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# yale health care

NEWS FROM THE YALE HEALTH PLAN

VOL. X NO. 3

MAY-JUNE 2007



## Coming to terms

Between programming and advertising, the media are full of stories about health and medicine, as well as stories about other matters which contain medical terms. We thought that our readers would be interested in brief explanations of some terms that appear frequently in the news.

### Acid reflux

This condition is a frequent subject of drug advertisements. Acid reflux refers to the back-up of stomach acid into the food pipe (esophagus). This back-up happens normally on occasion without causing symptoms. Reflux leads to heartburn, which is pain in the chest or throat resulting from the reaction of the esophagus to acid. Heartburn that occurs frequently, or by definition, at least twice weekly, is called GERD or gastroesophageal reflux disease. Persistent heartburn that does not respond to dietary modifications and over-the-counter remedies should be brought to a clinician's attention.

### Antioxidant

Antioxidants are substances that can prevent damage to cells from oxygen byproducts, called free radicals, which are formed during the normal course of metabolism. Such damage can lead to problems such as cancer, heart disease, cataracts, and other age-related degenerative effects. Antioxidant nutrients include vitamins C and E, some carotenoids (such as beta carotene), ubiquinones, and bioflavonoids.

### Arthritis

Like ads for heartburn medications, advertisements for arthritis relief are ubiquitous. Arthritis is a general term that refers to degenerative changes in bone and joint tissues.

Many different types of arthritis exist. The most common form is osteoarthritis, caused by wear and tear on joint structures. Tiny extra extensions develop on the edges of bone in joints, called osteophytes, and joint cartilage (supportive tissue in joints) breaks down over time. Osteoarthritis may result in joint deformity and pain with movement, especially in the hands, knees, neck, and back. Osteoarthritis can cause morning pain and stiffness, which usually resolves with activity within about 30 minutes.

### Autism

The essential features of autistic disorders are the presence of markedly abnormal or impaired development in social interaction and communication, and a markedly restricted repertoire of activity and interests.

Manifestations of the disorder vary greatly depending on the developmental level and chronological age of the individual. Non-verbal behaviors may seem most notable as the person does not seem to interact 'normally' and has trouble making eye contact, responding to facial expressions, or communicating through gestures.

In infants, there may be a failure to cuddle: an indifference or aversion to affection or physical contact—failure to make eye contact or respond to their parents' voices. Young children with the disorder may treat adults as interchangeable or may cling mechanically to a specific person. In young children, there may be lack of language development, and for older individuals there may be an inability to use language to engage others and to understand and/or process simple directions, questions or jokes.

*continued on page 4*



# Making claims

From time to time in this newsletter, we answer questions about the claims process and remind members about proper procedures to follow when submitting claims. Following these procedures will help to expedite the claims process.

## If you receive a statement from a provider

If you need to submit a claim for a bill you have received from a provider [for instance, a physician to whom you have been referred by a YHP clinician], check to see if the statement is itemized. If it is not, supply the provider with your insurance information, including ID number, and the YHP Claims Department mailing address so that the provider can submit a claim for processing.

## If you have to go to the hospital

Yale New Haven Hospital is the YHP-contracted hospital. Admissions will be covered only at YNH unless admission is for an emergency. Emergency care is covered at 100% regardless of location. An emergency is defined as: “a major acute medical problem or major acute trauma that requires immediate medical attention or a condition that could lead to serious harm or death if care is not received or is delayed.”

## If you need urgent care

Urgent care is covered at 100% when it is received at the YUHS Urgent Care Department. Urgent care received at other facilities in the New Haven area will not be covered. An urgent condition is defined as: “the sudden and unexpected onset of an acute medical problem or trauma that requires immediate medical attention.” If you are away from New Haven County you are considered out of area and may receive urgent care at any medical facility and receive the same coverage as for emergency care.

## If you're traveling overseas

Many members submit claims for health care services rendered overseas. In order for us to be able to process those claims efficiently—or, sometimes, at all!—we need certain items of information.

Bills should be attached to a cover letter or a supplemental claim form which can be downloaded from [www.yale.edu/yhp/forms/claimsform.pdf](http://www.yale.edu/yhp/forms/claimsform.pdf). With either the claim form or the cover letter, the following information must be included:

- Patient's name.
- Date(s) of service.
- The date of the accident or onset of illness, as well as a brief history to review for benefit determination.
- Name(s) and address(es) of the service provider.
- Diagnosis.
- The nature of each service and its associated charge.
- The name of the country and location within the country. This will allow the Claims Department—if the claim qualifies for payment—to locate an appropriate translator if needed and to convert the charge correctly to US dollars.

If you need medical advice or help with follow-up care, or need to report an out of area event, call the toll free number: 877-YHP-CARE. If you have a question on a claim while you are out of the country, please ask to speak to the Claims Department. Our website, [www.yale.edu/yhp](http://www.yale.edu/yhp), has a list of toll-free numbers allowing you to contact YUHS directly from many overseas locations.

## A note about laboratory coverage

Effective October 1, 2006, Quest Diagnostics became the provider of lab services to YHP members. Quest has over 80 locations throughout CT. A complete list of covered lab locations as well as their hours can be found at [www.yale.edu/yhp](http://www.yale.edu/yhp). Quest services are covered only within Connecticut. The only exception: if you receive lab services in conjunction with a covered emergency medical visit [see above] those services would be covered.

# 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

Please see page 6 for summer Pharmacy hours.

## Does your neck turn green?

Have you ever wondered why certain pieces of jewelry cause the skin they come into contact with to turn green? Or whether obtaining adequate dietary calcium is possible without using dairy products? Or what the numbers in a blood pressure reading refer to? Or why a medication has been taken off the market?

Beginning in the next issue, we'll be running a new column. Readers are encouraged to send in health-related questions of general interest.

The newsletter editorial board will choose one or two to be answered in each issue, with responses provided by a member of the YHP clinical staff.

Send your questions to [yalehealthcare@yale.edu](mailto:yalehealthcare@yale.edu).

Note: This email address can also be used to make general comments about anything in the newsletter.

Please remember: Questions should be of a general nature; we cannot respond to questions related to individual medical needs.



# from the desk of

PAUL GENECIN, MD

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

*An enlightened view is that regular and appropriate care utilization is a sound long-term investment in good health.*

Across the U.S., insurance companies constantly use phrases like “utilization management” and “utilization review.” To many of us, these terms are simply euphemisms that companies use when they try to control costs by constraining consumers’ use of needed medical services such as referrals, diagnostic tests, surgical procedures, and prescription medications.

There is a problem of over-utilization of finite health care resources in many sectors of the chaotic non-system of American health care. And at YHP, we have studied ways to curtail excessive utilization of various modalities; notable examples have been the wasteful and even harmful use of antibiotic prescriptions for viral respiratory infections and costly imaging studies without clinical indication.

But my column is about a problem that concerns me at least as much, if not more than over-utilization: the problem of under-utilization.

If new parents failed to bring in their baby for a series of pediatric visits at YHP, we would call, mail and otherwise hector those parents until we were 100% sure that the newborn was getting the necessary check-ups and vaccinations. (Among Connecticut providers, YHP has an outstanding track record in pediatric preventive medicine.)

Yet few providers in any health care system track down adults who avoid care. In most systems, YHP included, as many as a third of adults do not obtain routine care; these are people I worry about. Undiagnosed “silent killer conditions”

such as hypertension, diabetes and high cholesterol are extremely common, and we know that effective diagnosis and treatment are easily within reach. People with family histories of conditions such as cancer and heart disease may need evaluations which they do not obtain if they do not come in. A major concern in American society is the tendency of patients from less advantaged socioeconomic backgrounds to make less use of regular preventive care, whether or not they have health insurance.

In a short-sighted way, patients who do not seek care might be considered “the best patients”—because the health insurer collects premiums but spends no money on services. An enlightened view is that regular and appropriate care utilization is a sound long-term investment in good health. The return on this investment includes both lower health care costs down the line and, more importantly, productive, happier and often longer lives.

Here are some of my priorities in coming years to remedy the under-utilization of health care resources. We will increase YHP initiatives to find at workplace screening events those people who have undetected hypertension, diabetes, elevated cholesterol, cigarette smoking and other health conditions. (We already conduct over fifty of these events on campus annually.)

We will increase outreach to adult members who do not utilize any of our resources, focusing on encouraging visits to primary clinicians and plans for sensible screening and prevention.

We will expand programs in cancer screening beyond breast, cervical and skin cancer to include a more ambitious program in colon cancer screening. We will continue to expand our already huge vaccination programs to include the YHP members who do not routinely update their immunizations. Some of these programs are “population based”—that is, targeted to groups of people who share a characteristic such as age or gender. But there is no substitute for a visit with a primary clinician to make a personalized strategic long-range plan to stay as healthy, active and fit as possible.

If you or someone in your family is a “silent” YHP member, please consider scheduling a visit sometime in the coming year, and follow recommendations for screenings and immunizations. Visit our web site ([www.yale.edu/yhp](http://www.yale.edu/yhp)), pick up your copy of the YHP Healthwise Handbook at Member Services and/or check out this on-line resource ([www.yale.edu/yhp](http://www.yale.edu/yhp) and click Healthwise). Yale University makes a tremendous investment via YUHS (both Yale Health Plan and University Employee Health) in the health of our community. Working together, we can determine a pattern of resource utilization that will be our best investment in your future good health. As always, I welcome your comments and suggestions.



## COMING TO TERMS

*continued from page 1*

### Calorie

What exactly are those calories you're supposed to be counting? The calorie is the standard unit for measuring energy and is the amount of heat energy required to raise the temperature of 1 ml of water at 15 degrees centigrade by 1 degree centigrade. Because the amount of energy involved in metabolism of food is fairly large, the kilocalorie (1000 calories) is commonly used to express the energy obtained from food or needed for metabolic processes.

### Cholesterol

Cholesterol is a substance found in cell membranes of all animal tissues; it is necessary for the production of bile and steroid hormones. A good way to remember that only animal products contain cholesterol is to remember that cholesterol is made by the liver. Since plants don't have livers, plant foods like vegetables and vegetable oils, fruits, and grains can contain fat but do not contain cholesterol in their natural form.

A distinction is made between "good" and "bad" cholesterol. **Lipoproteins** are particles containing varying amounts of cholesterol, protein, and triglyceride that solubilize lipids for transport through the blood. **Low density lipoprotein** (LDL) is the "bad cholesterol." Lipoproteins that are the major cholesterol carriers in the blood and are involved in the deposition of cholesterol in body tissues. High levels are associated with increased risk of heart disease and are the main target for lifestyle and pharmaceutical interventions. **High density lipoprotein** (HDL) is the "good cholesterol"—a plasma lipoprotein containing mostly protein and less cholesterol and triglyceride. HDL particles help to remove cholesterol from body tissues, and high levels of HDL are associated with a decreased risk of heart disease.

### Diabetes

A serious condition for which the increasing obesity of the U.S. population is one of the risk factors. Diabetes mellitus (DM) is a chronic disease in which the body does not produce or properly use insulin. Insulin is a hormone needed to convert carbohydrates into energy. When the body is unable to produce or regulate its own insulin, sugars accumulate in the blood and are eliminated through urine; therefore, the cells do not get the energy they need.

While a tendency to diabetes runs in families, environmental factors such as excess weight and lack of exercise also play a role. Rates of diabetes in both adults and children have been increasing. According to the Centers for Disease Control, the number of people with diabetes in the U.S. more than doubled between 1980–2002.

There are two major types of DM. In the less common Type 1 diabetes, the body is unable to produce natural insulin and insulin must be administered by injection. Type 2 diabetes (T2DM), affecting more than 90% of the diabetic population, tends to occur in individuals with family history of DM, or who are overweight, and/or physically inactive. The risk of developing T2DM also increases with age.

If left uncontrolled, diabetes can lead to serious health problems, including kidney disease, eye disease, cardiovascular disease, stroke, and damage to the extremities which may require amputation. Diabetes is the sixth leading cause of death in the U.S.

### Insomnia (primary insomnia)

The essential feature of PI is a complaint of difficulty initiating or maintaining sleep or of non-restorative sleep, lasting for at least a month and causing clinically significant distress or impairment in social, occupational, or other important areas of functioning.

PI is often associated with increased physiological or psychological arousal at night time in combination with negative conditioning for sleep. Chronic insomnia may lead to decreased feelings of well-being during the day (e.g., deterioration of mood and motivation; decreased attention, energy, and concentration; and an increase in fatigue and malaise).

Complaints of insomnia are more prevalent with increasing age and among women. Young adults more often complain of difficulty falling asleep, whereas midlife and elderly adults are more likely to have difficulty with maintaining sleep and early morning awakening.

While ads for sleep aids are everywhere, many causes of insomnia can be addressed without medication.

### Menopause

The menopause transition is a natural process that affects all women who live long enough. There are three parts: perimenopause, menopause, and postmenopause. Menopause occurs after 12 consecutive months without a naturally occurring menstrual period and marks the end of the reproductive phase of a woman's life. Perimenopause occurs during the 8 to 10 years before menopause when symptoms may develop and irregular menstrual bleeding is common. Pregnancy is still possible during perimenopause. Postmenopause is the time period following menopause. It is common for women to experience "menopause" symptoms during perimenopause and postmenopause; these may include hot flashes, sleep problems, sweating, and changes in libido. Ovarian production of estrogen and progesterone becomes erratic during perimenopause and then declines during the year without a menstrual period and into postmenopause. The symptoms women experience are caused by the reduced levels of estrogen and progesterone hormones.

### Metabolism

Metabolism refers to the chemical processes that occur within any living organism in order to maintain life. Two kinds of metabolism are often distinguished: constructive metabolism, the synthesis of the proteins, carbohydrates, and fats that form tissue and store energy; and destructive metabolism, the breakdown of complex substances and the consequent production of energy and waste matter.

## Post traumatic stress disorder

This condition can be the result of any number of severe stressors. When, in earlier times it was experienced among troops returning from battle, the condition was referred to as “shell shock.” The essential feature of PTSD is the development of characteristic symptoms following exposure to an extreme trauma involving direct personal experience of an event involving threatened death or actual or threatened serious injury; or from other threats to one’s physical integrity by another person; or from learning about an unexpected or violent death, serious harm, or threat of death or injury experienced by someone else. Characteristic symptoms include persistent reexperiencing of the event; persistent avoidance of stimuli associated with the trauma and remembering of the general responsiveness; and persistent symptoms of anxiety or increased psychological arousal that were not present before the trauma.

The traumatic event may be reexperienced in various ways. Commonly, the person has recurrent and intrusive recollections, or recurrent or distressing dreams during which the event is replayed. In rare instances the person experiences dissociative states that last from a few seconds to a few days during which components of the event are relived and the person behaves as though experiencing the event at the moment.

Individuals with PTSD may describe painful guilt feelings about surviving when others did not or about what they had to do to survive. Phobic avoidance of situations or activities that resemble or symbolize the trauma may interfere with interpersonal relationships or work.

PTSD can occur at any age including childhood. Symptoms usually begin within three months of the trauma although there may be a delay of months or even years, before symptoms appear.



## Stem cells

Stem cells have been in the news a lot lately because of political debates about their use in research and medical treatment. The most common definition of stem cells is that they are the immature cells in the bone marrow that give rise to the red and white blood cell lines as well as the platelets. Stem cells are transplanted into patients with severe blood diseases such as leukemia to attempt to

repopulate the bone marrow with healthy cell lines. The other common definition of stem cells is early cells following the fertilization of an egg with a sperm. They are called embryonic stem cells and they can be grown in scientific laboratories in order to study their potential to treat a variety of conditions.

*Contributors to this article: Ivy Alexander, Linda Bell, Vicky Chang, Paul Genecin, Carole Goldberg, Rhea Hirshman*



## Our new home

Ground will be broken in this calendar year for the new YUHS facility to be located at the intersection of Canal and Lock Streets, a block from Prospect Street and near the new Yale Police station. We plan to occupy our new home in early 2010, in a building that will be functional, flexible, convenient and beautiful. These photos, provided by the design firm Mack Scogin Merrill Elam Architects of Atlanta, show the architects’ rendering of the building’s exterior. The architects’ description of the building notes:

*The building circulation progresses from public to more and more private conditions. Level One...houses Urgent Care, Internal Medicine, the Pharmacy, Member Services, medical education and the common lobby with visitor and staff dining. Upper levels house clinics, inpatient care and administration....Clinic entrances are accessed off public corridors radiating from the centralized elevator core. Separate clinic entrances let onto reception areas that then give access to exam and treatment rooms. At Level Four, a roof terrace provides a place of respite. The radiating corridors move patients toward daylight and views to the exterior....The building form, with its soft edges...is in the spirit of Eero Saarinen’s architecture at both the Ingalls Rink and Stiles and Morse Colleges.*

### SOME ADDITIONAL HIGHLIGHTS:

- 138,000 square-foot facility on five floors
- enhanced services will include new diagnostic imaging modalities and the capacity to perform more procedures in-house [e.g. minor procedures requiring conscious sedation]
- on-site parking with nearly 300 spaces and increased spaces for handicapped parking
- more efficient work spaces will reduce crowding
- expanded clinic services space, with exam room capacity more than doubled
- sustainability in design [“green design”] in alignment with University policy for all new buildings on campus
- 16 patient waiting rooms
- lots of natural light
- three patient elevators and one separate transport elevator
- flexibility for future developments in health care and medical services/procedures
- design that supports efficient, patient-centered care for over 33,000 members, with greater privacy and comfort—as well as capacity for significant future growth
- a separate ambulance entrance, away from the front door, addressing concerns of privacy and accessibility



# information



## yale health care

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17 Hillhouse Avenue  
New Haven, CT 06520-8237  
(203) 432-0246 • [www.yale.edu/yhp](http://www.yale.edu/yhp)  
email: [member.services@yale.edu](mailto:member.services@yale.edu)

Paul Genecin, MD, *Director*  
Catherine Kelly, *Manager,*  
*Member Services & Communications*

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### PEDIATRIC VISION SCREENING

Pediatric vision screenings will be available during June, July and August for children ages 4–6 [pre-kindergarten]. Please call 203.432.0084 to schedule an appointment.

### ASTHMA AWARENESS MONTH

During May, the Pediatrics Department will host an Asthma Awareness Month table of information and children's activities.

YHP will be holding a Living with Asthma poster contest for pediatric patients in different age categories. Entry forms and rules can be found in the Pediatrics Department and our website [www.yale.edu/yhp](http://www.yale.edu/yhp). Posters must be submitted by May 31, 2007.

An informational session for parents of children with asthma will be held in May. Look on our website [www.yale.edu/yhp](http://www.yale.edu/yhp) for dates and registration information.

### SUMMER HOURS

#### Primary care:

The last evening clinics for Ob/Gyn and Internal Medicine will be held on Wednesday, May 23. Evening clinic hours will resume in the early fall.

#### Pharmacy:

The Pharmacy is closed on Memorial Day, July 4th and Labor Day.

Reduced summer hours in effect from Monday, July 9th through Saturday, August 18:

Monday–Friday 8:30 a.m.–6:00 p.m.  
Saturdays 8:30 a.m.–2:30 p.m.

Monday, August 20 through Friday, September 8 the hours will be:

Monday–Friday 8:00 a.m.–6:30 p.m.  
[on Thursdays, hours begin at 8:30 a.m.]  
Saturdays 8:30 a.m.–3:30 p.m.

Beginning Monday, September 10, the Pharmacy will also stay open later on Tuesdays and Wednesdays until 7 p.m.

## YHP staff

### New Clinicians in Dermatology

**Suguru Imaeda, MD**, chief of Dermatology at YHP since October 1998, will also be taking the position of chief of Dermatology at the Veterans' Administration Hospital in West Haven, CT. While he will continue to see patients at YHP, some of his clinical sessions will be covered as of July by two physicians from the Yale School of Medicine [YSM], **Mary M. Tomayko, MD, PhD** and **Jennifer Nam Choi, MD**.

Currently an instructor in dermatology at YSM, Choi received her undergraduate degree at Harvard and her medical training at Yale School of Medicine. She was chief resident in dermatology at Yale New Haven Hospital. Tomayko is a post-doctoral fellow in dermatology at YSM and has been seeing patients at the health plan since July 2005. She received her undergraduate degree at the University of Maryland, and her PhD in immunology and medical degree at the University of Pennsylvania.

## SHUT OUT THE NOISE

Jackhammers, power lawn mowers, neighborhood dogs who bark ceaselessly—unwelcome noise is all around, especially as we open windows in the warmer weather. While moderate levels of pleasant sound, such as music we like, can soothe and energize, exposure to loud noises can produce anxiety, anger and sleep disruption; exposure to persistent loud noise can cause temporary or permanent hearing loss. Sound is measured in decibels. Normal conversation is approximately 60 decibels, a refrigerator hums at 40 decibels, and heavy city traffic noise can be 85 decibels. Noises over 85 decibels can harm hearing over time. A snowblower produces about 105 decibels, a power saw about 110, and a personal cassette player turned up high can produce 115. Noises over 140 decibels can result in hearing damage with just one exposure; such noises are produced by motorcycles, firecrackers and firearms. Of the 28 million Americans who have some hearing loss, about one-third can attribute the loss at least in part to noise.

If you think you have “gotten used to” noise you are routinely exposed to, you have probably already suffered damage. Because hearing loss from noise exposure is often gradual, it is important to note warning signs. These include: ringing or buzzing in the ears immediately after noise exposure; difficulty in understanding speech; having the sense that voices seem muffled; difficulty with distinguishing one word from another; missing words or punch lines of stories.

To protect your hearing, minimize noise exposure: reduce the volume of television, radio and music; run your lawn mower or leaf blower at half-throttle; wear ear protection when operating noisy equipment or when in the vicinity of someone else who is; don't run several loud appliances at the same time. More about hearing loss and protection can be found at [www.asha.org/public/hearing/disorders/noise](http://www.asha.org/public/hearing/disorders/noise).



## Don't hurt yourself

Planning to increase your physical activity as the weather turns warmer? Some tips for reducing the risk of injury.

- Don't under-estimate the importance of warming up and stretching. Before your workout, do some light exercise to warm up your muscles so they can work more easily. Never bounce while stretching and never try to stretch without warming up your muscles.
- Use the proper safety equipment for your activity (a helmet for biking, for example). Follow the instructions for fitting and make sure everything fits comfortably and properly. Shoes should match the activity and should be worn only for that activity.
- When increasing your activity level, do not increase by more than 10 percent per week. For example, if you usually run five miles a day but want to run 10, build up to that by increasing your mileage by 10 percent a week. This rule also works for increasing the amount of weight you lift for strength-training.
- Proper diet and fluid intake are crucial. Don't work out on an empty stomach; eat a small meal beforehand and drink plenty of water before, during and after activity, especially in hot weather.
- Allow time for your body to recover and adapt to an activity, especially if you are trying something new. “Relative rest” like walking or swimming one day if you usually run will help you avoid overtraining.

# healthy ideas

## Lagging behind?



Jet lag results when air travel across time zones leaves a

person feeling “out of sync” with the local time at their destination. Due primarily to disruption of the body's normal circadian rhythms (i.e. the “light/dark” cycle), jet lag can be made worse by sudden changes in climate or seasonal conditions, as well as by the reduced oxygen, changes in air pressure, excess noise and low humidity commonly experienced during air travel.

Jet lag causes a combination of symptoms, including daytime sleepiness, disorientation, poor concentration, fatigue,

gastrointestinal discomfort, headaches, difficulty falling asleep, and nighttime wakefulness. Symptoms can last from a day to a week or longer, depending on the person and the number of time zones crossed.

To minimize jet lag:

- Keep activities light for the first day or two upon arrival to allow for adjustment to the new time.
- Gradually shift eating and sleeping patterns to fit the local time schedule.
- Medication schedules may need to be based on elapsed time rather than dosing at a specific clock time. Check with your clinician before traveling if you will be using medication during your trip.



## From the Pharmacy

### Drug side effect or medication allergy?

While drug side effects might occur in anyone taking a particular medication, allergic reactions are experienced only by those who have a sensitivity to one or more of a drug's components. A drug allergy is an event caused not by a medication's therapeutic action but by the immune system's misdirected attack on the medication. A drug side effect is an expected and documented response of the body to a medication as given at the normal therapeutic doses; side effects are caused by the drug's normal function. Allergic reactions are less common than side effects.

Symptoms of allergic reaction to medication can include sneezing, coughing, runny nose, itching or sore throat. More severe reactions can result in rashes, hives, difficulty breathing, asthma attacks and even anaphylaxis, the most serious allergic reaction, which can cause a dramatic fall in blood pressure, wheezing, and difficulty breathing. Allergic reactions can occur upon starting the drug therapy, but may not happen until midway through the course of medication and sometimes occur right after the medication is finished.

Allergic symptoms will usually disappear once the medication is completely excreted from the body; however, treatment may be called for either to increase comfort while taking the medication or, in some cases, to retard a potentially serious reaction. Allergic reactions can be treated with antihistamines to decrease itching or with prednisone to control skin rashes. Anaphylaxis is treated with an emergency injection of epinephrine.

Often, patients tell clinicians and pharmacists that they are "allergic" to certain medications because, for instance, they experienced upset stomachs or headaches. However, unlike allergic responses, which are specific reactions of individuals' immune systems, any medication has the capacity to cause side effects. The most common side effects are upset stomach, diarrhea, nausea/vomiting, drowsiness, dizziness and photosensitivity [sensitivity to sunlight].

Side effects do not involve the immune system and sometimes adjusting the dose can eliminate the problem; some gastrointestinal symptoms can be

reduced by taking medications with food or milk [keep in mind that some medications must be taken between meals, so always check with your clinician or pharmacist]. If you experience a side effect, you should contact your clinician or a pharmacist, keeping in mind that you and your clinician may decide that a particular side effect is tolerable if it is outweighed by the advantages of the medication.



The important message: Communicate before you medicate. Inform your clinicians and the Pharmacy if you have any history of allergic

reactions or of experiencing side effects from medications you've taken. Always consult your clinician or pharmacist for treatment recommendations and seek immediate medical help if you experience such symptoms as difficulty breathing or swelling of the tongue, lips and face. If you have a documented drug allergy, please carry this information in your wallet or on a medical bracelet and make sure you inform every clinician you see and all pharmacies with which you do business.

*Information provided by Martha Asarisi, RPh, and Mark Theriault, PharmD, Yale Health Plan Pharmacy*

## yale health care

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