groups. Over the past few years, we have averaged 12,000 vaccinations annually.

### Preventive care for children newborn to 20 through the Pediatrics Department

- The full range of childhood immunizations. YUHS recently won an award from the State of Connecticut for having the highest immunization rates for a large practice in the state.
- Screening and safety advice at all physical examinations for issues related to sports and recreation (such bicycle and skateboard safety), violence and bullying risks, nutrition and exercise needs, weight management, mental health needs, risk reduction.
- Developmental assessment for early identification of problems.

### Preventive care for adults 18–40

- HIV and risk behavior advice provided through Student Health and Ob/Gyn.
- Hepatitis B vaccine as needed (consult your clinician).
- Instruction on self breast and self testicular exams for early cancers.

### Preventive care for mid-life adults 40–65

- Mammography screening and tracking to help women remember to have mammograms.
- Osteoporosis screening for women.
- Review and update of immunizations, done during routine clinical visits.
- Colon cancer screening.
- Screenings for cholesterol and blood pressure; baseline cardiovascular testing; screening for Type 2 diabetes.

### Preventive care for adults 65 and older

- Flu and pneumonia immunizations.
- Glaucoma screening.
- Macular degeneration screening.
- Osteoporosis screening for women and men.
- Nutrition counseling specific to older adult needs.
- Contacting members aged 50–59 who have not been in for the past three years to set up appointments.
- Ongoing cardiac, cancer and diabetes screening.



### THE SUM OF THE PARTS

Many numerical measurements provide information about how our bodies are functioning. Some common ones are:

#### Blood pressure.

Blood pressure is identified with two numbers. The systolic measurement (the upper number) is the highest pressure exerted within the blood vessels during the contraction of the left ventricle of the heart. The diastolic (the lower number) is a measurement of the resting phase of the heart cycle, the time between the heart's contractions. This resting number is the minimum resting pressure within your circulatory system; if it is higher than normal for your age, then your blood vessels are under too much strain.

# healthy ideas

High blood pressure is a significant factor for developing coronary artery disease, so have your blood pressure checked yearly. The upper number should not be greater than 140 and the lower number should be under 90.

**Cholesterol.** Two components of blood cholesterol number are HDL ("good" cholesterol) and LDL ("bad" cholesterol). HDL, or high-density lipoprotein, seems to take the excess cholesterol from the blood vessels and deposit it in the liver. LDL, or low-density lipoprotein, stays in the blood vessels, contributing to atherosclerotic plaques, the substance that causes blood vessel blockages. These blockages can contribute to heart attacks and strokes. A healthy total cholesterol reading should be 200 or less.

**Hemoglobin and hematocrit.** These are two important ways of evaluating red blood cell function. The hematocrit is the percentage of red blood cells as a part of the total blood volume. Normal adult ranges are usually 35–45% for women and 39–49% for men. The hemoglobin is a measurement of the "oxygen carrying" molecules of the red blood cells. Normal ranges are 12–15 for women and 13–17 for men. Low readings of either may indicate various types of anemia; in addition, all organs need adequate oxygen for optimum function. Readings that are too high may also indicate health problems.

More *Healthy Ideas* on back cover



# information

## COMING ATTRACTIONS

Please watch for these upcoming events:

- Senior health fairs will be held in nearby communities on October 6 (Thursday), October 11 (Tuesday) and October 13 (Thursday). Our retirees and those over 62 will soon receive letters with full details, which can also be found on our web site: [www.yale.edu/uhs](http://www.yale.edu/uhs)
- Employee health fairs are planned for this fall. Watch for signs around campus and check our web site.
- Flu clinics will be scheduled for later this fall. Watch for more information at YHP and check our web site for the schedule.

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## PHARMACY WEEK

National Pharmacy Week takes place this year from October 19–25 and, as usual, the YHP Pharmacy will offer a variety of educational programs, displays, interactive events and give-aways. Watch for more details

## WOMEN'S HEALTH PROGRAMS

October is Breast Cancer Awareness Month. This year, instead of our October annual lecture/discussion series focused solely on breast cancer, Yale Health Plan and the YHP Department of Obstetrics and Gynecology are sponsoring events related to various aspects of women's health and wellness. Please join us for our new Women's Health Program events and, in support of breast cancer awareness, pick up your pink ribbon at these events.

### Thursday, October 20

#### Women and Heart Disease

JoAnne Foody, MD  
Director of Cardiovascular Education and Training  
Asst Professor of Medicine,  
Yale University School of Medicine,  
Cardiology Section

### Wednesday, October 26

#### Going Green—Vegetarian Diets for Women of All Ages

Linda Bell, MS, RD, CD/N  
Nutritionist, YUHS

All events are in the Presidents' Room in Woolsey Hall at 12:00 noon. Events are free, but RSVPs are requested; call 203-432-1826. For more info, call 203-432-0222 or 203-432-1826.

## REQUESTING RECORDS?

Requesting records to be sent outside of YUHS? We are glad to provide up to ten (10) pages of records at no cost, including copies for personal use and those sent to doctors' offices, hospitals, insurance companies, attorneys, employers, and others. There is a 65 cents per page charge for any additional pages.

## New Medical Director Appointed



Michael Rigsby, M.D. will assume the role of medical director of Yale University Health Services starting in late September. He is a graduate of Yale School of Medicine, where he also completed his

residency training in internal medicine and was a fellow in infectious diseases/AIDS. Currently, an associate professor on the Yale School of Medicine faculty, he is also a fellow at Jonathan Edwards College. Additionally, he is national director of HIV and hepatitis C programs as part of the Public Health Strategic Health Care Group in the Department of Veterans Affairs (based at the West Haven Veterans Affairs Medical Center). He has also been the director of the HIV Care Program at the VA Connecticut health care system as well as firm chief of the General Internal Medicine Firm in the VA Connecticut health care system.

Michael Rigsby is an exceptional clinician and medical educator, who will provide outstanding leadership as we look ahead to ambitious programs for improving care and service, planning for a new YUHS facility, completing our electronic medical record implementation and building on our successes in population medicine.

# YHP staff

## Employees Recognized

Each year we honor staff members, both clinical and administrative, whose service exemplifies our mission of providing the highest quality, patient-focused care.



From L to R: John Joe, MD, Consultant of the Year; Paul Genecin, MD, Director; Jocelyn Duplessis, RMA, Employee of the Year; Amy Davis, APRN, Clinician of the Year

### Physician of the Year

#### John Iannarone, MD

A physician in Urgent Care since 1987, and a previous winner of this honor in 1993, Iannarone was cited for his “attention to detail,” his “cheerful good will” and his “caring and courtesy” to patients and staff. “I thank Dr. Iannarone and the rest of the excellent Urgent Care team,” wrote one patient, “for every little thing they did on the spot and for every big thing they handled for me. We are blessed to have them.”

### Clinician of the Year

#### Amy Davis, APRN

Davis, a nurse practitioner in the Dermatology Department, came to YUHS in 2001. She receives accolades from patients for her knowledge and diagnostic abilities as well as for her empathy and her thoughtful approach to solving problems. As one member wrote: “I feel safe knowing that Amy is around to take care of me.”

### Employee of the Year

#### Jocelyn Duplessis

Duplessis, currently a medical assistant in Ob/Gyn since 1995, came to YUHS in 1992 as a clinical receptionist. Described as “always willing to help colleagues, patients, and anyone who needs an extra hand,” Duplessis was cited also for her eagerness to “take on new challenges” both at work and in furthering her education, as she “demonstrates a strong work ethic, year after year.” She is “one of those people who makes others feel better just by being around her.”

### Consultant of the Year

#### John Joe, MD

A consultant in otolaryngology, Joe began working with YUHS in 2003. He is described by patients as “down to earth, patient, caring and approachable,” and by staff as “a great teacher” who is “eager to help solve problems.” Joe, a leader in the field of head and neck cancer surgery, is “always willing to give of his time and be part of the YHP team” and “shows tremendous concern for those he treats.”

### Director’s Award

#### Cathy Skorupski

Skorupski, an accounting assistant in the Claims Department, came to YUHS in 1985. She was cited for her “comprehensive knowledge of YHP’s benefits, referral system, and contractual terms.” She “produces a significant amount of work while maintaining a high level of accuracy,” is “always willing to learn new tasks,” works with complex and sensitive claims with “the highest degree of professionalism,” and can be “counted on to identify problems and recommend sensible solutions.”



STEERE



LINCOLN

### Steere Appointed to New Pharmacy Position

Peter Steere, RPh., MBA, has been appointed to the newly created position of assistant director for pharmacy and medication management. Educated at Western New England College and the Massachusetts College of Pharmacy, Steere has published widely in the fields of pharmacy administration and operations. He comes to YUHS from the Massachusetts College of Pharmacy, where he was an assistant professor of health care management, and from his position as a principal in Remedy Pharmacy Management Services, which supports network integration of pharmacy programs into health system service portfolios.

### Lincoln Joins Internal Medicine

Elizabeth Lincoln, MD, has joined the Internal Medicine Department. She is a general internist who was educated at Rush University and the University of Illinois College of Medicine. Before coming to YHP, she was in practice at the University of Illinois for ten years and an assistant professor of clinical medicine at the University of Illinois College of Medicine in Chicago. Her areas of interest include women’s health and patient-physician communication.

## HEALTHY IDEAS

continued from page 5



### DIGESTIVE DISTURBANCES

“Indigestion” refers to various gastrointestinal complaints, including gas (belching, flatulence, or bloating) and upset stomach. “Heartburn” refers to a burning feeling that can be caused by stomach acid regurgitating into the esophagus from the stomach, by gastritis (inflammation of the lining of the stomach), or by an ulcer of the stomach or duodenum (also called peptic ulcer).

The most common cause of heartburn is gastroesophageal reflux disease (GERD), in which the sphincter between the esophagus and the stomach is not functioning properly. Another cause is hiatal hernia, in which a small portion of the stomach protrudes through the sphincter.

“Low stomach acidity” (hypochlorhydria) is the inability to produce adequate stomach acid, affecting digestion. In addition, many nutrients appear to require adequate concentrations of stomach acid to be absorbed optimally.

People with achlorhydria (no stomach acid) or hypochlorhydria may therefore be at risk of developing various nutritional deficiencies.

A major function of stomach acid is to initiate digestion of large protein molecules. Inadequate stomach acid may result in the absorption into the bloodstream of incompletely digested protein fragments, contributing to development of food allergies and immunological disorders. Stomach acid also provides a barrier against bacteria, fungi, and other organisms present in food and water.

Those with inadequate stomach acidity may be at risk of having an excess of “unfriendly” microorganisms in their intestinal tracts, with potential health consequences.

In some cases, symptoms of indigestion are due to specific causes and require specific treatments. In other cases, problems with digestion are caused by diseases unrelated to the gastrointestinal tract. Anyone with frequent or ongoing symptoms of indigestion should be diagnosed by a health care professional.



## From the Pharmacy

### Reduced Cost Medications for Allergic Rhinitis Sufferers

To allow our members to try lower-cost generic medication for treatment of allergic rhinitis, the YHP Pharmacy is offering a one-month supply (30 tabs) of over-the-counter generic Claritin/Alavert (loratadine) 10mg tablets free of charge through the fall of 2005.

In addition, the YHP Pharmacy will make loratadine 10mg tablets available at a significantly reduced cost (less than \$3.00 for a one-month supply of 30 tablets) to prescription alternatives such as Allegra and Zyrtec (prescription Allegra or Zyrtec can cost YHP members more than \$50 for a one-month supply).

Prescription Allegra 60 mg tablets and over-the-counter generic loratadine 10mg tablets (same dose as prescription Claritin) are non-sedating anti-histamine drugs with a similar effectiveness rate for treating allergic rhinitis. If you are taking prescription Allegra, Zyrtec, or are suffering from symptoms of allergic rhinitis (sneezing, stuffy or runny nose; itchy eyes, nose and throat; and watery eyes), speak to a YHP pharmacist to receive a free one-month course of loratadine 10mg tablets. We will check your records for possible drug interactions and explain how to take loratadine.

## yale health care

Yale Health Plan  
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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