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NEWS FROM THE YALE HEALTH PLAN

VOL. VIII NO. I

JANUARY—FEBRUARY 2005

Symptoms of Food Allergies Vary Widely

KAREN OTTERSON, RN, MSN

*Health Promotion & Allergy Clinic Coordinator,
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From news stories about children with extreme reactions to peanuts, to articles in popular health magazines about managing celiac disease, we're hearing more and more these days about food allergies. One current theory that may account for the increasing number of people with allergies has to do with our overuse of antibiotics and antibacterial substances—resulting in fewer challenges to our immune systems, which then attack other materials, such as the food we ingest.

The word “allergy” was first used about 100 years ago to mean “altered reactivity.” This altered reaction occurs when an antibody called IgE (immunoglobulin E) is produced by the immune system—usually on the lookout for potentially harmful invaders—in response to a normally harmless substance with which the body comes in contact, usually by inhalation, touching or ingestion. The release of IgE under these circumstances results in a series of changes in body chemistry that can produce a variety of



reactions—such as inflammation of the nasal membranes (allergic rhinitis or hay fever) or of the clear lining of the eyes (allergic conjunctivitis) or of the skin (hives or eczema). Food allergy can manifest as anything from temporary hives to life-threatening systemic reactions. While immediate allergic reactions to foods are caused by the IgE antibody, delayed allergic reactions to foods occur in response to certain immune cells (T-cells).

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Headaches Treatable With Range of Therapies

MARK THERIAULT, PHARM D.

Clinical Pharmacist

Headache is one of the most common medical complaints, affecting millions of people and accounting for 150 million work days and over 300,000 school days lost each year in the U.S.

Headaches can be grouped into two major categories: primary and secondary. Primary headaches, accounting for 90% of all headaches, include tension-type and migraine headaches. Secondary headaches are symptoms of underlying medical conditions such as tumor, infection, high blood pressure, blood clots, and aneurysms (bulging blood vessels at risk for rupturing). Check with your clinician if headache is combined with any of the following characteristics, which can be warning signs for a more serious condition: fever, stiff neck, sudden onset and severe intensity, confusion, seizure, impaired vision, numbness, and loss of consciousness. Any change in a familiar or long-standing pattern of headaches (changes in frequency, intensity or related symptoms) should also be discussed with your clinician.

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HEADACHES

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Tension-type headache is the most common form of primary headache, resulting most often from stress, anxiety, or fatigue. Characteristics include pressure or tightness accompanied by a dull ache on both sides of the head. Usually tension-type headaches can be treated with over-the-counter analgesics such as aspirin, ibuprofen (Motrin, Advil) and acetaminophen (Tylenol). Rest and relaxation may also relieve tension-type headaches.

Because headaches are often caused by external stimuli...many people can learn to avoid some episodes of headache.

Tension-type headaches typically occur less than once a month. A frequency of 15 or more per month may be a sign of chronic tension-type headaches. Treating chronic tension headache with daily medication may compound the problem by causing medication-overuse headaches, also known as rebound headaches. Chronic daily headache and medication-overuse headaches are serious, so consult your clinician for diagnosis and treatment.

Migraines, caused by a dysfunction of nerves and a dilation of blood vessels in the brain, are among the most debilitating form of headaches. They are much more frequent in females than in males, possibly due to hormonal changes associated with the menstrual cycle. Among the various types of migraine, the two most common are with aura (classic migraine) and without aura (common migraine). Symptoms include throbbing pain, nausea, vomiting, and light and/or sound sensitivity. Attacks vary in frequency, duration, and intensity, but generally last for 4 to 72 hours, and may range from mild pain to excruciating throbbing. Normally felt on one side of the head, migraines may also be focused on the frontal part of the brain or may be equally distributed throughout the head.

People with classic migraines experience warning signs (the “aura”) that usually begin 15–60 minutes prior to the onset of the actual headache and include: visual disturbances (shimmering colored lights accompanied by blank spots, flashes of light, zig-zag lines); tingling or numbness in the extremities; alterations in mood; speech difficulty; and confusion. These symptoms usually disappear with the onset of the headache.

Migraines can be treated with both abortive (stopping an attack in progress) and prophylactic (preventive) therapies. Abortive treatments include non-steroidal anti-inflammatories with and without caffeine, Midrin, ergotamine preparations, triptan medications, and narcotic analgesics (prescribed infrequently, as there are many other effective treatments that are not habit-forming). These medications work by reducing pain and inflammation and by constricting blood vessels in the brain, and should be taken as soon as possible, since any delay increases the risk of treatment failure. Resting in a dark, quiet room may also help. Anti-nausea agents can be used to treat the associated symptoms of nausea and vomiting.



Prophylactic therapy is useful for migraines occurring more than four times a month and must be taken daily. Prophylactic migraine medications include drugs used to treat heart conditions, depression, and seizures.

While these medications will decrease the frequency of attacks and may decrease the pain, abortive medications will still be needed to treat attacks as they occur.

Because headaches are often caused by external stimuli called “triggers,” many people can learn to avoid some episodes of headache. Common tension-type headache triggers include stress, anxiety, and fatigue, so relaxation techniques and proper sleep schedules will help to decrease occurrence. Common migraine triggers also include chocolate, caffeine, alcohol, missing meals, and hormonal fluctuations. Avoiding or working around triggers, exercising regularly, and sleeping regularly will all help reduce the chances for getting a migraine.

While tension-type and migraine headaches are the most common, other headache syndromes exist. Cluster headaches are more intense but of shorter duration than migraines. Post-traumatic headaches occur due to past head injury. Temporomandibular joint dysfunction (TMJ) may be associated with headache along with the typical jaw pain. Sinus headache is associated with chronic nasal stuffiness or respiratory infection. Elderly patients with temporal arteritis (an uncommon rheumatologic disease) experience headaches due to the inflammation of blood vessels. All of these conditions should be diagnosed and treated by a clinician.

If a headache does not resolve with rest and over-the-counter medication, or if symptoms suggest something more serious, consult your clinician. Diagnosing headache requires a complete history and physical exam. Occasionally, referral to a neurologist may be needed and some people—although not most—will require a CT scan or an MRI for brain imaging. Once the cause of head pain is determined, therapy can be initiated. Headache treatments are becoming increasingly effective so, while headaches may be a constant part of your life, they do not have to control it.



from the desk of

PAUL GENECCIN, MD

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

We...are looking forward to becoming even better at both listening and disseminating information.

The YUHS Executive Committee, composed of senior clinical and administrative leaders, meets regularly to define our strategic goals—“strategic” because we focus on initiatives vital for positioning YUHS for future success in both the short and long terms. Many strategic goals are in the queue for the future; at the same time, we are seeing many of our goals from the past come to fruition as I write—such as the electronic medical record (EMR) and numerous initiatives to improve clinical care and service. The following are goals that we have decided are most important for YUHS right now:

1) **Successful accreditation** by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) in 2005, and then maintenance of YUHS accreditation over time. The ongoing success of this project will position YUHS for the future by helping us to define standards of clinical quality and service to our members and to create consistent policies and procedures for dealing with a broad spectrum of organizational issues. Accreditation requires that we use measurement and data collection to track improvement and to identify areas needing greater attention. Examples of areas that are benefiting from these new standards include: waiting times for appointments; quality of documentation in the medical record; aspects of our approach to patient care, including specific interventions for members with chronic health conditions and special health risks; and maintenance of our facility.

2) An ongoing priority previously described in *yale health care* is **population medicine**, a program in which we identify populations of patients and define best preventive practices and care interventions to help them remain as healthy as possible. We have enjoyed outstanding success with programs such as immunizations for children and adults and care for groups with health conditions such as diabetes mellitus and asthma. We are planning other ambitious programs including integrating all our secure data registries under one “virtual roof” and connecting them to the electronic medical record. We are also developing a program for management of patients with risk factors for (or established) cardiovascular disease and ensuring their access to the best available therapies.

3) **Clinical process improvement** means strategic focus on and dedication of resources for some high-volume clinical areas to improve telephone and appointment access. An Executive Committee work group will establish priorities based on data and use this data to measure improvement. Among their charges: eliminating duplicative work processes; redefining work processes so that our members’ use of these departments goes more smoothly; looking for non-clinical work that could be moved out of the clinics so that the entire clinical team can concentrate on patient needs. This multidisciplinary group will define measures of performance for the staff of the large clinical departments to ensure that managers have tools for tracking success and continually striving to improve patient service and clinical access.

4) Finally, we have identified **communication** as a strategic goal. Although we have made strides in communicating with our members, we have a long way to go in developing a comprehensive strategy that encompasses the growing need for timely and relevant information to and from countless constituencies. Consider, for instance, the YUHS staff. In addition to our long time clinical, administrative and support staff, we have a constant influx of new employees who work during the off-hours or part-time, and consultants who work off-site. Then there are the many constituencies of our membership group, including students and faculty and their dependents in the local area, as well as those working in remote locations on different continents! And don’t forget our retirees, the University’s staff, and the 23% of Yale employees who are not Yale Health Plan members. We also interact with many Yale administrative offices, such as Benefits, Human Resources and the Budget Office. Then there are city and state offices as well as federal regulatory agencies, our peer institutions and on and on. Communication means more than getting our message out. Ensuring that we have a well-managed and responsive program for listening is equally important. We have made strides in this area, but are looking forward to becoming even better at both listening and disseminating information.

As always, don’t hesitate to contact me with your ideas. Many of our strategic priorities derive from your input.

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FOOD ALLERGIES

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Allergic reactions to foods occur as they are introduced into the gastrointestinal (GI) tract, which processes food and normally blocks allergens from entering the body. In young children, this blocking process may be immature or unrefined and allow allergens to cross the natural barriers in the gastrointestinal tract into the bloodstream—resulting in allergic reactions. In older children and adults, the body's immune system has developed a tolerance to the allergens, and thus usually does not react if the allergens cross the gastrointestinal barrier. However, if the body fails to develop the tolerance or the tolerance breaks down, allergic reactions can result.

Common allergic symptoms include skin hives (acute urticaria) and swelling of the eyes, lips, and tongue (angioedema). These reactions can occur within minutes of eating the food responsible. Other reactions may develop at some point after the food is eaten. Eczema is a common allergic reaction, and at least a third of infants and young children with eczema have food allergies. Other symptoms of food allergy include gastrointestinal symptoms, such as nausea, cramping, vomiting, and diarrhea. The most severe form of allergic reaction is anaphylaxis. In anaphylaxis, individuals may experience hives, angioedema, asthma, rhinitis, low blood pressure, shock, and an irregular heart beat. Anaphylaxis is a life-threatening reaction and requires immediate treatment in a health care facility equipped to handle emergencies.

Oral allergy syndrome (OAS) is another type of food allergy, a form of contact urticaria from ingestion of a food (usually fresh fruit). The reaction is confined to the lips, mouth and throat; it rarely progresses to anaphylaxis, and occurs primarily in people who are allergic to pollens. People who are allergic to ragweed pollen, for example, may experience symptoms of OAS when eating melon or banana. Those with birch tree pollen allergies may find that apples, carrots, hazelnuts, and potatoes create the symptoms of OAS: itching of the lips, tongue and throat, and sometimes facial swelling.

Six foods account for 90% of children's allergic reactions: dairy products, eggs, peanuts, wheat, soy, and tree nuts. Four foods account for 90% of adult allergic reactions: peanuts, tree nuts, fish, and shellfish. Children can "outgrow" certain allergies, especially to egg, milk and soy. In adults, reactions to food allergens sometimes decrease over time.

Diagnosing a food allergy begins with a thorough history, physical exam, and testing. Keeping a food diary is very helpful. Common tests for food allergies include radio-allergosorbent testing (RAST) that detects elevated levels of IgE for specific foods and other allergens, and skin prick testing (SPT), where a liquified solution containing the allergen is placed on the skin. If both the blood test and the skin test are negative, a food challenge may be conducted. In a food challenge, the suspect food is given in small, incremental amounts in a controlled environment (physician's office) to determine if a reaction will occur. These challenge tests are for the immediate reaction allergies, which are the most common, and may have the most serious effects.

If a food allergy is diagnosed, the only treatment is strict avoidance. Reading labels becomes vital, as processed foods may contain ingredients that can cause reactions. When dining out, those with food allergies should alert restaurant personnel and ask about possible shared food preparation areas or equipment. Individuals with severe food allergies should also obtain prescriptions for Epi-Pens, an epinephrine-filled syringe that can be self-administered in the event of an unintentional ingestion and that will assist in reversing the most severe symptoms of anaphylaxis. After administration of the epinephrine, the individual must seek emergency care.

www.foodallergy.org (The Food Allergy and Anaphylaxis Network)

www.worldallergy.org (World Allergy Organization)

www.aaaaa.org (American Academy of Allergy, Asthma and Immunology)

See page 5 for information on food substitutions.

By any other name

If you have been diagnosed with a food allergy, label-reading is essential to ensure that you avoid not only the obvious allergen(s), but also the many products which may contain variations of those foods.

If you are allergic to dairy: Check food labels and avoid products containing any of the following ingredients: butter, cream, curds, margarine, yogurt, cheese, cottage cheese, nonfat milk solids, whey, whey protein isolate, ghee, ice cream, buttermilk, milk chocolate (dark chocolate often does not contain milk, but check the label), casein, sodium caseinate, lactoglobulin, and lactalbumin.

If you are allergic to wheat: To avoid products containing wheat, check food labels for: wheat bran, wheat germ, gluten, malt, starch, bran, bread crumbs, bulgur, cereal extract, couscous, cracker meal, durum and durum flour, enriched flour, farina, gluten, graham flour, seitan, semolina, spelt, whole wheat berries, whole wheat flour. These ingredients may also contain wheat protein: starch, hydrolyzed vegetable protein, soy sauce (wheat-free varieties are available), vegetable gum.





Food Substitutions

Allergy to cow's milk and milk products.

You can find almost any alternative for dairy in the form of a soy product—not only soy milk, but also soy cheese and soy yogurt. These products usually provide a similar amount of protein as their dairy counterparts, and they are frequently fortified with calcium. Other alternatives are milk and cheese substitutes made from rice or almonds or vegetable combinations. Also on the market are some excellent frozen desserts made from soy milk and rice milk. Try a variety until you find the ones you like best.

Allergy to wheat. While some individuals have celiac disease, which requires that they eliminate all gluten from their diets, those with wheat allergy alone can usually tolerate non-wheat flours that may contain gluten, such as barley or rye flour. Other substitutes for wheat are potatoes, rice, corn and products made from them. Rice cereals and flaked corn cereals or cornmeal can be used for breading foods. Alternative grains that may be less familiar here but that are commonly used in other parts of the world are quinoa (a high protein grain), amaranth, and teff.

Allergy to peanuts. Besides obvious sources such as peanut butter and baked goods containing peanuts, cross contamination in foods such as baked store products is a concern. Peanuts are often hidden ingredients in foods where they would not be expected, such as chili; other foods may be prepared with peanut oil. Careful label reading is essential. As peanuts are legumes and not true “nuts,” people with peanut allergies can usually eat tree nuts such as almonds, cashews and walnuts and the butters made from them, as well as from seeds such as sunflower and sesame.

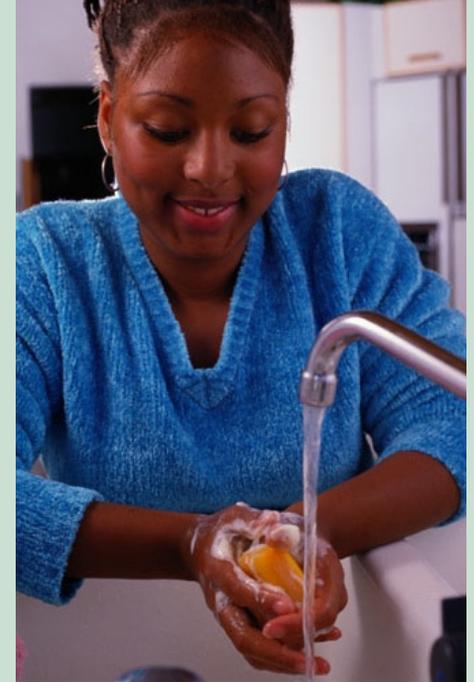
WASH YOUR HANDS

Frequent and thorough hand-washing is one of the best ways to prevent colds and flu. While those working in health care facilities may need anti-bacterial agents, for most people regular soap and water are adequate for good hand cleansing. If you're not sure what “thorough hand-washing” entails, here are guidelines.

If you are using soap and water:

- Wet hands thoroughly.
- Vigorously lather with soap, covering your hands past your wrists.
- Use friction, one hand upon the other with fingers interlaced, for at least 15 seconds (singing Happy Birthday three times equals 15 seconds).
- Rinse hands thoroughly under running water, holding elbows higher than hands to allow water to flow from fingertips.
- Dry hands with a clean, dry paper towel.
- Use a clean, dry paper towel to turn off the water faucet.
- In your home, use paper towels rather than having everyone use the same cloth towel.

If you are using an alcohol-based hand rub (such as Purell), keep the following in mind:



- These products are not appropriate when hands are visibly dirty.
- In order to use these products effectively, you need to rub your hands together vigorously until they are dry. If your hands are dry before 15 seconds have elapsed, you did not use enough of the rub and should repeat the application.
- To prevent build up of moisturizers contained in cleansers, hands must be washed with soap and water after five applications of alcohol-based products.

healthy ideas

WATCH OUT FOR NOSEBLEEDS

Unless we have colds, we don't usually pay much attention to our noses until they bleed. Nosebleeds are a frequent occurrence in childhood but do not appear often in healthy young adults. They do, however, occur more commonly in older adults and can indicate problems such as high blood pressure or anemia. Adults with frequent nosebleeds should see their physicians.

FIND THE TIME

Having trouble getting your exercise? Short, frequent mini-workouts throughout the day may lower your triglycerides as well as one long exercise session. Exercise reduces the spike in blood fats that occurs after consuming a high-fat meal. Try taking three 10–15 minute walks throughout the day when you can't make it to the gym.

information



WELCOME TO NEW YHP MEMBERS

Welcome to members who joined YHP during the University's open enrollment period. Watch for your membership packet which includes a Member Handbook, a list of YHP primary care clinicians and member identification card (s). Read the handbook carefully; it contains information to help you use the plan. Call Member Services at 203-432-0246 with questions about benefits or for help in choosing a primary care clinician.

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MAKING SPACE, CONTINUED

Renovations continue at 17 Hillhouse Avenue. The latest:

- In January, Student Medicine and Employee Health will move to their new and expanded spaces on the 4th floor.
- In March or April, the Dermatology Department will move to the 3rd floor.
- At around the same time, we will be expanding the Obstetrics & Gynecology clinic space

CONTEST WINNERS ANNOUNCED

In September, we contacted a select group of YHP members who were not Yale Health Online (YHOI) users. Yale Health Online is a secure web-based medical communication service tailored to the needs of YHP members; it allows you to request appointments and send non-emergency messages to your YHP clinicians online at your convenience.

As an incentive for registering for Yale Health Online, we offered a chance to win one of four \$25 gift certificates from the Yale bookstore. Three hundred members of this group registered for YHOI accounts during the month of October and four prize winners were chosen in a random drawing. Congratulations to the winners:

- Todd J. Waldron
- Brian F. Ferrall
- Margery Mills
- Shawn F. Biegen

As of this writing, 6256 YHP members use YHOI and the number is growing daily. Our online account users are satisfied with the convenience of and the quick response they receive from YHOI encounters. To register for an account, go to: www.yalehealthonline.yale.edu.

Important telephone numbers

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

in touch



From the Pharmacy

Mail-order medications

The pharmacy is starting a mail-order service for our patients taking maintenance medications, allowing those patients to have a 90-day medication supply mailed directly to their homes. There are some restrictions about which medications can be mailed and where they can be mailed. For more information, please check our website www.yale.edu/uhs or call the Pharmacy for more information (203-432-0033).

Clinical pharmacist available

Mark Theriault, Pharm D. is now accepting appointments with patients who need help in managing medications and in managing diabetes, asthma and other chronic conditions. You may contact him directly at 203-432-2885 to schedule an appointment.

Phone-in refills

You can order refills in the privacy of your home or office and have your prescription ready to pick up when you arrive at the Pharmacy. Have your prescription bottle or package in front of you when you call the Pharmacy at 203-432-0033. You can enter your prescription numbers on your touch tone telephone 24 hours a day and receive an approximate pick-up time. Even if your prescription has run out of refills you can still enter the information and listen to the phone prompts to have the Pharmacy contact your clinician for additional refills.

Survey your medicine chest

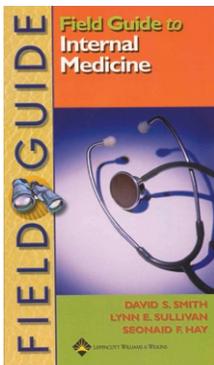
Most of us use more over the counter medications during cold and flu season, making winter the ideal time for checking your medicine cabinet.

- Remove all expired medications; they can degrade over time and become ineffective. Degraded medications can also cause health problems.
- Restock essential items in adequate quantities, but do not purchase so much that you run the risk of having even more expired items sitting around next year.

And note: Moisture hastens the breakdown of medications, making the bathroom medicine chest one of the worst places to keep them. Instead, keep medications in a place that is dry, away from sunlight, and out of the reach of children and pets—such as an upper shelf of a hall closet. Use the bathroom cabinet for items that are used up quickly like soap or for non-perishables like bandaids.

YHP staff

In addition to their clinical work, members of our staff participate in a variety of related community and professional pursuits. This section will occasionally feature brief stories about staff activities outside of YUHS.



David S. Smith, MD, recently co-authored with two other Yale physicians a volume entitled *Field Guide to Internal Medicine*, published by Lippincott Williams & Wilkins.

Smith, who came to YUHS's Internal Medicine Department in 1993 and is former chief of that department, is also Associate Clinical Professor of Medicine at Yale Medical School, lead physician for the YUHS electronic medical record project, and YUHS Chief of Education and Clinical Measures. In 1999 he published *Field Guide to Bedside Diagnosis*. The current volume is unique in being "a comprehensive yet concise overview, a portable and visual view of internal medicine, with information for clinicians on clinical presentation, diagnosis, and management of medical emergencies and the most common diseases encountered in hospitalized patients."

Suzanna Kern-Massey, RN, nurse coordinator for the YUHS Immunization Department since October of 2003, appeared recently on ABC's 20/20 show along with her daughter, Emily, 17. The panel's topic was talking with your children about sex and sexuality. Kern-Massey has been on the executive board of the Connecticut Parents and Teachers Association, and is currently serving as first vice-president/president-elect. Of her appearance on the show she says, "When I talked with my daughter about the fact that we would be on 20/20, she said to me exactly what I had told the producer—that there was no one time to sit down and talk to your child. This is a conversation that has been going on forever—and conversations about sex and sexuality should be ongoing throughout our children's lives."



Managing Menopause

Yale Health Plan's popular lecture/discussion series on menopause will be held on January 19, 26 and February 2 (all Wednesdays). The events are at 12:00 noon in the Presidents' Room in Woolsey Hall (corner of College and Grove Streets). You are welcome to bring a bag lunch (beverages and desserts provided). The events are free, but RSVPs are required. To RSVP or for more information, call 203-432-1826. For more information check our web site (www.yale.edu/uhs).

WEDNESDAY, JANUARY 19, 2005

HRT: The Debate Goes On

Ann Ross, MD

YHP Department of Ob/Gyn

WEDNESDAY, JANUARY 26, 2005

Are Hormones Meant For You? Understanding The Lessons from The Women's Health Initiative (WHI)

Fred Naftolin, MD, PHD, FACOG, FRCOG (hon)

Professor of Obstetrics and Gynecology and Reproductive Sciences

Professor of Molecular, Cellular and Developmental Biology

Director, Center for Research in Reproductive Biology, Yale University

WEDNESDAY, FEBRUARY 2, 2005

Panel discussion with audience participation. *Everything You Want to Know About Menopause, But Are Afraid to Ask*. Please bring questions.

Spouses/partners welcome.

David Roth, MD and Linda Starace, MD

YHP Department of Ob/Gyn



Blood Pressure Monitoring

The Office of Health Promotion and Education conducts monthly blood pressure screenings at various campus locations (consult the YHP website for dates and places) for YHP 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).

Cancer support group

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

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Yale Health Plan
Member Services
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New Haven, CT 06520-8237



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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