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NEWS FROM THE YALE HEALTH PLAN

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Your child's path to self-care

Elisabeth A. Reilly, APRN, CPNP
Pediatric Care Coordinator

Rhea Hirshman, editor

A major goal of child-rearing is to nurture children into adults who can care for themselves independently. In families where children have chronic conditions or illnesses, this transition can be particularly complex. How can parents and children safely navigate the process from parental care-taking to allowing children to take increasing and, eventually, total responsibility for their health?

Parents must assume full responsibility for care when children are very young. As time passes, most children will—and should—take more active roles in both the tasks and the decision-making that their conditions require. The exceptions to this process are children too ill to manage their care or whose developmental level cannot advance to a point where independence is possible.

Parents of infants and toddlers spend most of their time assuring their children's safety, well-being, and health as children take baby steps toward independence. Once a child learns "No!" or "Me do," parents can rest assured the journey toward self reliance has begun.

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Array of options for managing hypertension

David S. Smith, MD, Internal Medicine

Hypertension—the medical term for high blood pressure—is a common health problem, and a major risk factor for stroke, heart attack and kidney failure. It is usually detected upon routine examination since it usually does not produce symptoms (although it may occasionally result in headaches or fatigue) unless a complication occurs.

Many people attribute hypertension to stress. Readings can temporarily go up when we are anxious or frightened, as blood pressure does vary with the need for blood flow to maintain function of critical organs. However, the major problems occur when the blood pressure is elevated most or all of the time, placing strain on the organs and blood vessels. The propensity toward this elevation is inherited—a condition called "essential hypertension."

Blood pressure is based upon two values: systolic (upper number) refers to the pressure in the arteries as the heart beats (contracts) and diastolic (lower number) refers to the pressure in the arteries as the heart relaxes between beats. Normal blood pressure is a systolic reading of under 120 and diastolic reading of under 80.



Prehypertension is systolic 120 to 139 or diastolic 80 to 89. People with blood pressures in this range are at increased risk of progressing to hypertension and developing cardiovascular complications.

A diagnosis of hypertension is made when pressure is higher than 140/90 on several measurements over time. Anyone can have an occasional high reading. Blood pressure varies naturally over the course of a day, and usually increases with age. In addition, blood pressure rises normally in response to physical exertion and stress.

Feeling anxious about a visit to the doctor can turn on the adrenalin "flight or fight" response and produce a falsely high reading called "white coat hypertension." In such instances, home blood pressure monitors can be helpful.

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Tips for a smooth transition to self-care:

- Realize and accept that relinquishing responsibility for a child's daily health tasks can provoke anxiety in parents and other family members.
- Discuss with your child's clinician the issues related to how and when to increase self-care responsibilities.
- Teach your child early on, or from the time of diagnosis of a health problem, how to identify what he is feeling and experiencing, and how to manage these concerns. Examples include:
- Telling a child that when she tires easily at play, she is likely to be having trouble breathing and should take her asthma inhaler for relief.
- Pointing out to a child with diabetes that when he feels shaky he may be experiencing low blood sugar and should test his blood. If he is having a low blood sugar reaction, he can eat and avoid worsening hypoglycemia. Afterward, point out the difference between how the child feels when he has these symptoms and how he feels better after the problem has been treated. Doing this will help the child identify symptoms and learn how to remedy them.
- Listen to your child when she describes her symptoms or health complaints, and use her terminology when discussing the concern. For example: A three year old with a heart condition calls his fast heart beat "bumping" and thus alerts his parents that he is having sudden palpitations. Knowing this helps his parents solve the problem or call for assistance.

SELF-CARE

continued from page 1

While no toddlers would be ready to assume any responsibility for their own care, some toddlers are capable of assisting with health care tasks. Since toddlers are great imitators, they can learn to participate in small ways. For example, a two-year old can retrieve a bandage for the dressing change of a wound, or hold her insulin bottle before the parent draws the insulin into the syringe for the child's dose. This type of participation, though a small part of the care the child needs, is a building block of future self-care ability. Participating in such tasks also assists children in learning self-confidence and self-reliance.

Preschool children have more developed coordination with maturing muscles, and more language and other intellectual skills as the brain develops. Children three to five years old can take on some shared responsibility for their care. They may remember that their medicine is due at lunchtime, or they may be able to get their own snacks if they have diabetes (and have safe access to the food cupboard or refrigerator). A child may start to understand that an illness makes her tired and may identify the need to rest. Again, children are learning independence and health management in small steps. Self-esteem is also fostered when the child feels successful and competent.

School-age children are very resourceful. Major developmental maturation generally occurs, and children this age love to learn and demonstrate what they know. They are also concrete thinkers and are beginning to care for themselves with increasing independence. While still needing direct adult supervision, school-age children can often perform tasks such as taking medicine and remembering a needed treatment, and are capable of taking increasing responsibility for their health needs.

Teenagers want to be independent and generally are very competent. They are not yet adults, however, and should not assume total responsibility for care of their own health. How much responsibility a teen has for health care treatment will vary, but most can be in charge of much of their health care with adult oversight. Communication is the key and parents must stay involved with all health care decisions the adolescent makes.

Managing complex health problems in children is challenging and sometimes overwhelming for families. And, while this discussion is focused on families who deal with more complex health concerns, all families undergo transitions as children become more

in touch

IMPORTANT TELEPHONE NUMBERS

Urgent Care	203-432-0123
<i>Open 24 hrs/day, seven days per week</i>	
Toll free out of area	1-877-YHP-CARE
General information	203-432-0246
Pharmacy	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
Patient Representative	203-432-0109
Medicare/Retiree Coordinator	203-432-8134
Outpatient referrals	203-432-7397
Claims	203-432-0250
Inpatient Care Facility	203-432-0001



mature and responsible for their own health and medical care. Talking to other parents can help and your child's pediatrician or specialists are always good resources. Also at YHP, the pediatric care coordinator is available to assist families with their children's health issues. Call 203.432.5266 for more information.



from the desk of

PAUL GENECIN, MD

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

As a physician, I know that the EHR is an invaluable tool...

Of all our projects and achievements at YHP over the past five years, none has been as important as the implementation of our electronic health record (EHR). This new way of collecting and preserving health information has transformed our medical practice, bringing with it advances in the quality, accuracy and availability of medical information.

As we have welcomed several new clinicians in the past six months, my conversations with them caused me to reflect on my experiences in 1989 when I started as an internist at YHP. I had a quick meet-and-greet with colleagues in a smaller and more intimate YHP. I started with a patient schedule on my second day. Our department's only nurse handed me a prescription pad and stacks of paper forms; that was my orientation. Every patient had a paper record and each one was new to me. The day started with a stack of these records, sometimes in charts two inches thick and in multiple volumes.

Finding the details required an archeological journey. Patients seen on an urgent basis were sometimes seen without the medical record and—like every other health care provider, large or small—we did our best with incomplete and unorganized medical information.

Although some physicians trained in recent years are already familiar with EHRs, and recent research (as published in the *New England Journal of Medicine*) shows that overwhelmingly clinicians feel that the EHR improves the quality and timeliness of care, the vast majority of American medical practices still use paper records, largely because of the costs of conversion. At YHP, the biggest task for new clinicians is learning to use our EHR. Once a clinician is using it comfortably, its benefits are obvious. Lists of patient problems, updated medication lists, and registries of health information allow us to improve care based on excellent reports.

We are in a golden age of accurate and useful medical information which allows us to do more for our members and to be much more proactive. I can use a brief visit to address a new problem and to take care of matters such as a colonoscopy referral, an overdue bone density test, a reminder about getting a vaccine, and medication list updates.

As a physician, I know that the EHR is an invaluable tool, but a change of this magnitude also brings challenges. In this process, we must always remember that our core business at YHP is the one-on-one patient visit with a clinician. Healing is personal. The new frontier in health care at YHP—and everywhere where technology is revolutionizing practice—is seeking a satisfying balance in which we keep our respect for the art of healing. We achieve this balance when we use accurate electronic health data to support the care of our patients.

Member phone survey underway

We rely on feedback from our members to learn about what we are doing right as well as how we can improve. Telephone surveys are one way of obtaining that feedback.

After you have an appointment you may be selected at random to participate in a survey conducted by Press Ganey, a company that works with more than 7,000 health care organizations to measure and improve quality of care. The caller will state his/her name and inform you that the call is on behalf of Yale University Health Services. Interviews take less than 10 minutes and information you provide is strictly protected by health care privacy laws. Call recipients will be able to comment on areas of their choosing as well as reply to survey questions. Participation is voluntary, but if you are called, we hope you will participate. By doing so, you will be helping us improve care for all of our patients.

Women's Health Program on tap for October

Yale Health Plan and the YHP Ob/Gyn Department invite you to our annual Women's Health Program. Both presentations will be offered at the Presidents' Room, Woolsey Hall, at the corner of College and Grove Streets. Lunch is provided and all events are free, but registration is required. Call 203.432.0225 to register.

Tuesday, October 7 · 12:00 noon

WHAT'S FOR DINNER? Feeding your family and keeping your sanity in today's food environment

KATHRYN HENDERSON, PhD

*Clinical Director, Yale Center for Eating & Weight Disorders
Director of School Initiatives, Rudd Center for Food Policy & Obesity*

Wednesday, October 29 · 12:00 noon

KICKING THE HABIT

**Why is quitting smoking more difficult for women?
Potential mechanisms and possible solutions**

SHERRY MCKEE, PhD

Associate Professor of Psychiatry, Yale School of Medicine



By answering your questions, this column will help you get the most out of your YHP membership. Send your questions to: member.services@yale.edu and write "newsletter question" in the subject line.

questions, answers

Care coordination at YHP

In an era of increased fragmentation and complexity of the health care environment, care coordination is a unique service designed to help meet your needs in the health care system.

Q. What is care coordination?

A. Care coordination is a collaborative process that focuses on ensuring that you receive the right care in the right place at the right time. The care coordinator serves as your advocate in our health care system, anticipating and solving problems, providing information, and, overall, helping you navigate the health care system both within and, when necessary, outside of YHP.

Q. What does the care coordinator do?

A. Any YHP member may have a care coordinator who works with them, their family, their designated caregivers and their clinicians and other members of the health care team. The care coordinator will work with you to identify your health care needs and, working with your clinicians, develop a plan of care which you and your family agree upon. Your care coordinator is there to answer questions you or your family may have regarding your care. The care coordinator can provide you with health information, assist you in making appointments, help you find community services, assist you with filling out paperwork, and can check with you on a frequent basis to determine if the plan is working for you.

Q. How can I contact a care coordinator?

A. The department phone number is 203-432-7397. You may contact the care coordinator directly, you may be referred by your primary care clinician to a care coordinator, or a care coordinator may contact you

(for instance, if you are hospitalized). Care coordinators are assigned to Internal Medicine, Pediatrics, and Student Medicine; a care coordinator is also assigned from YHP to Yale New Haven Hospital. Their names and office phone numbers are:

Amy Davis, APRN 432-0022
Yale New Haven Hospital

Elisabeth Reilly, APRN 432-5266
Pediatrics

Judy Sutton, APRN 436-8394
Internal Medicine

Doris Foell, APRN 432-4824
Student Medicine

Q. What can I expect from my care coordinator?

A. Close collaboration with your health care team so that your treatment plan is clear to you.

- Answers to your questions so that you may make the best decisions about your health care.
- Arranging of appointments with your clinicians if you are having difficulty doing so.
- Phone contact post discharge from the hospital to evaluate the effectiveness of the discharge plan.
- Phone contact to follow-up with you regarding your on-going health care needs.
- Help with arranging of services you may need at home or outside of YUHS.

Groundbreaking!



Left: Dr. Stephanie Spangler, Deputy Provost for Biomedical & Health Affairs, and Dr. Paul Genecin, director of Yale University Health Services, wield the golden shovels on June 30 at the official groundbreaking for the new Yale University Health Services building. The state-of-the-art 138,000-square-foot facility, designed in accordance with the Leadership In Energy and Environmental Design (LEED) green building rating system developed by

the U.S. Green Building Council (USGBC), is expected to open in 2010.

Right: Architects' rendering of the new facility, to be located at 55 Lock Street, at the foot of Science Hill and behind the Grove Street Cemetery. The structure is being erected just across the Farmington Canal from where Yale plans to build two new residential colleges and near the Rose Center at 101 Ashmun Street, which houses the Yale police department and doubles as the

HYPERTENSION

continued from page 1

Blood pressure is regulated by hormones acting on the blood vessels and heart to maintain adequate blood flow to vital organs. The main source of control are the kidneys. They produce a hormone called renin, which activates another hormone called angiotensin, which in turn raises blood pressure. Although most cases of hypertension are due to essential hypertension, about 2–5% are due to other conditions.

When assessing the potential impact of hypertension, the clinician will take into account other factors which magnify risk, such as smoking, diabetes and high cholesterol. Treatment of hypertension usually begins with lifestyle changes, including a moderate restriction on salt in the diet, weight loss in those who are overweight or obese, avoidance of excess alcohol intake, cessation of smoking, and regular aerobic exercise. While taking any of these measures can be helpful, the greatest benefit is gained by using them together.

(See Healthy Ideas section on page 6 for more information on lifestyle changes that can help to reduce high blood pressure)

If lifestyle changes are not sufficiently effective, medication is usually recommended. In addition, treatment with medication is recommended at a lower blood pressure (usually 130/80) for people with diabetes or chronic kidney disease.

Treatment of hypertension usually begins with lifestyle changes...

Different classes of drugs are commonly used to reduce high blood pressure. Because people will respond well to one drug but not to another, some time may be needed to decide which drug(s) and which dosage will be most effective with the minimum of side effects.

Diuretics lower blood pressure mainly by causing the kidneys to excrete more water and sodium, reducing fluid volume throughout the body and widening (dilating) blood vessels. In some cases, a potassium supplement or a potassium-sparing diuretic are added to the regimen because diuretics can cause potassium deficiency.

Angiotensin converting enzyme (ACE) inhibitors block production of the hormone angiotensin II, a compound in the blood that causes narrowing of blood vessels and increases blood pressure. Angiotensin II receptor blockers (ARBs) block the effects of angiotensin II on cells in the heart and blood vessels. Similar to ACE inhibitors, ARBs can widen blood vessels and lower blood pressure.

Calcium channel blockers reduce the amount of calcium that enters the smooth muscle in blood vessel walls and heart muscle. Muscle cells require calcium to contract. By inhibiting the flow of calcium across muscle cell membranes, calcium channel blockers cause muscle cells to relax and blood vessels to dilate, reducing blood pressure as well as reducing the force and rate of the heartbeat.

Beta blockers block some effects of the sympathetic nervous system, which increases the heart rate and raises blood pressure with stress and/or activity.



Beta blockers lower blood pressure in part by decreasing the rate and force at which the heart pumps blood.

For those who do not have any significant underlying medical condition (uncomplicated hypertension), a thiazide diuretic is usually recommended. If a low-dose thiazide alone is not effective in reducing blood pressure, an ACE inhibitor, ARB, calcium channel blocker, or beta blocker is usually added or substituted. Using a low-dose of the second drug with a thiazide diuretic tends to increase the chances that the person's blood pressure will respond. As an example, combining a thiazide diuretic with an ACE inhibitor or a beta blocker has a "cooperative" (synergistic) effect, controlling blood pressure in up to 85 percent of patients.

While there is no cure for hypertension, we now have a more detailed understanding of the causes and an ever-expanding array of treatment options. If you have hypertension, your clinician will work with you to determine whether lifestyle changes alone or a combination of lifestyle changes and medication will be the most effective therapy.

Dixwell-Yale University Community Learning Center. Designed by Mack Scogin Merrill Elam Architects of Atlanta, the building will be both innovative— including manganese brick which will reflect the effects of light at different times of the day—and reflective of its surroundings, with "rusticated" textured natural materials being used to reflect the stone of other university buildings, and a flaring shape that complements the shaping of the Grove Street walls nearby.

Some tidbits about the dimensions of the new building:

- Creating the site requires hauling away 40,000 tons of material, which equals 1,600 truck loads, or the equivalent of 28 Boeing 747s.
- The structure will use 9500 cubic yards of concrete, an amount that would fill 20 football fields or create a 36-mile long sidewalk.
- About 1400 tons of steel will be used—the weight of 170 elephants.
- The 100 miles of electrical wires and cable would wind 14 times around the New Haven green, or 199 laps around the Yale Bowl.
- The 90 miles of communication cabling equals the length of scaling Harkness Tower 1075 times.

5

information

MARK YOUR CALENDARS FOR LUNCH & LEARN

Children with asthma

Monday, September 22 · 12:15–1:00
in the cafeteria at 17 Hillhouse Avenue. Reserve a seat by calling 203-436-8393 before September 12.

Colonoscopy

Wednesday, November 5 · 12:00–1:00
in the cafeteria at 17 Hillhouse Avenue. There will also be a tour of the endoscopy suite. Reserve a seat by calling 203-436-8393 by October 28.

These sessions feature presentations by Yale clinicians. More info at www.yale.edu/yhp

SENIOR HEALTH FAIRS

Join us for senior health fairs (age 62+), where you can receive flu shots and obtain information on health services and community resources. All programs are from 9:00 a.m.–1:00 p.m.



Branford Thursday, October 16
Branford Evangelical Free Church
231 Leetes Island Road

Orange Tuesday, October 21
High Plains Community Center
Orange Center Road

Hamden Wednesday, October 23
Unitarian Society of New Haven
700 Hartford Turnpike

healthy ideas

Lifestyle changes are first line of defense against hypertension



Hypertension rarely occurs in countries where people consume less than 1000 mg of sodium per day and occurs primarily in countries where people consume

more than 2000 mg of sodium per day. Most Americans consume about 4000 milligrams of sodium per day. Most fresh foods have a low sodium (salt) content, although sodium is often added to foods and drinks that are processed, such as prepared frozen meals, canned foods, snack foods, lunch meats, sauces, and dressings. In addition to directly reducing blood pressure, a lower sodium intake may also enhance the effectiveness of high blood pressure medications and other non-drug treatments, such as weight loss.

When reading food labels to determine sodium content, remember that the amount of sodium listed is for one portion, and that many packaged foods contain multiple servings.

Eating a vegetable-based diet may reduce elevated blood pressure and protect against hypertension. A strict vegetarian diet may not be necessary; one study showed that eating more fruits and vegetables, low-fat dairy products, and a diet low in saturated and total fat lowered blood pressure. One major feature of a vegetarian diet that may affect blood pressure is the amount of dietary fiber; increased fiber is associated with decreased blood pressure. The recommended amount of dietary fiber is 20 to 35 grams of fiber per day. Many breakfast cereals are excellent sources of dietary fiber.

Excess body weight is associated with a higher risk of high blood pressure and increases the risk of cardiovascular disease associated with hypertension. In addition to reducing blood pressure, weight loss has other benefits, including a reduction of blood levels of lipids (cholesterol and related substances), a partial reversal of heart enlargement, a reduced risk of diabetes, and an improved sense of well-being.

A clear association exists between excess alcohol intake and hypertension. People who have more than two drinks daily have a one- to two-fold increase in the incidence of high blood pressure compared to nondrinkers.

Smoking magnifies the risks of hypertension, stressing the heart and making blood vessels more brittle.

Regular aerobic exercise can lower blood pressure by as much as 5 to 15 points. To maintain this benefit, exercise must be continued long term.

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Panico honored with educational fund



The newly-established Jane Panico Educational Fund at Yale Health Plan honors a woman whom YUHS director Paul Genecin, MD, calls “one of the most beloved figures in our health service’s history.”

Panico, who died in May, began her Yale career in the early 1960s at the old Prospect Street Infirmary. When the 17 Hillhouse facility opened she became the head nurse of the infirmary, later renamed the Inpatient Care Facility (ICF); she served in that capacity until her retirement in 1991. “Jane created a culture of caring and warmth that permeated the ICF and persists to this day,” says Moreson Kaplan, MD,

associate director for medical affairs and former medical director at YUHS.

After retiring from the head nurse post, Panico continued to serve at YHP for several years as the nurse in charge of chemotherapy. “She has patients today who still talk about her serenity and about the difference she made as they struggled with chemotherapy,” says Molly Meyer, assistant clinical professor at the School of Nursing and nurse practitioner at YUHS.

Panico requested that memorial contributions in her name be made to YUHS. The Jane Panico Educational Fund at Yale Health Plan, designed to support nursing education, has been established in her honor. Donations may be sent to Paul Genecin, MD, Director, YUHS, 17 Hillhouse Ave., P.O. Box 208237, New Haven, CT, 06520-8237.

YHP staff

New MD and PA in Internal Medicine



ALCANTARA



NOCKELS

Delly Alcantara, M.D., received her medical training at the University of Guadalajara in Mexico and did her internal medicine residency at Lincoln Medical Center in Bronx, NY. Prior to her appointment at YUHS, she was for several years an attending physician in both ambulatory care medicine and emergency medicine at Lincoln Medical Center, and also served briefly as a hospitalist at Waterbury Hospital.

Educated at the Universities of Aix-en-Provence and Strasbourg, France, Christiane Nockels, P.A., developed parallel careers as a physician associate and an academic. She obtained her PA certificate in 1984 from Yale School of Medicine, and has worked in clinical practice, research, teaching, and administration. In 2006, she obtained a PhD from Yale with her dissertation on medieval plague medicine. She served as lecturer and senior essay advisor in the History Department for the past year and has continued clinical practice, most recently in Family Practice Medicine at the West Haven Health Center.

Meyer honored with named award



Molly Meyer with Magruder Dent '80 who, along with many other former athletes, travelled from all over the country to attend the awards event.

Molly Meyer, APRN, assistant clinical professor of nursing and nurse practitioner at YUHS, was honored in June at the Yale University Athletic Department’s annual golf tournament, The Yale Golf Classic. She received recognition for her outstanding contributions to both the Yale community in general and the Athletic Department in particular.

In his remarks honoring Meyer, Director of Athletics Tom Beckett announced the creation of the Molly Meyer Award, which will be presented annually by Meyer herself at the senior varsity dinner beginning in 2009. This award will go to a graduating senior who during their time at Yale has in some form shaped their team through their own humanitarian spirit.

“For decades, Molly has served as a caretaker of Yale’s student-athletes, ensuring their health and wellbeing, while understanding their intense desire to get back on the field of play,” says Tim Ford, Associate Athletics Director for Development & Community Outreach.

In her Yale career, which has spanned over 35 years, Meyer has been known for her ability to offer undivided attention and the sense that nothing is more important than that patient’s needs, whether she is treating a varsity athlete with mononucleosis or a retiree with a complicated malignancy in her other capacity as the coordinator of YHP’s oncology practice. Meyer is the recipient of numerous other awards for her extraordinarily compassionate care and her devotion to clinical excellence, and last year was honored at Yale’s Long Service dinner.



From the Pharmacy

OPTIONS FOR TREATING ACID REFLUX

The airwaves are full of advertisements for products developed to treat “heartburn.” However, heartburn (a burning sensation rising from the stomach to the chest/breastbone area) is just one symptom of acid reflux, a condition where gastric juices containing acid travel back from the stomach into the esophagus (swallowing tube).

Other symptoms of acid reflux include regurgitation (bringing food back into the mouth), chest pain, difficulty swallowing (dysphagia), sore throat, hoarseness, dental erosion, chronic cough, and even asthma because acidic juices get into the throat, mouth and air passages of the lungs.

Experiencing these symptoms on a regular basis is called gastroesophageal reflux disease (GERD). Patients with constant symptoms of acid reflux may have inflammation and possible damage to the esophagus from stomach acid traveling backward into the esophagus. Factors contributing to acid reflux include fatty or spicy foods, cigarettes, chocolate, caffeine, alcohol, obesity, eating large meals, lying down soon after eating, and pregnancy.

In obese and pregnant patients the increasing size of the body, especially the abdomen, pushes the stomach contents back into the esophagus; this is why a person prone to acid reflux will often experience an increase in symptoms when lying down. Lifestyle changes such as quitting smoking, modifying diet, smaller meal size, and waiting at least 3 hours after meals before lying down are a major component of GERD treatment.

Occasional sufferers of acid reflux or mild/temporary heartburn can be treated with antacids or a class of medication called H₂ blockers. Antacids (such as Tums®, Maalox® or Mylanta®) neutralize stomach acid. Although they work quickly and well to relieve occasional mild symptoms, they are not as helpful in preventing it, and the relief does not last very long. H₂ blockers (histamine₂ receptor antagonists) lower the amount of acid produced in the stomach. Examples include Zantac® (ranitidine), Pepcid AC® (famotidine), Tagamet HB® (cimetidine) and AXID AR® (nizatidine). They are available in lower strengths OTC and in higher strengths by prescription. H₂ blockers relieve symptoms in 15 to 30 minutes and when

taken before meals and at bedtime can help prevent heartburn. A combination product—Pepcid Complete® (calcium carbonate and famotidine)—is fast-acting and can also prevent heartburn when taken before meals.

Patients who do not obtain relief from antacids and H₂ blockers should ask their clinicians if their symptoms are from GERD. They may be put on a proton pump inhibitor (PPI) Prilosec OTC® (omeprazole) either alone or combined with an H₂ blocker. PPIs are the most potent form of acid suppression. Prilosec OTC®, formerly sold only by prescription, reduces the production of stomach acid. This over-the-counter (OTC) medication does not work instantaneously but with continued use can be helpful in relieving GERD, and would usually be the first PPI recommended. Its ability to prevent the formation of the stomach acid helps in reducing the hoarseness and tooth erosion symptoms that other products do not control.

If symptoms persist after several weeks, in spite of lifestyle modifications and OTC medication, see your clinician. The clinician may recommend a prescription medicine or, in some cases where the diagnosis is in question, blood testing, upper endoscopy to examine the esophagus and stomach, or laryngoscopy to examine the upper throat and vocal cords. Severe pain, vomiting blood or black bowel movements should be evaluated promptly.

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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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Due to City of New Haven construction on Hillhouse Avenue, the only entrance into our patient parking lot is on Trumbull Street.