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# yale health care

NEWS FROM THE YALE HEALTH PLAN

VOL. X NO. I

JANUARY—FEBRUARY 2007



## Stronger Bones, Better Body

Rhea Hirshman, editor

**B**one is alive. Not simply the components of a rigid architecture on which the rest of the body is hung, our skeletal system is living tissue that continues constantly to remodel itself even after we have reached full adult height. Our bones allow us to move, protect our internal organs, and contain the marrow which produces blood cells. Babies are born with 270 bones, some of which fuse; the normal adult body has 206 bones. These range in size from the tiny stirrup bones (about a tenth of an inch long) behind the eardrums, to the largest—the femurs (thigh bones). Our bones make up about 20% of our body weight, with the heaviest single bone being the pelvis.

In the days when most of us lived to be only 50 or 60, osteoporosis was not a major health concern. However, as the human life span lengthens and as fewer of us exercise muscles and bones to make a living, paying attention to bone health has become increasingly important. While older people, especially women, are the most likely to suffer the effects of weakening bones, osteoporosis is often said to be a disease of youth—when bone mass is created—that manifests in old age. “Young people need to have healthy diets and lots of exercise,” says Ivy Alexander, PhD, C-ANP, APRN, “so that they can achieve maximum bone mass while their bodies are most actively building bone.”

*continued on page 7*

## Healthy Understanding

Veronica Tessier, Quality Management Coordinator

Rhea Hirshman, editor

**Y**ou may be a whiz at doing the *New York Times* crossword puzzle, an ace mechanic who can take apart and put together an engine with your eyes closed, or someone who can communicate in several languages. But how literate are you where your health is concerned? While the dictionary defines “literacy” as the ability to read and write, the secondary definition is “competency or knowledge in a specified field.” Being “literate” about health—regardless of level of education—requires analytical and decision-making skills, and the ability to apply these skills to health-related situations. Broadly defined, health literacy is the ability to read, understand, and act on health information. It involves the ability to follow the directions that accompany prescriptions, to understand and absorb educational information provided at office visits or in clinics, and to ask questions of your clinicians and apply the answers to your own health concerns. It refers also to the ability to understand health insurance information, claims forms, and consent forms.

*continued on page 2*



## HEALTHY UNDERSTANDING

*continued from page 1*

According to the Institute of Medicine (a non-profit organization that is part of the National Academy of Sciences) nearly half of all American adults have difficulty using and understanding health information, a problem that costs the health care system upwards of \$58 billion a year. For instance, lack of understanding of care instructions and low compliance with medication and treatment orders can lead to overuse of emergency departments and to the human costs of decreased access to care, poor health status, and a greater divide between patients and health care providers.

While age, race, education and socioeconomic status are all related to health literacy levels, with members of racial and ethnic minority groups being disproportionately affected, lack of health literacy is found across the population. In fact, the majority of Americans with low health literacy are white and native born. Health care instructions are typically written at the 10th grade reading level, and privacy notices, consent forms and insurance forms are typically written at a college graduate level. The average American reads at or below the 8th grade level. Even those who can read at or above college level are not necessarily well versed in medical and health care terminology.

While patients have the right to ask questions at any point in their interactions with clinicians, hospitals and other care providers, moving through a complex health care system can seem overwhelming, especially at a time when people may be feeling particularly vulnerable.

YHP recognizes that low health literacy is a problem that we can help solve. Significant outreach projects include the construction of a new facility in 2009, and a redesign of the Yale Health Plan/Yale University Health Services web site ([www.yale.edu/yhp](http://www.yale.edu/yhp)). Our patient representative is always available to help members obtain the information they need. YHP also offers translation services so that patients with limited English speaking proficiency can communicate clearly and efficiently with their health care clinicians.

Another way we are improving our members' health literacy, and ultimately their health, is by providing tools to help them participate fully in their care. At YHP you will see yellow brochures or posters that say ASK ME 3. This refers to the national ASK ME 3 campaign, focused on improving patient health literacy by encouraging patients to ask, and receive the answers to, three questions related to their health care: What is my problem? What do I need to do? Why do I need to do this? For example, if you are diagnosed with diabetes, you should: understand what diabetes is; know what actions you need to take to manage the illness; and understand why those actions are necessary.

Understanding your health care and making your clinicians aware of your needs are important to maintaining health as well as managing illness or injury. YHP is committed to providing members with the information they need and with clear channels of communication between patients and clinicians. If you have ideas about how to improve health literacy for our members, please contact us at [member.services@yale.edu](mailto:member.services@yale.edu) or 203-432-0246.

# 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
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
<b>Inpatient Care Facility</b>	203-432-0001

## MEMBER SURVEY UNDERWAY

Our mission at Yale University Health Services is to provide excellent and accessible health care. We have always relied on feedback from our members—including survey responses—to learn about what we are doing right as well as how we can improve.

If you are a YHP member, you may be selected at random to participate in a telephone survey conducted by an outside firm. The caller will state his/her name and inform you that the call is on behalf of YUHS. These interviews take less than 10 minutes and any information you provide is strictly protected by healthcare privacy laws. Call recipients will have opportunities to comment on areas of their own choosing as well as replying to specific survey questions. Participation is voluntary, of course, but if you are called, we hope you will agree to discuss your YUHS experiences. By doing so, you will be helping us improve care for all of our patients.



# from the desk of

PAUL GENECIN, MD

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

*Making the best decisions about your care requires understanding as much as you can about your health and health risks.*

With the rollout of the new Yale Health Plan web site ([www.yale.edu/yhp](http://www.yale.edu/yhp)), I am particularly pleased with some of the tools now available to help our members be educated participants in their health care. One important enhancement is the new link to the YHP *Healthwise*® knowledge base, located on our front page just beneath the photographs. *Healthwise*® is also available free of charge to our members as a handbook, and I encourage you to visit Member Services on the fourth floor to pick up your copy. Whether you use it as a book or a continually updated URL—or both—you will find YHP *Healthwise*® to be a great resource.

I like to think of YHP *Healthwise*® as “decision support” for making choices about your health care. One of the first decisions we face as patients is when to contact our clinicians. Many of us are uncertain about whether a symptom or complaint warrants clinical attention.

Others may have a family history of a medical condition and wonder whether and when screening is warranted. A reliable reference can help frame the questions that you might want to bring to your clinician’s attention.

Making the best decisions about your care requires understanding as much as you can about your health and health risks. YHP *Healthwise*® is a great place to begin. You will certainly want to get health information and clinical advice during clinical appointments—but inevitably, there is something we forget to ask or that we do not fully understand. Reading up on a topic and preparing questions in advance of your appointments can be helpful in conversations with your clinicians. Using your appointment time as well as YHP *Healthwise*® to increase your knowledge and understanding can help you in making decisions about various therapeutic options.

For example: If you have newly diagnosed mild blood pressure elevation and need to decide between blood pressure medicine or diet and exercise, talking with your clinician and reading about your condition will provide a fuller understanding of the benefits and risks of the options. If you have questions about whether to go for colon cancer screening, find a modality that suits your preferences by talking with your clinician and by looking up “Which test should I have to screen for colorectal cancer?” in YHP *Healthwise*®.

To explore *Healthwise*® as a reference tool, click on the *Healthwise*® icon on our front page and type in a health concern such as “diabetes” or even a symptom such as “itching” to get some sampling of the wealth of information available. I hope that you will find *Healthwise*® and our new web site “user friendly” and helpful. If you have suggestions about ways we can improve the health information we provide, please let me know.

## Be Healthwise®

An important feature of our newly enhanced Yale Health Plan web site [www.yale.edu/yhp](http://www.yale.edu/yhp), is a link to the YHP *Healthwise*® knowledge base, which features a wide range of general medical and health information.

Much of the material on the web site is also available in handbook form, which YHP members can pick up for free from Member Services on the 4th floor. We encourage you to explore *Healthwise*® and use it as a resource.

Questions or comments about the newsletter? We’d like to hear from you. Drop a note to [member.services@yale.edu](mailto:member.services@yale.edu) and put “newsletter” in the subject line.

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### DATED DRUGS?

In 1979 the FDA (federal Food and Drug Administration) ruled that all drugs—both prescription and over-the-counter—must carry a stamped expiration date provided by the manufacturer. This is the date at which the manufacturer can guarantee that the product retains its full potency and safety. The expiration dates are very conservative. If the product you reach for in your cabinet has passed its expiration date but is still sealed and in its original container it is probably safe to take until you can replace it with a fresh supply.

If 100% potency is absolutely essential, then you should probably obtain a new supply before taking the medication. Storing medications in a cool dry place such as a closet will help keep your drugs potent for many years. If you have any questions or concerns about the safety or effectiveness of your medications please contact your pharmacy.

The YHP Pharmacy may be reached at 203-432-0033.

*Information for this page supplied by Linda Bell, MS, RD, CD/N, YHP nutritionist and Martha Asarisi, RPh, YHP pharmacist*

# healthy ideas

## Don't Expire!

When you go grocery shopping, do you check the expiration dates of your perishable items? If you don't think of it at the store, you will probably think about it at some point at home, especially if you grab your milk in the morning and notice that it is two days past its "sell by" date. Is it still okay to put in your cereal? The answer is most likely yes.

"Open dating" (use of a calendar date as opposed to a code) on a food product is a date stamped on a package to help the store determine how long to display the product for sale. It can also help the purchaser know the time limit to purchase or use the product at its best quality. It is not a safety date. After the date passes, while not of best quality, the product should still be safe if handled properly and kept at 40°F or below for the recommended storage times (see below). Open dating is found primarily on perishable foods such as meat, poultry, eggs and dairy products. "Closed" or "coded" dating might appear on shelf-stable products such as cans and boxes of food.

Types of dates:

- A "sell by" date tells the store how long to display the product for sale. You should buy the product before this date.

- A "best if used by (or before)" date is recommended for best flavor or quality. It is not a purchase or safety date.
- A "use by" date is the last date recommended for the use of the product while at peak quality. The date has been determined by the manufacturer.
- "Closed" or "coded" dates are packing numbers for use by the manufacturer.

If product has a "use by" date, follow that date. If product has a "sell by" date or no date, cook or freeze the product as follows:

- fresh poultry, ground meat or ground poultry: within one or two days of purchase
- fresh beef, veal, pork and lamb: within three to five days of purchase



Eggs should be fine to use within three to five weeks after you purchase them, even if the "sell by" date has passed, and milk may be used up to a week after its "sell by" date.

An interesting fact about this form of labeling is that it is not mandated by federal law. The only items for which the federal government requires expiration dates are drugs (prescription and over-the-counter) and infant formula as well as some baby foods. As a result, many states have implemented their own dating regulations. Of the 50 states, plus the District of Columbia, 26 treat code-dating of dairy foods as voluntary. The other 25 require a code date on dairy products, with five states, including Connecticut, having established maximum shelflife dates for pasteurized fluid milk products.

For more information, see: [www.fsis.usda.gov/Fact\\_Sheets/Food\\_Product\\_Dating/index.asp](http://www.fsis.usda.gov/Fact_Sheets/Food_Product_Dating/index.asp)



# Two New Vaccines Approved and Available

## Zostavax® effective against shingles

A recently-licensed vaccine has been shown to prevent shingles in about half of those 60 and older, and to significantly reduce the pain associated with the condition.

Shingles—also called herpes zoster—is a painful skin rash, often accompanied by blisters. The rash usually appears on one side of the face or body and lasts from two to four weeks. While the main symptom is pain, other symptoms can include fever, headache, chills and upset stomach. While shingles usually subsides on its own, it can sometimes lead to serious complications and for about one person in five, the pain can continue even after the rash clears.

At least one million people a year in the United States get shingles. It is caused by the Varicella Zoster virus, the same virus that causes chickenpox. Only someone who has had a case of chickenpox—or received the chickenpox vaccine—can get shingles, since the virus stays in your body and can reappear many years later to cause a case of shingles. You cannot catch shingles from another person. However, a person who has never had chickenpox or the chickenpox vaccine could get chickenpox from someone with shingles; this happens very rarely. Shingles is far more common in people over 50, and in those of any age whose immune systems are weakened because of disease or drugs such as steroids or chemotherapy.

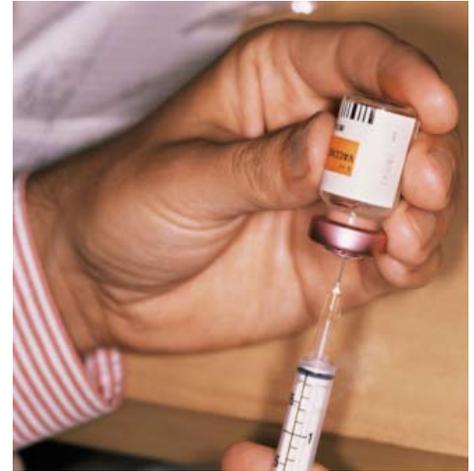
The shingles vaccine is given in one dose and is recommended for those 60 and older. While Zostavax® is safe, it should not be administered to those with certain conditions (such as tuberculosis or certain cancers) or allergies, or who are undergoing certain medical treatments (such as radiation, chemotherapy or treatment with steroids) so make sure that your clinician is informed about your health history when you are deciding whether to be vaccinated. Side effects, if any, are generally mild; the most common is some soreness at the injection site.

## Gardasil® offers cervical cancer protection

A vaccine is now available to protect against some cervical cancers and pre-cancerous conditions. The link between certain types of the human papilloma virus (HPV) and lower genital tract female cancers (cervical, vulvar and vaginal) is well-proven, and we have known for a while that this sexually-transmitted virus can cause pre-cancerous lesions, called dysplasia. The virus is extremely common—about 80% of the U.S. population has been exposed to it at some time in their lives. In most cases, these infections are taken care of by the body's immune system, but sometimes, abnormalities can persist and some may progress slowly over time. Pap smears can detect these lesions in time to be treated before turning into cancers. Still, in the U.S., there are 13,000 new cases of cervical cancer per year, and 4,000 deaths. Most occur in women who have not had Pap smear screening.

The new vaccine, called Gardasil®, protects against four of the most common HPV types (two that cause genital warts and the two most common types that cause cervical cancer). In clinical trials, the vaccine was found 95–100% effective in preventing infection with those virus strains. The immunity has been shown to last for at least four years. We don't yet know when it might wane, or if a booster may be needed.

The vaccine, which is given in three doses over a six-month period, has been proven effective in females aged 9–26. The earlier the vaccine is given, the better will be the immune response, and the less likely that the person will have been already been infected by one of the preventable HPV types. Inclusion of Gardasil® with the usual immunizations at 11–12 years of age is recommended, before the onset of sexual activity, but girls as young as 9 may be vaccinated at the discretion of parents and clinicians. The vaccine can be given to females up to 26 years old, to “catch up.” Pregnant women should not receive the vaccine.



The vaccine is effective even if a woman has been sexually active; even if she's had an HPV infection or dysplasia, the vaccine can still be given to prevent infection with the other virus types. Studies are ongoing to determine effectiveness in women over 26 and in men. Side effects of Gardasil® are usually mild—local inflammation (soreness, swelling at the injection site). Serious reactions are extremely rare.

Remember that many HPV types are not affected by this vaccine, and that, while extremely effective, it does not confer 100% protection. Thus, safer sex/barrier precautions are still recommended. Also, vaccination with Gardasil® does not change the screening recommendations for Pap tests, since lower genital tract disease can be caused by the HPV types not covered by this vaccine, or by pre-existing infections.

## Cold weather skin soothers

If you have severely dry skin, plain water in the bath can cause stinging and burning. Adding one to two cups of table salt for a tub of water will reduce the stinging because the salt will make the water closer to your normal body make up (which is 0.9% sodium chloride).

Also: Towards the end of showering apply a liberal amount of bath oil and rinse off gradually with tepid water. Pat dry with towel—do not rub. This procedure will help your skin absorb needed moisture.





# information

## WELCOME NEW MEMBERS

Welcome to members who joined YHP during the University's open enrollment period. If you have not already received a membership packet, contact Member Services at 203-432-0246. The packet includes a Member Handbook, a list of YHP primary care clinicians and additional information about YHP membership. Please read the handbook carefully; it contains information to help you understand and use the benefits and services of Yale Health Plan.

## yale health care

published by Yale Health Plan

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## APPOINTMENT REMINDER

Please remember to call in advance if you know that you cannot keep a clinical appointment so that the slot can be given to another member.

## A REMINDER ABOUT REFERRALS

Referrals cover only the specific services that your YHP clinician requests on the referral form and that the Care Coordination Department has authorized. If the outside clinician recommends additional consultations, treatments or testing, that clinician must contact your YHP clinician so that an additional referral can be generated. We recommend that you check with your YHP clinician or the Care Coordination Department to see that the contact has been made and the proper authorization generated. Referrals are generally issued for a four-month period or for a specific number of visits or consultations. Additional services require another referral.

## NEW LABORATORY HOURS

Effective February 5th, 2007, the YUHS lab will open at 7:00 am and close at 5:15 pm, Monday–Friday.

## FREE GLAUCOMA SCREENINGS

January is Glaucoma Awareness Month. The YHP Ophthalmology Department is offering free walk-in glaucoma screenings on Wednesday, January 17 from 2:00–5:00 in room 464. No appointment is needed. While glaucoma can affect anyone, risk factors include: age (being over 40); a family history of the disease; being of West African or Hispanic descent. For more information, call the department at 203-432-0084.

## NEW LAWS COVER ADVANCE DIRECTIVES

What would happen if you experienced a serious medical problem and could not communicate about your care? Who would you want to make medical decisions on your behalf? Would that person be considered your decision-maker according to Connecticut law? You have the right to make your own decisions about accepting or refusing care, and to appoint someone to act on your behalf. State law allows you to create a legal document called an advance directive to make your wishes known and to make sure they are followed. Brochures with information on advance directives are available around the YHP building. For further information about advance directives and living wills, please consult *Healthwise®* on our web site [www.yale.edu/yhp](http://www.yale.edu/yhp) and search for “advance directives.”



## EMERGENCY CONTRACEPTION NOW OVER-THE-COUNTER

The FDA recently approved the sale of Plan B® emergency contraception (EC)—the “morning after pill”—without a prescription to women 18 and over. It remains a prescription medication for those under 18.

OTC Plan B® will be available for purchase at the YHP Pharmacy, as well as at area pharmacies. Proof of age will be required. When the YHP Pharmacy is closed, members may purchase Plan B® from Urgent Care. Since OTC products

are not included in the Pharmacy benefit, there will be a \$28 charge for all OTC Plan B®. Those under 18 may obtain a prescription from Student Medicine, Pediatrics or Ob/Gyn and, after hours, at Urgent Care. Prescription Plan B® for those under 18 will be charged as any other prescription medication. YHP members wishing to purchase OTC Plan B® at our Pharmacy will be directed to the “drop-off” window where they will be asked for identification, verifying age. A discrete product slip will be provided, allowing for a confidential transaction at the department’s cash-out area.



## STRONGER BONES

*continued from page 1*

In *100 Questions and Answers about Osteoporosis and Osteopenia*, Alexander and co-author Karla Knight, RN, MSN, discuss maintaining bone health and examine treatment options for those diagnosed with these conditions.

“There has been an enormous increase in awareness of the problems bone loss can cause,” says Alexander, who is Associate Professor and Director of the Adult, Family, Gerontological and Women’s Health Primary Care Specialty at Yale School of Nursing, and a clinician in Internal Medicine at YHP. “It can result in fractures, particularly of the hips, spine and wrist. Spinal fractures can lead to loss of height, curvature of the spine and back pain, while hip fractures can result in serious complications such as pneumonia or blood clots to the lung. Osteoporosis increases the risk of nursing home placement, and complications from osteoporotic fractures can be fatal.”

About 10 million Americans have osteoporosis—and another 34 million have osteopenia, bone mineral density (BMD) that is lower than normal peak BMD but not low enough to be classified as osteoporosis. Women account for about 80 percent of osteoporosis cases. Men are less at risk because they are heavier and do not have the dramatic mid-life hormonal shifts that women experience, although about 14 percent of men over 85 experience the condition.

A simple and painless test is used to determine bone density. There are many types, but the dual energy x-ray absorptiometry, or DXA, is the gold standard and is most often used. BMD testing is recommended for postmenopausal women over age 65 and younger postmenopausal women with fractures or other risk factors, and men with significant risk factors may, in consultation with their clinicians, decide to be tested.

What happens if results indicate lower than normal bone density? “Dietary modifications and lifestyle changes are essential,” says Alexander, “and drug treatments are available for those for whom such changes alone may not increase bone strength and reduce fracture risk.”

These medications work in several ways: some slow the breakdown of bone, others increase the buildup of new bone, and others stabilize calcium levels. For some women, estrogen therapy (ET) can have a positive affect on bone health.

“Building bone mass when we are young and preserving bone mass as we age are critical to quality—and often length—of life,” Alexander emphasizes. Recommended actions for bone health, many detailed in the book, include:

- A good diet, including adequate intake of calcium, Vitamin D, magnesium and other nutrients
- Moderation of alcohol consumption
- Cessation of smoking
- Regular weight-bearing and resistance exercise, as well as exercises for mobility and balance
- Prevention of falls both by improving strength and balance and by adjusting the environment (for instance, getting rid of scatter rugs that are easy to trip on)

**See back page for web sites that offer more information on bone health.**

While some individuals have naturally lower bone density than others, bones become thinner as we age. Peak bone mass is achieved by the early to mid 30s. Over time, existing bone cells are reabsorbed by the body faster than new bone is made. Other risk factors for osteopenia and osteoporosis include:

- Eating disorders or metabolism problems that do not allow the body to take in and properly use nutrients
- Undergoing chemotherapy or the ongoing use of certain medications, such as steroids
- Exposure to radiation
- Excessive thinness
- Being Caucasian or of Asian descent
- Delayed puberty in females
- Family history of osteoporosis
- History of bone fractures in adulthood
- Sedentary lifestyle
- Poor diet, including low calcium and Vitamin D intake
- Smoking: nicotine interferes with bone formation
- Regular consumption of soda. Sodas contain high levels of phosphorus; some phosphorus is needed for bone development but too much can lead to bone loss. More importantly, children and teens who consume large amounts of soda frequently forego calcium-rich milk.
- Excessive alcohol consumption



Some questions addressed in *100 Questions and Answers about Osteoporosis and Osteopenia*

- If we “lose bone,” where does it go? Can it be replaced once it’s lost?
- How is osteoporosis diagnosed?
- What do my test results say about my risk for fracturing a bone?
- I understand that exercise is important for the treatment of osteoporosis. Why?
- My clinician has encouraged me to take calcium supplements. How do I know that I’m taking the right kind and the right amount?
- What types of medication are usually prescribed for osteoporosis?
- My clinician wants to treat my hot flashes with estrogen because estrogen will also help prevent more bone loss. Is this true?
- Are there any effective complementary or alternative therapies? Can I have a massage or will that hurt my bones?
- I always hear about older folks fracturing hips. Is this because of osteoporosis or because of the frequency of falls? How are broken hips repaired?
- Where should I go for more information?





## From the Pharmacy

### Liquid meds? Don't use your soup spoon.

Many medications come in liquid form because liquids are easier to swallow than tablets or capsules, but since the patient is responsible for measuring out the dose, careful measurement is vital to taking the medication properly. Do not use spoons from your kitchen drawer, because the sizes are not at all consistent from spoon to spoon and do not provide accurate dosing. Instead, use the appropriate dosing device.

#### Oral droppers and syringes

These are helpful for giving medicine to infants and young children, and are provided in the package with many over-the-counter medications and prescription medications. The pharmacist can also provide them. Measure the medication to the correct dose (usually a line that corresponds with a number dose) and squirt the liquid between the tongue and the side of the mouth to make the liquid easier to swallow. Do not squirt the medicine into the back of the throat, as doing so may cause the child to gag and spit out the medicine. If the syringe comes with a plastic cap, discard the cap; it is a choking hazard that is not needed once you have the device home.

After each dose, rinse out the dropper or syringe if detached from the medication and let air dry. If the dropper is part of the cap than just recap the medicine. If the dropper or syringe is worn and the lines and numbers are not legible then throw away.

#### Dosing spoons

This device works well for children and adults who are able to drink out of a spoon. Dosing spoons are accurate and easy to use. Rinse the spoon and let it air dry between every dose. If the lines or numbers wear off then throw out.

#### Dosing cups

This device is often pre-packaged in children's and adults' liquid analgesics and cough/cold preparations. Use only the cup that comes with the bottle of medicine; never interchange cups with those from other medications. Rinse the cap out and let air dry between doses.

As always, the YHP Pharmacy staff can help you with your dosing devices. Our phone number is 203-432-0033.

*Information supplied by Martha Asarisi, RPh, YHP pharmacist*

## WEAR SNEAKERS, STAY STANDING

Sneakers may be a fashion statement for the younger set, but for those 65 and over, athletic footwear can be a lifesaver. In a study conducted in Washington state and published late last year in the Journal of the American Geriatric Society,



nearly 1400 adults in that age group were monitored for falls over a two-year period. Those who wore mostly sneakers experienced fewer falls (and thus fewer broken bones and other health problems)

than those who tended to wear lace-up oxfords, heels, or other kinds of footwear. Going barefoot or walking around in stocking feet was most likely to lead to a fall. The moral, especially for those over 65: Keep your sneakers on.

#### For more information on bone health:

[www.nof.org](http://www.nof.org) The National Osteoporosis Foundation.

[www.strongwomen.com/](http://www.strongwomen.com/) Related to the "Strong Women...." series of books.

[www.aaos.org](http://www.aaos.org) The American Academy of Orthopedic Surgery.

[www.bonebalance.com](http://www.bonebalance.com) Primarily for those diagnosed with osteoporosis.

## yale health care

Yale Health Plan  
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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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