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yale health care

NEWS FROM THE YALE HEALTH PLAN

VOL. VII NO. I

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Pain Not Required for Exercise Benefits

RHEA HIRSHMAN

Editor

“Forget no pain, no gain,” says Michael Goulet, RPT, MPH, manager of Physical Therapy at YUHS. “That might be okay if you are a competitive high school or college athlete. But if you’re exercising for general health and fitness, pain means that something is wrong.”

With many people resolving to get more exercise in the new year, Goulet notes that the safest, most cost effective and accessible exercise is walking. Walking builds aerobic capacity and exercises the large leg muscles that pump blood to the heart. However, with walking, as with any other exercise program, anyone who is over 35 and has been sedentary should consult with a clinician, take some basic precautions and be conscious of the body’s responses.

Goulet distinguishes between achiness and pain. “Post-exercise achiness in generalized muscle groups is normal when you’re starting a new routine or increasing the intensity of your regular routine,” he says. The best way of handling the generalized achiness is to rest

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Some Feel Blue as Light Diminishes

CAROLE T. GOLDBERG, PSYD

Department of Mental Hygiene

RHEA HIRSHMAN

Editor

Do the long dark days make you cranky? Do your carbohydrate cravings increase with the return to Eastern Standard Time? When the sun sets at 4:30, do you find yourself wanting to go to bed right after dinner? Many of us move more slowly, eat more and become a little lethargic when the darkness takes over, perking up again in the warmer weather. However, some people experience physical and psychological symptoms that are consistent with seasonal affective disorder (SAD)—a condition that is closely tied to the change of seasons.

SAD is not a specific illness, but instead is described as a pattern of depressive episodes most prominent in December, January and February in the northern hemisphere. Its essential feature is the onset and remission of major depressive episodes at specific times of the year—most commonly beginning in fall and winter and easing in the spring (while there are cases of depressive episodes



beginning in the summer and easing as the colder weather arrives, they are relatively rare).

To meet criteria for a seasonal disorder this pattern of onset and remission must have occurred during at least the last two years, without any non-seasonal episodes during this period. Additionally, seasonal depressive episodes must substantially outnumber any non-seasonal depressive episodes over the lifetime. Also, SAD is not indicated if the depression/remission pattern is better explained by seasonally-linked psychological stresses—seasonal unemployment, school schedules, or

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EXERCISE BENEFITS

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for a day or two and then go back to the exercise—whether it's walking or weightlifting—at a less intense level, building back up again as the soreness resolves.

“But if a specific area—ankle, knee, hip, shoulder—really hurts,” he continues, “that probably means overuse and you could be doing damage by not stopping or changing the exercise.”

If your exercise plans involve a gym, Goulet says, “Look for one that has treadmills, exercise bicycles and elliptical machines. Each one works the legs differently and they are all good for general conditioning. If you're just starting out, walk on the treadmill at moderate speed. A recumbent bike is easier on your back and hips. And the elliptical trainer gives a good workout while being easy on the knees. Once you're in better shape, you can increase speed, resistance or incline. But increase only one variable at a time.”

If you're adding weight lifting to your exercise program, Goulet advises:

- Learn proper use of the equipment and proper form from the trainers.
- Don't try to imitate someone else without getting instruction. Everyone's body is different.
- Begin by working within the available range of motion. Push the range of motion gradually as you build strength, flexibility and endurance.
- Pay attention to all your muscle groups, not just the ones you can see in the mirror. Muscles work together.
- Consider doing circuit training—that is, doing one set of exercises and then going around and doing them again. This allows the muscles to rest briefly, meaning less muscle fatigue, lower risk of injury and less buildup of lactic acid, which causes soreness.
- Rest at least a day or two between weight workouts, although you can lift weights two days in a row if working different muscle groups (i.e. upper body one day and lower body the next).

Important telephone numbers

Urgent Care	432-0123
<i>Open 24 hrs/day, seven days per week</i>	
Toll Free	1-877-YHP-CARE
Information	432-0246
Pharmacy	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
Patient Representative	432-0109
Medicare/Retiree Coordinator	432-8134
Outpatient Referrals	432-7397
Claims	432-0250
Inpatient Care Facility	432-0001

in touch

For overall muscular fitness, Goulet usually recommends machines rather than free weights. “Machines put you in correct position. A problem with free weights is that you have to get the weight to the position to do the exercise: many people strain themselves just to get to the starting position.”

With media attention to “getting in shape after the holidays,” Goulet emphasizes that making a habit of exercise is less about weight loss and more about both health and quality of life. “Type 2 diabetes has reached almost epidemic proportions,” he points out. “But regular exercise—even 30 minutes of walking three or four times a week—reduces diabetes risk even without much weight loss. Any increase in muscular activity improves the efficiency of the transport of glucose into the muscle for energy, making life easier on your pancreas.” In addition:

- Exercise reduces osteoporosis risk. When a muscle works, the tendon that attaches the muscle to the bone pulls harder and the body responds by laying down more bone tissue.
- Exercise improves cardiovascular health. The heart is a muscle, a pump that becomes more efficient when asked for increased blood flow.
- Strong muscles can help those with arthritis protect bones and joints by increasing stability and absorbing shock.



- Exercise increases lung efficiency as the body demands oxygen. Also, the diaphragm expands, meaning more aeration in bottom of lungs, where respiratory problems usually start.

“All of these are incremental changes.” Goulet says. “Too often we Americans are looking for the quick fix.” But even moderate exercise can prevent, delay and minimize the chronic health problems that effect long-term quality of life. “You may or may not get thinner,” he adds, “but if you can easily walk two miles, you'll have a much better time when spring comes and you want to swim or play golf or tennis, or if you want to take the kids to Disney World.”



from the desk of

PAUL GENECIN, MD

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

One of today's most confusing consumer issues is "drug reimportation" or the practice of purchasing inexpensive prescription drugs from countries such as Canada and Mexico. The term "reimportation" is used because the manufacturers of many of these drugs are American pharmaceutical companies whose products are sold both overseas and in the U.S. Because price controls in other countries may make drugs much cheaper for the consumer, more than 10 million Americans have found ways to import prescription drugs.

From the legal standpoint, the issue appears simple; bringing medications into this country from foreign sources is illegal. The Food and Drug Administration (FDA) position is that lack of regulation renders these drugs potentially unsafe. Americans have long benefited from the world's best-regulated system for evaluating and distributing prescription drugs. The proliferation of illegal avenues for pharmaceuticals undermines this system, as evidenced by frequent reports of counterfeit, diluted and spoiled medications contaminating the nation's supply. Email users are inundated with unsolicited offers of narcotic analgesics, Viagra and other drugs, many from dubious sources including foreign pharmacies.

However, with millions of uninsured Americans and in the absence of a Medicare pharmacy benefit up to this point, many people feel that they have no

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alternative but to buy drugs at the lower prices offered in Canada and Mexico. They reason that they are buying American drugs and that the regulatory environment in other countries may offer them protections equivalent to those of the FDA.

Even local and state governments in the US are challenging the restrictions on reimportation of drugs. For example, the mayor of Springfield, Massachusetts and the governor of Illinois are asking federal authorities for permission to procure their employees' prescription drugs from Canada. These highly publicized endorsements of drug reimportation will surely encourage more consumers to purchase their medications from foreign sources.

The US Customs Service can do little about individuals who import drugs for personal use. However, as the debate becomes more public, regulators are renewing efforts against drug reimportation. The situation has become a Pandora's box for legislators.

The pharmaceutical companies, whose campaign contributions give them considerable clout, are also strenuous opponents of drug reimportation. But more and more consumers and legislators are demanding credible explana-

tions of the huge discrepancies in the cost of drugs between the US and other countries—several hundred percent in the most extreme cases. Meanwhile, without addressing the big issues—millions of Americans totally uninsured, and lack of adequate drug coverage even for many who are—it is unlikely that our government will stem the tide of drug reimportation.

American consumers face a difficult situation. The cost of these drugs cannot be covered by the current American system of health insurance. However, because importing drugs from foreign countries is illegal, individuals do so at their own risk and should be mindful of the real hazards involved in taking medications from abroad. The lack of a clear chain of custody (where medications go initially, where and how they are transported and handled, whether they are kept in stock past their expiration dates, whether the dosages are accurately stated and so on) can create genuine safety concerns.

YHP members are fortunate to have prescription drug coverage. But, as informed citizens, we should follow this issue and participate in the public debate.

USING THE PHARMACY

As part of welcoming our new members, we're providing some basic facts about using Pharmacy services. For more information, call the Pharmacy at 203.432.0033.

questions, answers

By answering your questions, this column will help you get the most out of your YHP membership.

*Send your questions to:
Member Services Q & A,
Yale Health Plan,
17 Hillhouse Ave.,
P.O. Box 208237
New Haven, CT
06520-8237.*

*We'll get them answered
by someone "in the know."*

Q. I'm a new Yale Health Plan member and have a prescription from another pharmacy. How do I fill it?

A. You have several options. (1) Your previous clinician can call us at 203.432.0033. (2) You can bring in a new written prescription. (3) You can give your previous clinician's name and phone number and your medication request to a YHP Pharmacy staff member; we will contact the clinician. Please note that we do not accept transfer prescriptions from other pharmacies.

Q. When does my benefit year start?

A. If you are an employee your year starts on July 1. If you are a student your year starts on September 1. If you are retired your benefit year starts on January 1.

Q. A family member who is on my YHP coverage has a prescription card from another insurance company. Can we use that card here?

A. Drug cards from other insurance companies are not accepted at the YUHS Pharmacy as we do not participate in other insurance networks. Check with your alternate insurance plan to locate pharmacies that participate in your plan.

Q. Can a friend or family member pick up a prescription for me?

A. Yes. But you must call us first to give your permission and provide the name of the person picking up the medication. You can also pick up someone else's prescription if they call us first and give us your name.

Q. How long do I have to pick up a prescription after it is filled?

A. Because of space constraints, we keep filled prescriptions for 14 days before they are returned to stock. After 14 days, the prescription will need to be reordered.

Q. The medication I received at the YHP Pharmacy looks different from the brand I used to get. Why?

A. If we provide you with a generic brand, it may differ in color or shape but is the identical substance. Please feel free to contact our pharmacist if you have any questions.

Q. What is the best way to refill a prescription?

A. Use our automated touchtone refill system at 203.432.0033. By using the numbers on your prescription label, you can punch in your request 24 hours a day. A pharmacy staff member will be glad to show you how to use this automated service.

Q. How do I know how many refills I have left ?

A. The number of your remaining refills is printed on the bottom left of your prescription label.

Q. How soon before a prescription runs out can I call in the refill?

A. Most prescriptions come with instructions about how long the medication is to be used. You should call three or four days before the prescription runs out to get a refill. In special situations, you can speak to someone on the Pharmacy staff.

Q. How do I get enough medication to take with me if I will be away?

A. Discuss your situation with your clinician, who can authorize a change in the amount of medication the Pharmacy will dispense. Make sure that you know exactly how to take the medication (i.e. with food or between meals, time of day, etc.)

FEELING BLUE

continued from page 1

linked psychological stresses—seasonal unemployment, school schedules, or family interactions at specific times of year—rather than by the change in season itself.

Seasonally-related depressive episodes are often characterized by lack of energy, overeating, weight gain, and a craving for carbohydrates. Those who experience mild to moderate symptoms are usually able to maintain regular activities. However, when the symptoms interfere with overall ability to function, a consultation with a clinician is appropriate.

Younger persons are at higher risk for winter depressive episodes and 60–90% of persons with SAD are women. We do not know whether female gender is a risk factor for SAD, or whether the higher percentage of women with SAD is connected to women's higher incidence of depression in general. The prevalence of winter-onset SAD also increases with higher latitudes: the further north you go, the longer the winter.

Some research shows that SAD may be caused by a biochemical imbalance in the hypothalamus due to shorter daylight hours. SAD may be mild, moderate or severe. While the milder forms can look and feel like “the blues,” more severe forms can include not only the symptoms mentioned above, but those common to major depressive illness: moodiness, loss of libido, excessive desire for sleep, lethargy, and anxiety.

The treatment that we hear most about is light therapy that may “trick” the hypothalamus: exposure to up to four hours per day of a very bright light, at least ten times brighter than regular indoor light. In some cases, psychotherapy can be helpful and sometimes antidepressant medication may be indicated during the SAD months.

Tips for overcoming mild cases of SAD include:

- Exercise regularly, and exercise outdoors on sunny days when possible.
- Go for walks during the day—for instance, during lunchtime.
- Sit in a sunny place to relax indoors.



- Brighten a favorite spot at home or at work.
- Create your own “light room” at home and spend as much time there as possible.
- If your car is equipped with a sun roof, drive with it open whenever feasible.

YHP staff

In addition to their clinical work, members of our staff participate in a range of professional and community activities. With this issue, we begin an occasional section featuring staff activities outside of YUHS.

John Iannarone, MD, staff physician in Urgent Care, uses his medical knowledge to provide community service in his home town of Monroe. A member of the town's Board of Health since 1996, and its chair from 1998–2002, Iannarone is now the town's Medical Coordinator, a position that has involved organizing the town's bioterrorism response team and coordinating emergency services. He has also served on Monroe's Alcohol and Drug Awareness Committee, and speaks in schools, promoting an anti-smoking program called Tar Wars and discussing medical careers with middle school students. Iannarone was given Monroe's “Hometown Hero” award in 2002 by the Fairfield County RYSAP (Regional Youth Substance Abuse Prevention council).

James M. Perlotto, MD, Chief of Student Medicine, recently spoke at the national meeting of the American College Health Association in Miami, Florida. His presentation—“HIV and AIDS Care Update for the College Health Professional”—focused on current risks for college age students in a multi-cultural university setting. Perlotto also participated during the summer in the Second International AIDS Society Meeting in Paris, France, as a representative of the Yale University Health Services.

A member of the YUHS medical staff since 1988, Perlotto is also Associate Clinical Professor of Medicine at Yale and Associate Clinical Professor of Family Medicine at the UConn School of Medicine.

Mark Theriault, PharmD, staff/clinical pharmacist and **David Brzozowski, MS, RPH**, clinical pharmacist attended the Academy of Managed Care Pharmacy in October in Washington, D.C., where each presented a paper; both papers were also published in the Journal of Managed Care Pharmacy. Theriault's presentation discussed the automatic conversion of prescriptions from Claratin to Allegra in an effort to reduce costs while maintaining good clinical outcomes. Brzozowski's paper explained how YHP used its computer refill form to convert patients prescriptions for different classes of medications from non-formulary drugs to formulary drugs.

information

CALLING THE SHOTS

The YUHS Pediatrics Department has been recognized by the State of Connecticut's Immunization Registry and Tracking System for the highest immunization rate in a large medical practice (98%) for children under the age of 2. There are over 640 pediatric practices in the state.

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YHP PHARMACY OFFERING NON-PRESCRIPTION PRILOSEC OTC

In September 2003, Prilosec otc became the first non-prescription Proton Pump Inhibitor (PPI) drug available in the U.S. Other PPI drugs include Aciphex, Protonix, Prevacid, and Nexium. PPIs are the prescription drugs most commonly used to treat heartburn and gastroesophageal reflux disease (GERD). Prilosec otc is available in a 20 mg tablet, the same dose as prescription strength, and was approved for treatment of frequent heartburn occurring two or more days a week.

As of December 2003, Yale Health Plan began using non-prescription Prilosec otc as the preferred PPI drug. Since, for most patients, standard doses of all PPI drugs result in rates of pain relief and healing that are identical to one another, this change should provide good clinical outcomes. There will not be any additional cost with initial or continued use of Prilosec otc, and you can also purchase Prilosec otc at any store where over the counter medications are sold.

Patients with GERD will also be able to obtain a prescription PPI drug at the YHP Pharmacy if longer-term therapy (more than four months) is indicated or in cases where Prilosec otc is not effective.

If you have further questions please call the YHP Pharmacy at 203-432-0033.



MANAGING MENOPAUSE

YHP's popular series on menopause, featuring a variety of topics presented by clinical specialists, will be held on January 14, 21 and 28. The January 14 and January 21 events are at 12:00. Lunch will be provided. The January 28 event is at 6:00 p.m. Light snacks will be provided. All events take place in the President's Room in Woolsey Hall (corner of College and Grove Streets). 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.

EXPANDED CLINIC HOURS

As of January 6, 2004, primary care clinic hours (Internal Medicine, Obstetrics/Gynecology, Student Medicine and Pediatrics) were expanded to include Tuesday and Wednesday evenings between 5:00 and 6:45 pm. Ancillary services such as radiology, pharmacy and the clinical laboratory are also open during these hours.



With over 20 additional clinic hours available per week, we expect to reduce daytime congestion in the clinics. We encourage you to take advantage of the extended hours and to let us know how they work for you.

Please note that electrocardiograms (EKGs) will not be done during the extended hours. If you need an EKG call 203-432-0038 or contact your clinician.

X-RAY INSTRUCTIONS

Patient instruction sheets for radiology and ultrasound procedures can now be downloaded from the YUHS Radiology Department web page at www.yale.edu/uhs (click on Departments on the front page and then on Radiology.)

Wednesday, January 14, 12:00 noon.

Hormone Replacement Therapy: The Latest News presented by Ann Ross, MD.

Wednesday, January 21, 12:00 noon.

Nutrition Issues for Menopausal Women presented by Linda Bell, MS, RD, CD/N. *Menopause Management: the Road Not Taken* (alternative strategies for managing menopause symptoms), presented by Ivy Alexander, PhD, C-ANP.

Wednesday, January 28, 6:00 p.m.

Navigating Menopause: Men, Myths and Mysteries presented by David Roth, MD. Partners are welcome.

healthy ideas

All Ages Need Calcium

LINDA BELL, MS. RD, CD/N

YHP Nutritionist



While most of us associate the need for calcium with periods of growth—pregnancy and childhood—calcium is important at all points in our life cycles.

The need for adequate calcium during pregnancy and lactation is self-evident, as calcium is required for formation of the fetal skeleton and then for production of breast milk. During childhood, bones grow long and wide, and then from teenage years up until age 30, bones build toward their peak mass.

Having a greater peak bone mass helps to preserve the skeleton, as age-related changes cause loss of calcium from the bone in later adult years.

The current trend for teenagers to drink more soda, fruit ades and other beverages in place of milk is troubling. The resulting reduced calcium intake could lead to lack of adequate bone mass in later life and to greater risk of osteoporosis, fractures and other health problems. Inadequate calcium intake in young athletes may also lead to a higher incidence of stress fractures.

Need more reasons to maintain an adequate calcium intake? Recent evidence suggests that adequate intake of calcium may prevent health problems such as hypertension and colon cancer, and may even help with weight reduction! See the chart below for your recommended daily calcium intake.

Use the table to approximate your calcium intake and compare to your calcium goal.

	number of daily servings	total mg of calcium
Category A very high calcium foods (300–400 mg)		
cup milk		
cup yogurt		
cup calcium fortified soy milk or orange juice	x 300 =	
1 oz. natural cheese		
Category B high calcium foods (200–299 mg)		
3 oz. canned salmon or sardines with bones	x 200 =	
Category C moderate-high calcium (150–199 mg)		
cup cottage cheese		
cup tofu (made with calcium)	x 150 =	
cup cooked spinach		
1 slice calcium-fortified bread		
Category D moderate calcium (100–149 mg)		
cup frozen yogurt or ice cream	x 100 =	
cup almonds		
cup cooked turnip or collard greens		
4 dried figs		
Category E lower-moderate calcium (50–99 mg)		
1 medium orange	x 50 =	
cup cooked broccoli		
cup canned white beans (such as navy and pinto)		
Calcium supplements	+ 150–600 mg	
Rest of diet (add 200 mg calcium for foods not in above categories)		+ 200
Total daily calcium intake		

age range	recommended mg calcium intake
Children 1–3	500
Children 4–8	800
Children and teens 9–18	1300
Adults 19–50	1000
Adults 51 and older	1200
Pregnant/breast-feeding women	1000
Pregnant/breast-feeding teen (<18 years old)	1300
Postmenopausal woman not on HRT	1500



HEALTHY IDEAS

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MIX AND MATCH WITH CARE

If you take self-help cold remedies, including herbal items, be careful about mixing them with prescription medications. Always ask your pharmacist about potential interactions between prescription and over-the-counter medications. Read inserts to learn about drug interactions. For instance: decongestants will help a runny nose but may also interfere with blood pressure, whether you are on blood pressure medication or not. Many over the counter cold remedies contain high doses of ibuprofen or acetaminophen, so be very careful if you take either of them while also using cough syrup. You may end up taking an amount which exceeds the recommended daily doses.

NO MEDS IN BATHROOM

The beginning of the year is a good time to review all the medications you have in the house, throwing away any that have expired and organizing what remains. Remember that your bathroom medicine chest is the worst place to keep medications. Steam from the shower may cause the active chemicals to degrade, decreasing the effectiveness of the substances and possibly compromising your health. Store medications in a cool, dry, place away from children and animals.



WINTER SUN DESERVES RESPECT

While our northern hemisphere winter sun doesn't provide much warmth, exposure to sun glare—especially the intense glare created by the sun's rays hitting snow—can still damage eyes and skin. Getting some sun exposure is important for Vitamin D production, but avoid the glare. If you are exercising outdoors, apply sunscreen to exposed skin. Also, wear sunglasses while driving on a bright, sunny winter day. Good sunglasses don't have to be expensive, but they should block 99% to 100% of UVA and UVB rays. Check the label and, if there's no label, don't buy the glasses.

SAFE WINTER EXERCISING

Staying safe during winter exercise presents particular challenges. Warm up and stretch before and after activity to prevent strains and injuries. Running outdoors requires adjustments. Injuries can occur when you slip on wet or icy pavement, when you tighten your muscles because of tricky weather conditions or when low wind-chills cool your muscles even while you exercise. To avoid injury, shorten your stride, run at a slower speed and try to find a suitable place to run indoors. During any outdoor winter sports, wear goggles (with sun protection) to prevent freezing of your corneas. A hat helps retain body heat.

The temperature does not have to be below freezing for frostbite to occur, and it can occur quickly. Protect all exposed body parts—like earlobes and nose—as well as fingers and feet. Treatment of frostbite entails re-warming for about 20 minutes in warm water (not hot!) without rubbing, as rubbing will damage tissue.

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Yale Health Plan
Member Services
17 Hillhouse Avenue
P.O. Box 208237
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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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