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# yale health care

NEWS FROM THE YALE HEALTH PLAN

VOL. IX NO. 2

MARCH–APRIL 2006

## Happiness Hard To Pin Down, But Worth Examining

Carole T. Goldberg, Psy.D.  
Department of Mental Hygiene  
Rhea Hirshman, editor



**W**hat is happiness? Are you a happy person? Do you know people who are happy? How can you tell? What do you think is necessary in order to be happy?

While we seem able to articulate the nature of distressing emotional states, from temporary unease to deep depression, identifying “happiness” is a lot more difficult. An irritating popular song exhorts us to “Don’t Worry, Be Happy.” Our Bill of Rights tells us that we are entitled to “Life, Liberty and the Pursuit of Happiness.” Neither attempts to outline what happiness might be. Some self-esteem gurus define happiness as a feeling of contentment created when

one’s physical, emotional, psychological, intellectual and spiritual needs have been gratified. The obvious questions are: When was the last time that happened? How do you make it happen again?

Webster’s New World Dictionary defines happiness as “good fortune, luck, pleasure, joy, and contentment”—a definition that does not imply permanency. If we look at happiness as a physiological rather than a philosophical phenomenon, we can ask: Is a propensity for happiness inherited (biological) or learned (environmental)? Is it specific to situations or events? Can someone have a melancholy personality and still have happy moments? Or be fundamentally happy and have times of extreme unhappiness? How frequent or enduring do those periods have to be in order for a person to shift from one category to the other?

According to David Leonhardt of the World Database of Happiness [accessed through google.com], happiness is highly valued in Western society and a rational pursuit of happiness requires understanding of its nature and determinants.

*continued on page 2*

## No Need To Cry About Dry Eyes

Linda Shilberg, OD  
YHP staff optometrist

**D**ry eye syndrome is more than a nuisance. The condition is a real medical concern and one of the common reasons for visiting an eye care practitioner.

Dry eye syndrome results when the small tear glands along the margins of the lid do not produce adequate tears. This is different from the tears produced from our main tear gland known as the “lacrimal gland.” The lacrimal gland is responsible for reflex tearing such as tearing that results from a smoky environment or peeling onions.

Signs of dry eye syndrome include persistent dryness, scratching and burning in both eyes. Some people also experience a “foreign body sensation”—a feeling of something in the eye. As counter-intuitive as it seems, sometimes watery eyes can result from the eyes’ watering excessively to compensate for inadequate tears. Tears are essential for good eye health and comfort. They bathe the eyes, wash out dust and debris and keep the eyes moist.

*continued on page 4*

*March is National Nutrition Month*

## HAPPINESS

continued from page 1

To that end, Leonhardt offers a “Get Happy Workbook.”

Others say that you make or choose happiness. Helen Keller offers: “True happiness is not attained through self-gratification, but through fidelity to a worthy cause.” Mahatma Gandhi said: “Happiness is when what you think, what you say, and what you do are in harmony.” Martha Washington said that the greatest part of our happiness depends on our dispositions, not our circumstances.” Television personality Hugh Downs notes: “A happy person is not a person in a certain set of circumstances, but rather a person with a certain set of attitudes.”

Having a positive attitude certainly helps. Research has shown that the fact that humans are confronted with their own mortality can get in the way of enduring happiness; as the Hank Williams song says, “No matter how I struggle and strive / I’ll never get out of this world alive!” Some people are undone by adversity and have a hard time enjoying life afterward, while others see the time following adversity as a gift.



Feeling understood—by family and friends—as well as oneself—also seems to be important for happiness. In addition, happiness seems connected to an

ability to stay in the moment. French author Albert Camus said, “But what is happiness except the simple harmony between a man [sic] and the life he leads?”

Questions worth asking are whether you can identify what makes you feel happy and how much time you spend in those pursuits? Of course, what’s tricky here is that someone might say, “Robbing a bank sounds like a good time,” or “Having an affair would light up my life,” or “Meals consisting entirely of chocolate would improve my mood considerably.”

Maybe so, but from a psychological perspective, actions such as these seem to be about acting out unhappiness or relieving it, rather than ways of creating genuine happiness.

In *What You Can Change and What You Can’t*, Martin Seligman, PhD, discusses the importance of distinguishing between what you can and cannot change, and teaches readers not to set themselves up for repeated failures—and the distress such failures cause—by constantly trying to change what won’t budge. Seligman is the director of the University of Pennsylvania’s Positive Psychology Center. He is the founder of positive psychology, a new branch of psychology which focuses on the empirical study of such concepts as positive emotions, strengths-based character, and healthy institutions. According to his website, Authentic Happiness [[www.authentichappiness.org](http://www.authentichappiness.org)], his research has demonstrated that people can learn to be happier—to feel more satisfied, be more engaged with life, have higher hopes, and probably even laugh and smile more, regardless of circumstances. This site also offers happiness questionnaires.

The questions of what constitutes happiness and how to achieve it have been around for millennia. While the psychology of happiness is undergoing scientific research, and there will no doubt be more to say about happiness as the research continues, we’ll leave the final word for now to Benjamin Franklin, in honor this year’s 300th anniversary of his birth: “The Constitution only gives people the right to pursue happiness. You have to catch it yourself.”

# 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
<i>Hours of operation</i>	
Monday, Tuesday,	8:00 AM–6:30 PM
Wednesday, Friday	8:30 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

## National Nutrition Month: Step up to Nutrition and Health

National Nutrition Month®, sponsored annually by the American Dietetic Association (ADA), focuses on the importance of making informed food choices and developing sound eating and physical activity habits. This year’s theme is Step up to Nutrition and Health:

- The food and physical activity choices you make today affect your health and how you feel today and in the future.
- Get the most nutrition out of your calories. Choose the most nutritionally rich foods you can from each food group each day—those packed with vitamins, minerals, fiber and other nutrients but lower in calories.

More information is available from [www.eatright.org](http://www.eatright.org)

For more individualized information, go to [www.mypyramid.gov](http://www.mypyramid.gov) to learn more about the food pyramid and what is best for you based on your age, sex and activity level.

- Give your body the nutrition it needs by eating a variety of nutrient-packed foods every day. Just be sure to stay within calorie needs.
- Regular physical activity is important for your overall health and fitness. It also helps control body weight, promotes a feeling of well-being and reduces the risk of chronic disease.
- Play it safe with food. Prepare, handle and store foods properly.



# from the desk of

**PAUL GENECIN, MD**

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

*...labor and management are [finding] new ways to work together more effectively...with the goal of increasing both productivity and employee satisfaction.*

The name of “Yale University” is well-known across the globe and for many it represents the highest levels of leadership in education and research. On the other hand, labor relations at Yale have fallen short of our aspirations. The Best Practices Initiative represents a new day at Yale—and at YUHS. Our goal is to create a partnership of labor and management that facilitates outstanding service to our members and a mutually supportive atmosphere for everyone working at YUHS.

In many Yale schools and organizations, Joint Department Committees (JDCs) are working on improving partnerships between labor and management—and focusing on “best practices” in customer service, productivity, conflict resolution and employee satisfaction. As this issue of Yale Health Care goes to print, the Best Practices Initiative at YUHS will be in full swing.

Briefly the term “best practices” means work processes that substantially increase the quality of services while improving productivity, efficiency and job satisfaction. The Best Practices Initiative is among Yale’s—and YUHS’s—most important strategic projects.

The employee health benefit in any large organization literally and symbolically represents the way that the employer—in this case, Yale—cares for its staff. Not only does YUHS employ a large number of unionized clerical and technical workers; it is also the health plan for more than three quarters of the Yale’s staff and faculty. No wonder, then, that YUHS is an important focus for the University-wide Best Practices Initiative. To continue to provide the Yale population with a stable and generous health benefit in future years, labor and management are coming together now to find new ways to work together more effectively and more efficiently, with the goal of increasing both productivity and employee satisfaction.

The YUHS JDC will be focusing on simplifying and improving access—whether by telephone or by appointments. Initially we will be looking at how we address the needs of new members, for whom any new health plan can seem like a tunnel with little light. Our thinking is that a system that works well for newly-enrolled members will be beneficial for everyone. Union members, clinicians and managers will together define new processes to improve member service. At the same time we will be working to create more productive partnerships, because excellent health care is the product of work by effective multidisciplinary teams—including clinicians, medical assistants, clerical personnel, those who work in areas such as medical records and technical services, and many others.

To learn more about the Best Practices Initiative at the University, check out [www.yale.edu/bestpractices/index.html](http://www.yale.edu/bestpractices/index.html) and look for more information on the YUHS Joint Department Committee in coming weeks and months.

## A Reminder About HIPAA

In this age of instant information, concerns about the privacy and integrity of personal data—whether financial, medical, or any other—are now more pertinent than ever. HIPAA (Health Insurance Portability and Accountability Act) passed by Congress in 1996, requires adoption by medical facilities of security and privacy standards to protect personal health information. While the legislation is lengthy and complex, its main features include the following:

- the right to be informed of a “covered entity’s” (e.g. Yale Health Plan’s) privacy practices;
- clear limitations on and parameters for the use and release of individually identifiable health information;
- the right of patients to obtain access and make amendments to their medical records;
- restriction on most disclosures of health information to the minimum needed for the intended purpose;
- the right for patients to obtain access to an accounting of those to whom disclosures have been made;
- establishment of safeguards when records are disclosed for certain public responsibilities, such as public health and law enforcement.

All members of YHP receive a copy of our privacy practices. The document is also attached to this issue of the newsletter, included in our student and member handbooks and available for viewing on our web site. If you have any questions, please contact us at 203.432.0246 or at [member.services@yale.edu](mailto:member.services@yale.edu)



## DRY EYES

*continued from page 1*

Dry eye syndrome is easily diagnosed in your eye care practitioner's office by a few painless, quick tests to determine the quantity and quality of tear function.

Dry eye syndrome has several causes. It occurs as a part of the natural aging process. Middle-aged women are at particular risk for developing dry eye as a condition secondary to hormonal changes. Certain medications such as antihistamines, antidepressants, some blood pressure medications, birth control pills and hormone replacement therapy can also contribute to dry eyes. Environment also plays a role.

Air conditioning or dry heating systems can dry out your eyes, as can working long hours on a computer screen that generates insufficient blinking.

Dry eyes are also a symptom of systemic diseases such as lupus, rheumatoid arthritis, acne rosacea or Sjogren's syndrome (a syndrome of dry eyes and dry mouth, which may be accompanied by other autoimmune conditions such as rheumatoid arthritis or lupus).

Long-term contact lens wear is another cause; in fact, dry eyes are the most common complaint among contact lens wearers. Contacts have been shown to decrease corneal sensation and disrupt the tear film, thereby contributing to dry eyes. Refractive surgery (i.e. LASIK) can



cause dry eyes. LASIK surgery cuts corneal nerves and can contribute to corneal surface dryness.

Several treatment options are available for dry eye syndrome. Mild dry eye can be relieved with over-the-counter medications that contain lubricating agents to keep the eyes moist for longer periods of time.



## FRUITS AND VEGGIES FOR EYE HEALTH

Age-related macular degeneration (AMD) is a leading cause of blindness in people over the age of 55. In a recent study of people in this age group, published in the *Journal of the American Medical Association*, those who reported the highest intake of vitamin C, vitamin E, beta carotene, and zinc were significantly less likely to develop AMD than those who had the lowest intake. Good sources of these nutrients include oranges, mangoes, and strawberries [vitamin C]; turkey, chicken, and fortified cereal [zinc]; almonds and peanut butter [vitamin E]; sweet potatoes, apricots, and peaches [beta carotene]. Other nutrients that appear to be beneficial for eye health include lutein and zeaxanthin which, like beta carotene, are carotenoids found in various kinds of fruits and vegetables. Good sources include spinach, peas, green and orange bell peppers, corn and tangerines.

# healthy ideas

## KEEPING FAT IN PERSPECTIVE

Fat is a major source of energy and aids in the absorption of vitamins A, D, E, and K, and carotenoids. Both animal and plant-derived food products contain fat, and when eaten in moderation, fat is important for proper growth, development, and maintenance of good health. As an ingredient, fat provides taste, consistency, and stability and helps us feel full. In addition, fats are an especially important source of calories and nutrients for infants and toddlers (up to 2 years of age), who have the highest energy needs per unit of body weight of any age group.

However, all fats are not the same. While unsaturated fats (monounsaturated and polyunsaturated) are beneficial when consumed in moderation, saturated fat and trans fat are not. Saturated fat and trans fat raise LDL ("bad") cholesterol. Therefore, it is advisable to choose foods low in both saturated and trans fats as part of a healthful diet.

Sources of unsaturated fats include olive and canola oils, soybean, corn and sunflower oils, and foods like nuts and nut butters. Foods low in saturated fats include fat free or 1% dairy products, lean meats, fish, skinless poultry, whole grain foods, and fruit and vegetables.

## TRANS FATS: NEWEST ADDITION TO FOOD LABELS

Trans fats are now listed on food labels, underneath saturated fats. Trans fats are formed when liquid oils are processed into solid fats, a process called hydrogenation. They are added to processed foods because they add to a product's shelf life and flavor stability, and are often found in doughnuts, cakes, cookies, muffins and deep fried foods.

Because trans fats are known to increase the risk of heart disease by raising cholesterol levels, you should eat as little trans fat as possible.

For more information about trans fats, see [www.cfsan.fda.gov/~dms/qatrans2.html](http://www.cfsan.fda.gov/~dms/qatrans2.html).

Some commonly used OTC medications include Tears Natural, Visine Tears, Hypotears, Systane and Genteal. These artificial tears substitutes are most effective when taken at least four times a day.

Contact lens wearers who experience dry eyes can use lubricating drops while wearing their lenses (i.e. Clerz Plus and Lens Plus Rewetting drops). In more difficult cases of dry eye, adding an artificial gel or ointment at bedtime is helpful. Over-the-counter lubricating formulations without preservatives are also available to patients who may experience preservative sensitivity. Such products include Refresh Tears and Refresh Liquigel, available in single use vials.

For more severe cases of dry eyes, there are prescription remedies. Restasis, which is a topical cyclosporine, has anti-inflammatory properties that help increase tear production. This topical drug is taken twice a day and requires use for up to six months before maximum relief is noted.

Your eye care practitioner might recommend a topical steroid. Newer topical steroids have fewer side effects than their older counterparts.

Surgical options are also available for severe dry eyes. One option is using temporary or permanent punctal plugs. These plugs, made of materials such as collagen or silicone, are inserted painlessly into openings known as puncta.

These plugs block tear drainage and therefore keep tears from draining away as quickly. In some instances, these punctal plugs are not effective and the puncta are permanently cauterized.

Several new topical and systemic agents are under investigation. One drug manufacturer is experimenting with topical testosterone eye drops for managing dry eyes. Tetracycline, an oral antibiotic with an anti-inflammatory effect, may also be used for managing dry eye. A diet rich in omega-3, such as those that are found in tuna and salmon, may provide some relief from dry eye symptoms.

If you experience dry eye symptoms, talk to your eye care professional to find the treatment that will work best for you.

**If you have health concerns or are over the age of 50 and have been sedentary, consult with your clinician before starting a physical activity program. If you experience dizziness, shortness of breath or chest tightness when walking or exerting yourself in any manner, stop immediately and consult your clinician.**

## Take a walk

Planning on joining your friends and colleagues for *Work Together, Walk Together* [see page 6]? Or just looking to get outside as the weather turns warmer? Regular walking is an excellent way to improve fitness. It increases energy levels, improves sleep and builds stamina. It requires no special training—although you should adhere to common-sense precautions. And the only equipment needed is a good pair of walking shoes.

When you choose shoes, make sure your heel is slightly higher than the ball of your foot. Also, don't wear the shoes down too far before getting another pair. Your feet absorb a tremendous amount of impact and they need cushioning and support. Better still, have two or three pair of shoes that you can rotate.

Many people walk on their lunch hours as the weather improves. Just make sure that you don't substitute walking for eating, as frequent skipping of meals can actually inhibit weight loss.



When you don't eat regularly the body thinks it's starving and slows down the metabolism. Instead, eat half your lunch, go for a walk and then eat the other half when you return.

A leisurely stroll, while better than no exercise at all, will not provide much of a workout. In order to get a workout from your walk, you need to pay attention to distance and pace.

When walking for exercise don't stroll or stop. Identify a middle portion of your route where you can comfortably pick up the speed to the point where you would not be able to talk for one block. Then drop the speed again to where you could converse comfortably while keeping a steady pace. Your pace should work up in speed gradually as you begin and then slow down for the last 3–5 minutes as a cool-down before finishing.

If you haven't exercised in a while, start with a shorter route that will take you about 15 minutes to accomplish at the pace described above. Then increase speed. When you cannot walk any faster for that distance, slow down your speed slightly while increasing your distance by adding another route. Changing routes also reduces the chance of boredom.

Some additional tips:

- Walking with a friend or colleague can help you stay committed. Another motivator is a walking diary where you record distance, time, and observations of your surroundings.
- If you are just starting out, commit to walking on three days a week for the first month and five times a week from then on.
- Use smooth, long strides; don't exaggerate steps and strain your hips and back. Walk with head up straight and forward and with shoulders relaxed. Put ID and keys in pockets or a waist pack and carry nothing in your arms.
- Stay hydrated with water or other non-caffeinated, non-sugared beverages. Even mild dehydration can leave you fatigued.
- Make sure to stretch before and after your walk.

Consider using a pedometer and aim for 10,000 steps per day on most days. Increase daily steps by parking further away from your destination, taking the stairs instead of the elevator and so on.

# information

## THIRD-PARTY LIABILITY

A member or enrolled dependent may be compensated for an illness or injury for which another party is liable to pay damages. In such cases, that party has the primary payment responsibility and YHP has the legal right to be reimbursed for services provided or covered by YHP. If a member brings legal action or otherwise makes a claim against a third-party, the member agrees:

- To notify the YHP Billing Department as soon as possible and to keep them informed of subsequent developments.

- To reimburse YHP for its costs and services from any resulting settlement, to the full extent permitted by law.
- To cooperate in protecting the interests of YHP under this provision and execute and deliver to YHP or its nominees all documents [e.g. accident reports] required by YHP that may be necessary to protect its rights.

YHP will provide medical care upon the member's request with the understanding that the member will reimburse YHP in full for any treatment rendered or expenses incurred on the member's behalf without deductions of any kind, including attorney's fees, to the full extent permitted by law.

## HEAD AND NECK SCREENING

If you have a history of any of the following, you should consider being screened for head and neck cancers.

- Smoking
- Sore throat for more than 6 weeks
- Hoarseness for more than 3 weeks
- Blood in sputum/saliva

Free head and neck screenings by an ENT [ear/nose/throat] physician will be available on:

Friday, April 21, 2006 from 1 to 4 pm  
Yale Physicians Building  
800 Howard Avenue  
Department of Ear, Nose, and Throat (ENT) on the 4th floor

Call to register toll free 888-700-6543. Walk-ins are also welcome. Parking validation available.

## yale health care

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## WORK TOGETHER, WALK TOGETHER 2006

Time to get outside during your lunch hour! The annual spring walking program, co-sponsored by the YUHS Office of Health Promotion and Education and the Department of Athletics, is now in its 16th year.

These progressive distance walks will be held on Tuesdays and Thursdays from March 21 to April 20. We leave from the front of YUHS, 17 Hillhouse Avenue at 12:10 pm. The sessions are led by Larry Matthews, Associate Director of Sports and Recreation, Payne Whitney Gymnasium.

Walks are free and open to the Yale community. No registration is required. Walks are never cancelled. In the event of inclement weather, the walks are moved indoors, either to Ingalls Rink or to the Lanman Center track at Payne Whitney Gym.

Participants are encouraged to walk at their own pace. Wear comfortable walking shoes and non-restrictive clothing.

*Work Together, Walk Together* encourages members of the Yale community to join with friends and colleagues.

Walking with others increases motivation and creates a spirit of camaraderie. Bring your whole department and get yourself moving. For more information call 203-432-1892.

### Where We're Walking

**Tuesday, March 21**  
Whitney Avenue neighborhood

**Thursday, March 23**  
Grove Street, Tower Pkwy, Broadway, York & Chapel

**Tuesday, March 28**  
Orange Street neighborhood

**Thursday, March 30**  
Cross campus/Old campus

**Tuesday, April 4**  
Mansfield Street/Canal Trail walk

**Thursday, April 6**  
Grove Street Cemetery

**Tuesday, April 11**  
St. Ronan Street neighborhood

**Thursday, April 13**  
New Haven Green/downtown

**Tuesday, April 18**  
Residential college courtyards

**Thursday, April 20**  
Wooster Square neighborhood



# Seasonal Allergies Are Common, But Relief Is Available

Seasonal allergic rhinitis, often referred to as “hay fever,” affects more than 35 million people in the United States. Airborne pollens and mold spores are the outdoor allergens that commonly trigger symptoms during the spring and fall. During these times, seasonal allergic rhinitis sufferers experience symptoms, including sneezing, congestion, runny nose, and itchiness in the nose, roof of the mouth, throat, eyes and ears.

## The culprits: pollens and molds

Pollens are the tiny, egg-shaped male cells of flowering plants, necessary for plant fertilization. Large, waxy pollens from plants with bright flowers usually do not trigger allergies. However, many trees, grasses and low-growing weeds have small, light, dry pollens that are easily disseminated by wind currents, producing allergy symptoms.



Seasonal allergic rhinitis in the early spring is often set off by the pollens of such trees as oak, western red cedar, elm, birch, ash, hickory, poplar, sycamore, maple, cypress and walnut. In the late spring and early summer, pollinating grasses—including timothy, bermuda, orchard, sweet vernal, red top and some blue grasses—often produce symptoms. Ragweed is the pollen most responsible for late summer and fall hay fever in much of North America.

Other weeds, including sagebrush, pigweed, tumbleweed, Russian thistle and cockleweed can also trigger allergic rhinitis symptoms.

Each plant has a period of pollination that is fairly constant from year to year. However, weather conditions can affect the amount of pollen in the air at a given time. While the pollen season can begin as early as January in the southern states, it generally goes from February or March through October. Trees pollinate earliest, grasses follow next, and weeds usually pollinate in late summer and early fall.

Molds are microscopic fungi. Mold spores float in the air like pollen, and are present throughout the year in many areas. They do not have a specific season, but are affected by weather conditions. Outdoor mold spores begin to appear after a spring thaw and reach their peak in July in warmer states and October in the colder states. Molds can be found all year long outdoors in the South and on the West coast. Outdoors, molds can be found in soil, vegetation and rotting wood. Molds can also be found indoors in attics, basements, bathrooms, refrigerators and other food storage areas, garbage containers, carpets and upholstery.

## Effects of weather and location

Weather can influence hay fever symptoms. Symptoms are often minimal on days that are rainy, cloudy or windless, because pollen does not move about during these conditions. Hot, dry and windy weather signals greater pollen and mold distribution and increased symptoms.

If you are allergic to plants in your area, you may believe that moving to an area with different plants will help reduce symptoms. However, many pollens and molds are common to most plant zones in the U.S. Other related plants can also generate the same symptoms. Many who move to escape their allergies find that they soon acquire allergies to new airborne allergens. Appropriate treatment—not escape—is the best method for coping with allergies.

*continued on back cover*



## Some DOs and DON'Ts for symptom relief

- DO keep windows closed at night to keep out pollens and molds. If needed, use air conditioning, which cleans, cools and dries the air. Make sure to keep air-conditioning filter(s) clean.
- DO minimize early morning activity when the greatest pollen is emitted.
- DO keep car windows closed when traveling.
- DO try to stay indoors when the pollen count or humidity is reported to be high, and on windy days when dust and pollen are blown about.
- DO take vacations during pollen season to a more pollen-free area, such as the beach.
- DO take medications prescribed by your allergist regularly, in the recommended dosage.
- DON'T take more medication than recommended in an attempt to lessen your symptoms.
- DON'T mow lawns or be around freshly cut grass; mowing stirs up pollens and molds.
- DON'T rake leaves, as this also stirs up molds.
- DON'T hang sheets or clothing out to dry; they attract pollens and molds.
- DON'T grow too many or overwater indoor plants if you are allergic to mold. Wet soil encourages mold growth.





## From the Pharmacy

Over-the-counter medications available for allergy relief

The YHP Pharmacy stocks several over-the-counter [no prescription required] allergy medications. If you have questions about these medications, talk to your clinician or a pharmacist. If your symptoms are severe or persistent, discuss them with your clinician.

**Chlorpheniramine.** 2mg tablets. This short-acting antihistamine provides temporary relief of symptoms of seasonal allergies, hay fever and upper respiratory ailments.

**Diphenhydramine.** 25mg capsules and 12.5mg per teaspoonful liquid. This is a short-acting antihistamine that, while it can be used for seasonal allergies, is used primarily for allergic skin reactions. It can cause marked drowsiness.

**Loratadine.** 10mg tablets (generic for Claritin). This antihistamine is taken once a day. The 24 hour formulation temporarily relieves symptoms due to hay fever or seasonal allergies. It does not cause drowsiness.

**Naphcon A.** Eye drops contain naphazoline 0.025%—the redness reliever, and pheniramine maleate 0.3%—the antihistamine. Together they provide temporary relief of redness and itching of the eyes due to ragweed, pollen, grass and animal dander/hair.

**Nasal crom nasal spray** (cromolyn). A nasal spray used to prevent and control allergic rhinitis; it is best used one to two weeks prior to allergen exposure. It works by inhibiting the release of histamine, so is not an antihistamine [a drug which counters histamines once they are released into the bloodstream].

For more information about allergies, check the website of the American Academy of Allergy, Asthma, and Immunology at [www.aaaai.org](http://www.aaaai.org)

*Information from Martha Asarisi, RPh.*

## ALLERGIES

*continued from page 7*

### Treatment options

If your seasonal allergy symptoms are making you miserable, see your allergist/immunologist, who will take a thorough history and conduct tests, if needed, to determine exactly which allergens are causing your symptoms.

Your allergist/immunologist may recommend a nasal spray, non-sedating antihistamine, decongestant or other medications. If your symptoms continue or if you have them for many months of the year, your clinician may also recommend immunotherapy treatment [“allergy shots”]. This treatment involves injections periodically over three to five years to help the immune system become more resistant to the specific allergen, to lessen symptoms, and to reduce the need for medications.

Patients with known seasonal allergies may be advised to start taking antihistamines one to two weeks before pollen season begins. Antihistamines block the inflammatory action of histamine, preventing sneezing, runny nose, and itching.

*Most of the material in this article was obtained and adapted from the American Academy of Allergy, Asthma and Immunology.*

**New member identification numbers:** YHP has transitioned from using social security derived member numbers to using unique patient identification numbers on health plan ID cards. This format is in use for all new members with an effective date of January 1, 2006 and after. Existing members will be issued new cards incrementally. Members may request new cards by calling Member Services at 203-432-0246 or emailing at [member.services@yale.edu](mailto:member.services@yale.edu).

## 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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