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Patricia Iyer
MSN RN LNCC

An Eye for an Eye: Cataracts

Are you finding it harder to read the computer screen? Does the glare of headlights bother your eyes? Are you over the age of 60? You may have a cataract.

Recently I was at the optometrist to get a new prescription because I have been having trouble seeing out of one eye. The testing done at the optometrist's office is never easy. Puffs of air blow at your eye, and bright lights shine through the slit lamp. Then there are all of those questions: "Is lens one better than lens two? Is lens three better than lens four?" The answer, "They are both the same" is never acceptable. With a sigh, my optometrist asks the same question again and expects a definitive answer.

When I was tested with the eye chart, I saw a definite loss of vision in my left eye and to my surprise, had trouble with the color charts (the number is mixed into the dots.) Still, I did not expect the doctor to tell me I have cataracts in both eyes and need surgery.

Cataracts are a clouding of the lens of the eye, which results in cloudy, blurred vision. They are caused by aging, diabetes, trauma, smoking, prolonged use of steroid drugs, exposure to radiation and sun glare, excessive alcohol, and genetics. Posterior (on the back portion of the lens) cataracts are more common than anterior ones and develop less quickly.

Cataracts are the leading cause of blindness. I value my sight over any of my senses and would be lost if I could not see. Blindness is not an option.

The diagnosis of a cataract is not a medical emergency, and vision will not be irreversibly lost if you wait a few months to arrange for surgery. You need surgery when the cataracts interfere with your daily activities. Surgery is successful in restoring vision in a majority of cases.
Although cataract surgery is the most commonly performed surgery in the U.S., the selection of a surgeon and hospital require the same consideration you would use for any type of surgery on your body. One eye at a time is operated on, with several weeks of rest between surgeries. Surgery consists of removing the cloudy lens and permanently implanting a plastic lens. Postoperative complications include retinal detachment, infection, displacement of the lens and eye infections, although these are not common.

My natural inclination is to think about ophthalmological medical malpractice cases we have been asked to handle at Med League. In the past 24 years, we have had few requests for experts for eye surgery cases.

Now that I have this new diagnosis, my next step involved making an appointment with the chief of surgery at a hospital that specializes in eyes. I will have my list of questions ready so I can learn what to expect.

What you should know about your eyes:

- Protect them by wearing sunglasses when you are in bright lights.
- Have regular checks of your vision.
- If you notice a decline in vision, make an appointment to have your eyes checked.
- If you are diabetic, keep your diabetes under the best possible control.
- Stop smoking. Your lungs and eyes will appreciate it.
- Don't drink to excess. Your liver and eyes will appreciate it.
- Follow a healthy diet with lots of fruits and vegetables.
- Keep in mind the vast majority of people will get cataracts if they live long enough.

For more information, here are a few good sites:

http://www.mayoclinic.com/health/cataracts/DS00050

http://www.medicinenet.com/cataracts/article.htm#facts

About the Author

Patricia Iyer MSN RN LNCC is coeditor of the newly released 4th Edition of *Nursing Malpractice*, available at www.patiyer.com. She is President of Avoid Medical Errors, LLC.

This month's Interview in the Inner Circle:

Cardiac Risks

Dr. Rosemary McGeady is both a cardiologist and a plaintiff's attorney. She explains how to recognize the cardiac killers. She offers practical advice for communicating with your doctor. Dr. McGeady explains why she takes only 30 medical malpractice cases a year.

Inner Circle members will receive the interview, transcript and a chapter from Elizabeth Bewley's book, Killer Cure.

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Treatment of Strokes

Stroke is the third most common cause of death in the United States. Stroke also results in substantial healthcare expenditures. According to the American Heart Association (AHA), the mean lifetime cost resulting from an ischemic stroke is estimated at $140,000 per patient. The Centers for Disease Control and Prevention (CDC) estimate that direct and indirect costs related to stroke in the U.S. alone are expected to reach $73.7 billion in 2010. Symptoms of stroke are caused by the interruption of blood flow to an area of the brain. They can include one or more of the following:

- Sudden numbness, paralysis, or weakness in your face, arm, or leg.
- New problems with walking or balance.
- Sudden vision changes.
- Drooling or slurred speech.
- New problems speaking or understanding simple statements, or feeling confused.
- A sudden, severe headache that is different from past headaches.

Stroke Diagnosis
If a stroke is suspected, prompt, accurate diagnosis and treatment are necessary to minimize brain tissue damage. A quick diagnosis within the first 3 hours may enable treatment options that can lead to a better recovery. Diagnosis includes a medical history and a physical and neurological examination to evaluate the level of consciousness, sensation, and function (visual, motor, language) and determine the cause, location, and extent of the stroke.

Physical examination includes assessing the airway, breathing, and circulation (ABCs), and vital signs. The head (including ears, eyes, nose, and throat) and extremities are also examined to help determine the cause of the stroke and rule out other conditions that produce similar symptoms.

Blood tests and imaging procedures (e.g., CT scan, ultrasound, MRI) help the physician determine the type of stroke and rule out other conditions, such as infection and brain tumor.

Imaging Procedures: When stroke is suspected, computed tomography (CT scan) is performed as soon as possible. MRI/MRA, carotid ultrasound, and PET scans are other commonly used imaging modalities used to diagnose and determine the nature and severity of a stroke.

Ischemic vs. Hemorrhagic Stroke
It is important that the type of stroke is determined early, as treatment options are different for patients suffering ischemic strokes versus hemorrhagic strokes.

Ischemic Stroke
Ischemic strokes are the most common type, making up about 83 percent of all strokes. An ischemic stroke occurs when a blood vessel becomes blocked, usually by a blood clot. Clots can form when blood vessels become clogged with fat and cholesterol, a condition

known as atherosclerosis. In an ischemic stroke, the clogged artery prevents blood from reaching the brain, causing brain cells to suffer from the lack of nutrients and oxygen that they would normally get.

Treatment options for ischemic stroke include clot-dissolving medications such as a tissue plasminogen activator (TPA), which may be injected into the veins to dissolve a blood clot. Anticoagulants and antiplatelet drugs may also be administered during or immediately after a stroke to help prevent clot formation. Although these medications work differently, the result in both cases is to help keep blood vessels open and delivering oxygen and nutrients to brain cells.

In addition to medical management, ischemic strokes are also managed using the following surgical techniques:

1. **Carotid Endarterectomy**: This procedure is used to remove atherosclerotic plaque from the carotid (neck) artery when it is narrowed. The surgeon makes an incision in the neck, the artery is opened and the plaque is removed.
2. **Bypass Surgery**: This technique is used to establish a new route for blood to reach the brain, usually by grafting another vessel to a cerebral artery.
3. **Angioplasty and Stenting**: In this procedure, a balloon-tipped catheter is maneuvered into the obstructed area of the artery. The balloon is inflated, compressing the plaque against the artery walls. A metallic mesh tube (stent) is usually placed in the artery to act as a scaffold to prevent recurrent narrowing. A doctor may recommend angioplasty for patients who are not good candidates for endarterectomy, or for narrowing in arteries that are not accessible with surgery.

Hemorrhagic Stroke

A hemorrhagic stroke occurs when a blood vessel in the brain bursts or breaks, causing bleeding in the brain. Hemorrhagic stroke is less common but more frequently fatal than ischemic stroke.

Hemorrhagic stroke can most often be traced to high blood pressure, but it may also be caused by an aneurysm. Another possible cause of hemorrhagic stroke is an arteriovenous malformation, or AVM, a group of malformed blood vessels that can rupture, again resulting in bleeding in the brain.

Treatment modalities for hemorrhagic stroke include:

- Carefully controlling blood pressure, which can be too high or too low.
- Drugs to control brain swelling.
- Medications to relieve headaches.
- Seizure medications such as phenytoin.

Sometimes, surgery is needed to save the patient's life or to improve the chances of recovery. The type of surgery depends upon the specific cause of brain bleeding. One common problem related to brain bleeding is hydrocephalus, which is the buildup of fluid within the brain. A procedure called ventriculostomy may be needed to drain the fluid.

Medical-Legal Considerations

Patients who complain of weakness in their face or extremities, drooling or slurred speech, are experiencing new problems speaking, or are suffering from sudden, severe headaches different from past headaches present diagnostic challenges. They may be sent home or kept for extended periods in the ER while waiting for diagnostic testing for suspected intracranial emergencies like stroke, hemorrhage, abscess, meningitis and hypertension, and for less emergent problems like tumor or migraine. Failure to diagnose and treat not only stroke but also these other

intracranial emergencies in a timely manner has a significant impact on patient outcomes. Physicians have been held liable for failure to diagnose stroke, hemorrhage, and infection and to obtain appropriate consultation in these situations. They need to be alert to the possibility of a stroke and to order the right diagnostic tests to avoid this medical-legal pitfall.

About the Author

This article was written by an AMFS physician. For more than two decades, AMFS has offered the most comprehensive network of Board Certified, medical and related experts in all recognized specialties, nationwide. AMFS experts have assisted in more than 10,000 medical-legal matters and provided testimony in areas of medical negligence, personal injury, product liability, hospital/managed care negligence, criminal matters and toxic torts. AMFS takes the guesswork and legwork out of medical expert selection and provides a valuable consultative resource in the form of experienced staff, medical directors and attorneys. AMFS offers:

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Dance Like Nobody's Watching! Benefits of Exercise For Your Brain

"You've gotta dance like there's nobody watching,
Love like you'll never be hurt,
Sing like there's nobody listening,
And live like it's heaven on earth."
William Purkey

I've always loved that quote and believe that if we could just follow William's advice, we would have healthier brains and bodies!

Do you hesitate to try new activities because you think you'll look ridiculous? It's easy to avoid doing things if we're unsure of ourselves. Some people even expect to be perfect at everything and don't want to do something they don't think they'll do very well. It's time to risk doing something different if you're interested in living a long and joyous life and feeling empowered and independent.

Many people get into quite a rut of doing the same things in the same ways year after year. Routine can be a great thing, but our brains need to have a challenge.

There is nothing more beneficial to your brain than to give it the opportunity to learn new, physical moves such as a new dance step or some kind of new workout! First of all, it's important to know that our cardiovascular health is a primary indicator of our brain health. And stimulating the brain to learn new movements is an added benefit.

When we do the same movements over and over, the brain really doesn't have to get too involved. Neuropathways that are already established allow for us to move without much brain engagement. Novelty gets the brain's attention. Give it something interesting to orchestrate! This creates new connections that help the brain to stay more vibrant and creative.

Some of my favorites are yoga, aqua aerobics, and classes on the Pilates Reformer with the platform and pulleys. Each one of these activities has a challenge for the brain.

Yoga requires tremendous focus to be able to balance to hold the poses. In Pilates, you are coordinating various parts of your body with the pulleys at different tensions. Breathing is emphasized in both yoga and Pilates.

Our breathing is typically so shallow that we are only using a small portion of our lungs. With deeper, more complete breaths, we are able to move stale air from the lungs and bring in fresh air to oxygenate our blood moving to the brain. Have you ever yawned while doing some deep breathing or when starting some vigorous exercise? Yawning is really a breath and a half, one of the ways our body works for us to get the oxygen it needs.

There is a totally different type of yoga that I've experienced. An Indian physician, Madan

Kataria, started Laughter Yoga Clubs in 1995. There are now over 6000 clubs in 60 different countries! When was the last time you laughed boisterously? For children, it's a frequent event. Pre-school children laugh or smile 300-400 times a day. You can see the joy in their faces even when nothing special is happening. That number drops to only 15 times a day by the time you reach age 35.

When you are going through a time that is heavy on your mind, your heart, and your body, Laughter Yoga can loosen up your body, warm your heart, and lighten your mind with a different perspective. Another benefit I found when doing Laugher Yoga was tremendous emotional release AND improvement in my respiratory challenges with allergies. Better breathing means better brain function.

Laughter Yoga is even effective in care centers with Alzheimer's patients who are no longer verbal. Laughter is universal and can still be enjoyed when much of life and memory is gone.

Aqua aerobics gives our Boomer bodies the opportunity for much freer movements than are possible for most of us on land. With a great instructor giving directions for ever-changing movements, our brain is stimulated to direct the body's movement in new ways. Participants are able to set a pace to get an intense or a gentler cardiovascular workout.

Regular cardiovascular exercise is essential for good brain health. Anything that benefits your heart and lungs is a huge support for your brain. Our brains get their nourishment from a flow of nutrients and oxygen through our circulatory system. When we exercise more, the flow increases in our brain and memory benefits tremendously.

Physical exercise boosts the blood flow to the brain, improves the oxygen supply, and helps the brain use glucose more efficiently. Exercise

also helps protect the brain from molecules that hurt it such as free radicals.

With all the many possible strategies being studied to support the brain, physical exercise is said to be the most definitive support to your brain function. Unless you are doing manual labor similar to what our ancestors had to do before our world became so industrialized and now so dominated by technology, you really need to create ways for consistent and vigorous movement to keep the brain well nourished.

We have more research statistics showing the benefits of physical exercise on the brain of older adults, but there is also data showing that young people do better thinking with more physical movement. It's disconcerting to me how the lives of children typically include much less physical exercise than in years past. Children not only have more sedentary activities to enjoy now but also have less freedom to run free on the streets as they did before. Children home alone after school while both parents are working are encouraged to stay indoors to be safer until their parents get home. The days of playing on bikes and other outdoor activities until dinner time have been lost in many homes.

If finding the time in an already packed schedule to include physical exercise is a challenge for you, you may have to get creative in how you manage to get vigorous movement into your week. I have a few ideas beyond the usual suggestions of parking at a distance from your destination or taking the stairs instead of the elevator.

What is more interesting for many people is to take mini breaks from sitting to "move and groove" with some music or just do marching in place. I am often sitting in my home office while doing my writing or other work. I take breaks to do active household tasks or get my dog to chase me around the house for a treat. This gets my blood moving and renews my energy

and creativity. Many people get their exercise when they are also giving their dogs exercise by going on a walk.

I call my exercise activities recess time, a fallback to my school years! If what you've been choosing for exercise doesn't feel like recess to you, give some thought to what might be fun. When my mother was in an Alzheimer's Care Center during her last years, I signed up for a belly dancing class through community education in my area. When I put that jingly belt over my clothes and moved to the exotic music, it took me out of the funk I was in at that time from watching Mom slip away from reality as her Alzheimer's disease progressed.

Many people love doing country and western dancing or ballroom dancing. These are wonderful ways of getting good cardiovascular exercise as well as stimulating your brain for new movements and connecting with others.

It's up to you to decide what kind of exercise you would enjoy. You're much more likely to be consistent if you commit to something that gives you pleasure as well as a good workout. No matter what kind of movement you add to your daily activities, your brain will thank you for it!

About the Author

Suzanne has a master's degree in education specializing in counseling and has been an educator of psychology and technology. She's had extensive coach training through Thomas Leonard's Graduate School of Coaching and the University of Texas, Dallas. Suzanne is also an Emotional Intelligence Certified Coach.

Contact Suzanne at www.suzanneholman.com

Want to Stop Emotional Eating Once and For All? Part II

Last month, I shared some guidance on stopping emotional eating and advised you to just stop eating your comfort food. It took me a while–say 25 years–to be able to hear the wisdom in this approach. I actually came up with the idea from a guy who wasn't even talking about weight loss. I was at a conference where a speaker talked about change. In response to an audience member's question about how to stop smoking, he responded, "Take the cigarette out of your mouth."

Since I've never been a smoker and didn't have any emotional baggage about it as I did with food, the simplicity of this solution just made common sense. So I thought about how it might apply to food or diet soda, for instance.

If we really wanted to lose excess weight, we'd stop eating the things that are making us hang onto excess weight. It's just common sense. The rest of the fluff that we throw around … blame, excuses, genetics, thyroid condition, etc., is just our way of escaping that reality.

So I finally realized that if I said I wanted to lose weight yet wasn't willing to do the things that I knew I needed to do in order to lose weight, there must be something else I wanted more. After many years of working with clients as a weight loss coach and a personal trainer, I have seen time and time again that this is always the case.

Your ability to identify that thing that you want more on your own versus working with a professional is based on your tolerance for complete self-honesty. Most of us need a little help to see our own lives clearly. If you want to take a swing at it, take the first step. Stop eating the things you turn to when you need comfort, and very quickly, perhaps within minutes, you will start to feel the feelings you would have previously stuffed down.

At that moment, start journaling or taking notes about what you're feeling and what thoughts you're having. Write about what you want and why you want it. Write anything that is coming to your mind … uncensored. This journal is for you and no one else to read, so be completely honest.

When I did this, I found that my junk-food eating self was a rebellious little girl. She pretty much was having a fit saying, "I'll eat it if I want to, and you can't stop me." On the inside, she was actually very sad and just wanted to be loved. At the time she had come into being in my life, food was the only available pain medication to soothe her unmet desire to be loved and cared for.

Your emotional truth may take awhile to become clear to you, but by following this advice, you'll begin to open the door to the answers. And these are the answers.

In the short run, be prepared to feel very uncomfortable. When I first starting doing this, my skin tingled. I felt like I could feel every cell in my body vibrating. Even though anxiety was not an emotion I would have previously said I experienced, immediately after avoiding junk

food, I felt so anxious that I would be pacing around the house, almost crawling out of my skin.

At these times, write in your journal. When you're done, do something to burn off those emotions. Take a walk. Sing to your Ipod. Draw a picture. Call a friend. Do Sudoku or a crossword. Make a list ahead of time of the things that are emotional releases for you. There are hundreds of possibilities, but identify 5 to 10 that you can choose from at various times of day, wherever you might be. And after this, if you are actually hungry, eat a piece of fruit or some vegetables. If it's meal time, eat a healthy meal.

Once you tackle the root of the problem head-on, emotional eating will no longer control you. You'll be in charge of your life again. And the benefits of this emotional freedom will extend far beyond your body and your health. You'll be free to live your life full-tilt, leaving all of your baggage at the curb.

About the Author

Kimberly Stevens is an author, speaker and coach who frees people from their self-imposed traps around food, money, and relationships. Her upcoming book, *You Can't Outrun a Candy Bar,* will inspire, educate and guide readers to attain healthy and sustainable weight loss once and for all. She writes frequently on topics including diet, fitness, marriage, divorce, happiness and money on her blog at www.kimberlystevens.com

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Side Effects of Medications: Are They Worth It?

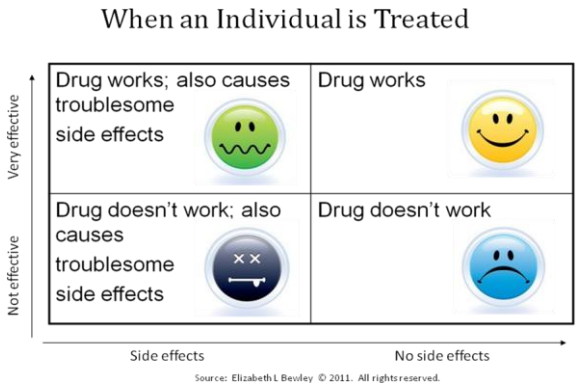
Side effects of medicines result in over 300,000 deaths each year in the U.S. [1] along with up to 19 million trips to the emergency room and 3 million admissions to long-term care facilities. [2] You can reduce the likelihood that you will become one of these statistics by paying careful attention when your doctor prescribes a drug for you, especially one that you are expected to take for a long time.

Two questions you might have regarding the drug's impact on your health are:

- Does it solve my problem?
- Does it create other problems?

Those two questions suggest four possible outcomes, as shown in Figure 1 (on page 20). For the sake of illustration, assume that the treatment in question is a drug to treat a chronic condition.

Figure 1



Best Box

The box in the upper right is a great place to be: the drug solves your original problem and doesn't create any others. That is an excellent result.

However, across the health care industry, it is generally known that only about 50% of the people benefit from any particular treatment. [3] That fact means that the other 50% fall in one of the two boxes in the bottom half of the chart.

Three Other Boxes

In the bottom right-hand box the drug doesn't help, but it doesn't cause any serious side effects either. That doesn't sound so bad. But if you are being treated because your condition requires it, and the drug isn't working for you, presumably you are likely to get sicker. Additionally, a great deal of money is being spent without yielding any benefit. That money then can't be spent on more useful things.

More than 4 *billion* prescriptions are written every year in the U.S. – nearly 15 for every man, woman, and child in the country. [4] They cost $270 billion dollars. [5] If 50% of the time the drugs don't work for people, then roughly $135 billion is being wasted. The bottom right-hand box is not a great place to be.

In the bottom left-hand box, the situation is even worse. Here, the drug not only doesn't solve the original problem, but it also creates new ones. For example, many drugs are known to cause significant weight gain in many

of the people who take them. That alone can cause serious health problems. In the upper left-hand box, life gets complicated. Here the drug does solve the original problem – but at the same time, it creates other problems.

Focus on One Box

Every person taking any drug will land in one of these four boxes. In only one of those boxes should individuals almost certainly be encouraged to continue taking the medicine. The half of the people who fall into the bottom two boxes shouldn't be taking the drug at all, and many of the people in the upper left box shouldn't either.

However, it is very common in health care for professionals to talk and act as if there is only one box: the one in the upper right, where only good things happen.

Researchers at the Mayo Clinic discovered that after people went home from the hospital with new drug prescriptions, "only 11% reported that they had been told of potential adverse effects." [6] Other research similarly concluded that "providers often neglected to tell patients about the potential disadvantages of treatments or tests that they recommended." [7]

Thus, when healthcare professionals talk about you and prescription drugs, they tend to talk about coming up with the right carrots and sticks to drive you to take the drugs that doctors have prescribed for you. They call this idea "compliance" or "adherence."

Given that there are *four* boxes on the chart, it becomes obvious that your health is more likely to improve not as a result of your simply following doctors' orders, but instead by your taking a more active role: as CEO of your own health and health care, figuring out which box you fall into.

CEO's Questions

CEOs don't know everything. They rely heavily on experts, all of whom know more about their

field of expertise than the CEO does. What the CEO does know is what questions to ask. In this case, those might include:

- "What is this drug intended to do?"
- "*How* will we know if it's working for me?"
- "*When* will we know if it's working for me?"
- "What big problems should I be watching for, and what do I do if they occur?"

By asking questions like these, you can start to figure out if the drug's benefits outweigh its risks for you.

1. To get this total, it is necessary to add together the results of studies of deaths from medicines in the hospital and studies of deaths from medicines administered outside the hospital.

2. Jason Lazarou, Bruce Pomeranz, and Paul N. Corey, "Incidence of Adverse Drug Reactions in Hospitalized Patients: A Meta-analysis of Prospective Studies," *JAMA*, 15 April, 1998. This study reports 106,000 deaths in hospitalized patients due to adverse drug reactions.
Frank R. Ernst and Amy J. Grizzle, "Drug-Related Morbidity and Mortality: Updating the Cost-of-Illness Model," *Journal of the American Pharmaceutical Association*, March/April 2001 report 218,113 deaths per year due to side effects of drugs in non-hospitalized patients.

- Emergency Department visits: 18,703,833
- Long-Term Care facility admissions: 3,454,460
- Additional prescriptions: 83,735,556
- Deaths: 218,113

3. As one example of this perspective, see John Carey, "Do Cholesterol Drugs Do Any Good?" *Business Week*, 17 Jan 2008.

4. Surescripts website, http://www.surescripts.com/Surescripts/e-prescribing-facts.aspx#market, 27 February 2009 (link no longer functional). The following data was reported:

- 4,416,285,490–Total Prescriptions Written
- The U.S. spent $270 billion on prescription drugs in 2007.

5. Ibid. 4,416,285,490 prescriptions written divided by 300 million people = 14.72/person.

6. Sandra G. Boodman, “Are Doctors To Blame?” *Washington Post*, 27 May 2008.

7. “Problems with Medical Decision-Making,” Foundation for Informed Medical Decision Making, http://www.informedmedicaldecisions.org/problems_with_medical_decision_making.html, downloaded 17 October 2009.

About the Author

Elizabeth L. Bewley is President & CEO of Pario Health Institute and the author of *Killer Cure: Why health care is the second leading cause of death in America and how to ensure that it’s not yours.* She is also the author of a weekly newspaper column called “The Good Patient.” To tell Elizabeth your story or to ask her a question, write to: thegoodpatient@pariohealth.net

Sarah Jean Fisher
MSN, RN-BC, BA

Caring For a Person Who Has Dementia: Tips on Maintaining Personal Care

Persons with dementia gradually lose the ability to take care of and successfully manage the multi-faceted tasks involved in maintaining a residence. Many times this becomes shockingly evident to their loved ones when they observe that the person is unable to manage a daily routine of bathing, grooming, dressing, eating, oral hygiene, and continence.

Below are some tips and suggestions from The Alzheimer's Association on how to assist your loved one or provide their personal care in a manner that is sensitive, supportive, compassionate and realistic.

Remember that most dementias progress slowly in severity, with the first and hallmark symptom observed being loss of short-term memory-—sitting in the car, they forget how to

get to their married daughter's house (where she has lived for five years), forgetting the name of a toddler grandchild or forgetting if they ate breakfast or took morning medication.

Persons with dementia may resist accepting new shortcomings and deny their need for assistance to perform daily personal care tasks. They may refuse out of pride, saying "I'm not that old," or be in denial of their own suspicions of having "something wrong." Those who would be their caregivers must understand the emotions and fears people with dementia may experience in the early stages of their condition. The caregiver must be sensitive, patient, and, above all, learn to disregard any verbal and/or physical outbursts aimed at the caregiver helping with a task.

The loss of independence and the ensuing loss of privacy brought on by the need for others to complete personal and previously private tasks may result in several levels of response, from simply resisting the help, to yelling obscenities and striking out at those trying to help. Be organized, patient, and learn to think "out of the box" with likes and dislikes of the person in mind to come up with clever and satisfying solutions to problem behaviors.

Bathing

Have all your supplies ready and make sure the room and water temperature are comfortable. Provide a covering that can be wet for body parts that are not being washed at that time. Always encourage the person to do as much for herself as she is able. Hand her a soapy cloth and suggest she wash herself. Help ensure success by choosing a previously favored time, have your loved one select clean attire for afterwards, and maybe have preferred music playing in the background.

If necessary, indicate by example and/or gentle hands-on coaching for each step of the task. Frequently water on the face of a dementia patient can be a scary or threatening event. Remember, a "sponge bath" at the sink can be substituted for a full bath or shower several times a week if bathing becomes difficult. Don't

make a roadblock when a detour can be acceptable.

Dental Care

Telling a person with dementia to “brush your teeth” may not be clear to them. Break the task down into segments saying: “Hold the toothbrush. Put paste on the brush.” If you are still unsuccessful, try a “watch me” approach. Monitor denture care, removing them at night for soaking, if that was the usual routine. Be very gentle when cleaning the tongue, gums, roof of the mouth and be alert signs for pain/discomfort during any step of the process. Visit the dentist regularly as long as possible.

Dressing

Encouraging choices in the daily routine of a person with dementia can enhance their quality of life, but it can also be overwhelming and frustrating to them. Keep the closets and drawers free of excess or out-of-season clothing, and offer only two appropriate garments to choose from.

Try laying the garments out in order of how they should be donned. You might hand her items, one at a time, saying, “Now, put your shirt on,” instead of saying, “Get dressed.” You can facilitate the task of dressing even further by removing garments with back buttons, zippers and snaps and substitute items with Velcro closures and buttons on the front. Have several pairs of slip-on shoes with non-skid soles available.

Frequently a person with dementia will want to wear the same clothes every day. Don’t be alarmed, just provide several duplicates or similar items of the garments. She may want or try to don several layers of clothing. Again, this is okay as long as you monitor her to prevent overheating. Always ensure she is dressed for the current weather before going outside. Remember style is subjective, so offer praise even if you think items don’t match. It may help to offer a choice that “matches her eyes” or “shows off her figure to advantage” or “reminds me of the day we went on a picnic and had such a good time.”

Eating

Maintaining daily nutritious intake can be a problem at times when caring for persons with dementia. Sensory overload can confuse and frustrate her quickly. Turn off the TV or keep the volume low. Set a simple table with only the items needed for each part of the meal. For example, if she can feed herself, serve a plate with salad already dressed and cut to appropriate fork size. When she has enough salad, then serve the soup or sandwich. Don't insist on her using a fork and a plate when a spoon and a bowl will enable her to remain independent at mealtime. Be prepared for the possibility of her changing food preferences suddenly, for example asking for things she didn't like previously or not eating things she used to enjoy.

Grooming

Proper grooming is essential for a person with dementia even if they seem to forget how to do it themselves. Hair care, shaving, fingernail care still need to be done even if she appears not to know what nail clippers or a comb is for. If she used to visit a hair salon or barbershop regularly, try to continue this practice for as long as possible. Sometimes the stylist or barber will come to the house for services for a nominal fee. If verbal instructions are not effective, try the “watch me” method and comb your own hair or file your own nails. Remember not to be frustrated if you are not successful in instructions. Maybe you'll be successful in an hour or two, or tomorrow.

Toileting

There may be several reasons why a person with dementia loses control of her bowel or bladder. The need for frequent toileting could be a side effect of the medication. Perhaps she fails to recognize the natural cues her body is giving her, or she may forget where the bathroom is. Placing the picture of a toilet on the bathroom door may help prevent accidents.

Another effective tool is to encourage her to use the bathroom regularly, e.g. upon rising, after meals, and before bed. Make sure

clothing is easy to remove. It may help to limit between-meal fluids and/or wear an incontinence product, or provide a bedside commode. If an accident does occur, try not to make a fuss about it. It is particularly embarrassing for an adult to find he is not in control of his bowel or bladder. Perhaps by noting the time of the accident you can anticipate his needs tomorrow to prevent a reoccurrence.

Living with and caring for a person with dementia does not mean your day is filled with frustration and tears. The most important things to remember are be patient, understanding, sensitive and flexible. Avoid rushing her with any task, and give directions in short simple sentences. Watch her face for unspoken emotions and frequently use words of encouragement and praise. No matter which task you are assisting with, the goal is to help her maintain her independence at any level for as long as possible.

Contact the Alzheimer's Association for more information at 1-800-272-3900 or at their website www.alz.org .

Reference:
Personal care, assisting the person with dementia with changing daily needs, 2005; The Alzheimer's Association.

About The Author

Sarah Jean Fisher earned a master's degree in nursing from Thomas Jefferson University with emphasis on education and has been certified in gerontology for over 13 years. She has end-of-life training certification by ELNEC (End of Life Nursing Education Consortium) and her bachelor's degree in English is from Bucknell University. Sarah Jean has been a nurse for over 18 years. Long-term care has been her only focus. She has worked as a charge nurse, shift supervisor, and has been specializing in staff development/infection control for the past 8 years. She has presented original programs at the annual National

Gerontological Nursing Association (NGNA) Conference and was the founding president of the Southeast Pennsylvania Chapter of NGNA.

Sarah Jean has also worked for four years as a geriatric nursing expert witness with Med League Support Services reading and evaluating medical records for attorneys related to potential litigation. She is a widow with 4 grown children, 11 grandchildren and her first great-grandchild. She can be reached at patmedleague@gmail.com.

Resources

Hair loss: learn how to reverse hair loss.

Treat heartburn with natural remedies that do not rely on medications or surgeries.

Kidney disease: learn a diet that reverses kidney disease.

Pain sufferers: If you have chronic pain, learn how this resource can cure your pain without surgery, drugs, or exercise.

Advocating for Yourself: Patient Power

Kathleen Aston is an award-winning serial entrepreneur and expert in personal empowerment. She talks about the barriers patients face when trying to be assertive. She shares her perspective both as a patient and an expert on helping people find their confidence. She will teach you:

- Why being a patient advocate is so troubling for so many people
- The dangers of passive and aggressive patient behaviors
- How to use the power dynamics of health care in your favor

Visit http://tinyurl.com/7tbwoj6 for more information.

What Are the Benefits of Yoga?

It is truly a gift to be able to introduce yoga to a new student. I love to give what I have come to refer to as my “yoga talk” on the history and benefits of yoga to new students. Some people come to a yoga class to improve flexibility; others may come for stress management. Others may just be curious or think there is something interesting or cool about the idea of yoga. It is true that yoga will improve flexibility, strengthen your body and improve your mental focus. It is also a great way to help manage and release stress. Yoga has all these benefits and more. I tell new students that it doesn’t really matter what brought them to their first yoga class, if they are open for yoga to have some unexpected gifts for them.

Yoga has been around for thousands of years and has its roots in the ancient wisdom teachings from India that date back to before 5,000 years B.C. The word “yoga” means unity and comes from the Sanskrit word “yug” which means to yoke or unite. Through the practice of yoga we unite all aspects of our being: our bodies, our minds, our emotions, and our

spirits. In the Western world, we generally think of yoga as the postures or “asanas.” However, yoga is primarily a philosophy and a way of life. If you practice yoga for a period of time, you will soon come to understand what it means to take your yoga practice “off the mat” and into the rest of your life.

The breath is the most important thing in yoga. The breath is the bridge between our body and our mind. In yoga, we always take long, slow complete breaths, inhaling and exhaling through our nostrils. It is said that how we do anything is how we do everything, and that is even true with our breath. How we breathe is how we live our lives. So breathe fully and completely!

So many times in life I find people who have forgotten how to breathe in that they are only using part of their lungs. In yoga we remember to take nice long, slow, full, and complete breaths. It is when we keep our awareness on our breath that our bodies naturally release into a fuller expression of the posture we are doing.

In most exercise classes or fitness activities, we are used to trying to push ourselves to the next level by going a little bit faster, a little farther, lifting a little more weight, or pushing a little harder. We do the opposite in yoga. Never force yourself into a posture! Instead, when you come to your edge, or feel that you have gone as far as your body can go, back off slightly and bring your awareness back to your breath.

When you are ready, your body will release into the posture a little more when you exhale with nice, full, complete breaths. If you hold your breath, you will stay right where you are. Release your breath fully and your body will release, or surrender to the posture!

One of the most important benefits of yoga is that it creates awareness. Rather than being caught up in the thoughts and emotions of the

day, we begin to slow down and watch them. We become more aware of what is going on with our bodies.

Maybe that ache in your shoulder or lower back is something you didn't realize you brought into your yoga class from some experience in your day. As you settle in to your practice, you begin to pay more attention to the messages from your body. You can send your breath to an area and have the intention to release whatever you might be holding onto in that place.

About the Author

Kay is a Primordial Sound Meditation Instructor and Vedic Master, certified by the Chopra Center for Well-Being. Primordial Sound meditation is a mantra-based meditation process in which individuals receive personal mantras based on their birth information. If you would like more information about meditation or Primordial Sound Meditation, please contact Kay at kay@kayrice.com or visit her website at www.kayrice.com

Mike Schatzki, a former couch potato, talks about how to get fit:

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The Vicious Cycle of Stress and Substance Abuse

It is natural to want relief from stress. When you try to find relief by using mood altering substances like alcohol, prescription drugs, nicotine, caffeine, or food, you may not know that this can make the problem worse.

Distress happens when you feel out of control in a situation. Uneasiness, anxiety, depression, and other feelings are normal reactions to stressful events. One quick way to take control and calm the reaction is to take a drink, tranquilizer or antidepressant, smoke a cigarette, or eat some sweet, salty, or high-fat comfort food. While these solutions might offer fast short-term relief, they can also backfire over time.

Even though substances can seem helpful on a short-term basis, it's important to remember the problem has not gone away. When you relieve symptoms without addressing the cause, the distress is still there. You just don't feel it anymore. Once the calming affect wears off, you need to use the substance to get relief again.

Over time, your body adapts to the substance, so you need more to get the same effect. This is called "tolerance." Feeling stress and using short-term relief from mood-altering substances is a vicious cycle that can lead to dependence and addiction.

Plus, each substance has side effects or consequences. Increasing use of alcohol, mood-altering drugs, salt, sugar, nicotine, and caffeine are proven to increase your risk for high blood pressure, heart disease, diabetes, cancer and other chronic conditions. There is also the down side of intoxication: accidents, obesity, and even death due to overdose. While used as directed, many drugs are safe, using two or more together can have dire results. Adding even small amounts of alcohol to tranquilizers, for example, increases the effect of each, which can quickly lead to overdose, poisoning, or death.

The number of people seen in the hospital for poisoning from prescription painkillers, sedatives and tranquilizers is increasing. In 2010, Jeffrey H. Coben, MD reported in the *American Journal of Preventive Medicine*, that unintentional poisoning was the second leading cause of unintentional injury death in the US. This is even more than the number of deaths from car accidents for people aged 35-54.

Keep in mind that now you still have the original stress plus the side effects or complications of your short-term solution. This ends up being a vicious and dangerous cycle that leads to higher stress. You have now added the problems created by the mood altering substances to the original stress. Symptoms of addiction include:

- Not meeting work, family, or school responsibilities,
- Tolerance leading to higher need,
- Inability to stop in spite of added problems,

- Hopeless, powerless and depressed feelings from loss of control, and
- Needing more relief from the added stress.

Substance abuse is not the original problem. It is the solution to stress that creates a second problem. This is what makes it so hard to recover from substance abuse, dependency, and addiction. You must still take care of the cause for the original stress in order to finally get true relief.

There are many safe ways to relieve stress. Using mood-altering substances as your main solution is not one of them.

Summary

It's important to be careful when you are tempted to use mood-altering substances for short-term stress relief. The original stress does not go away. You may find that you need more of the substance to keep the stress under control. Mood-altering substances come with their own side effects, problems, and complications. As a result of this vicious cycle, you will end up with more stress than you had in the beginning. Before turning to mood-altering substances for short term stress relief, ask your healthcare provider to suggest more effective and permanent solutions.

About The Author Aila Accad, RN, MSN is an award-winning speaker, bestselling author and certified life coach, who specializes in quick ways to release stress and empower your life. A health innovator, futurist and member of the National Speakers Association, she is a popular keynote speaker and radio and television guest. Her bestselling book *Thirty-Four Instant Stress Busters: Quick tips to de-stress fast with no extra time or money* is available at www.stressbustersbook.com. Sign up for *De-Stress Tips & News* at www.ailaspeaks.com.

When Should I Choose a Smaller Hospital's ER?

There are times when a small, out of the way hospital will have an ER that is just what the doctor ordered, so to speak. Why? If you have a minor injury—where at worst, in reasonable judgment, you might have a bad sprain, a small fracture, or need some stitches—you don't really want to go to a place where you have to wait forever. Smaller hospitals tend to have shorter waiting times. That being said, there are exceptions to every rule.

Another option is to select a hospital where they have a "fast track," an entity of many potential names, urgent care probably being the most common. These are areas of a hospital's emergency department designed for those patients with minor ailments who can get "in and out" in a relatively short amount of time. Often these areas will be staffed by a nurse practitioner or a physician's assistant, which is fine. I've worked with such "physician extenders" many times, and they are usually enthusiastic, skilled, and happy to care for

relatively benign ailments that do not represent the reason most ER doctors go into emergency medicine.

If you are seen by a physician's assistant (PA) or a nurse practitioner (NP), you should also see the doctor. The NP or PA can do the initial evaluation, write the chart, write the prescriptions, order the x-rays (if needed), and do the suturing, but you want the additional training and experience that an ER doctor has (or should have) before you leave the facility. Why? Most NP's and PA's in ERs are very good, and many are much better than I am for suturing facial wounds (they're more interested). But there can be subtleties of care that the less experienced or less trained individual may miss. Examples: tendon injuries in the hand, unusual fractures, or unusual complications of common problems.

What about the low-volume hospital? They usually have the low-volume ER. In "the old days", these were usually staffed with less experienced physicians who couldn't handle the higher volume. Today, emergency medicine residencies train far more emergency physicians, although in rural areas many hospitals can't attract enough physicians, emergency or otherwise.

In 1982, for example, the Philadelphia, PA greater metropolitan area had only three emergency medicine residencies, all associated with medical schools. Today, there are more than two dozen; historically, about half the graduates of these residency programs will stay in the same general geographic area where they finished their training,

So in general, in major metropolitan areas, ERs are staffed with well-trained physicians. Most get busier with time and have double or triple coverage with doctors. Those who are more in tune with the needs of the community they serve and have the resources to provide such service will have a fast track so that

patients with minor ailments can receive quality care without waiting for hours on end.

And there still are smaller hospitals where waits are sometimes very short. Even in my area, Crozer Chester Medical Center (just outside of Philadelphia), is truly a medical center in every sense, a trauma center and burn center with all specialties. It has a close affiliation with a quiet, sleepy ER at Springfield Hospital, six beds, well staffed, and ... don't tell anybody that I'm the one who told you so.

About the Author

Dean Dobkin, M.D., is a practicing emergency physician at the Philadelphia Veterans Affairs Medical Center. A graduate of Albany Medical College in 1976, Dr. Dobkin completed residency training in Emergency Medicine at the University of Illinois while the specialty was in its infancy. He has been certified and recertified three times, as a specialist in Emergency Medicine by the American Board of Emergency Medicine. He has experience acting as faculty for an emergency medicine residency program, has held academic appointments at two Philadelphia medical colleges, and acted as an emergency department director at a variety of different hospital emergency departments. He has been honored by being named a Life Fellow of the American College of Emergency Physicians (ACEP), after serving with distinction for that organization. Dr. Dobkin chaired the Pennsylvania Chapter's membership committee, represented the Chapter at the National Council, coordinated their one day seminar series, and was elected as Officer of the Board of Directors for six years. Dr. Dobkin has acted as a consultant for PEER Review organizations, the Jefferson Health System, the Commonwealth of Pennsylvania, and the United States government. Dr. Dobkin lives with his wife and family in southern New Jersey. He testifies as an expert witness in emergency medical care. Contact him through patmedleague@gmail.com.

Nancy Collins
PhD, RD, LD/N

Expiration, Sell-By, Use-Before, And Use-By Dates on Foods: What Do They Mean?

Often people open up their refrigerators, cupboards, and cabinets only to find foods with questionable integrity. Some people trust their noses. Others look for visible signs of mold or deterioration. Figuring out the difference between the “expiration,” “sell by”, “use before,” and “use by” dates may leave some people scratching their heads.

While it is always better that you are safe rather than sorry, the following guidelines and information should help to take the guesswork out of determining whether or not your food is good to eat.

Expiration date

The expiration date is the last day the food is safe to eat. If you have not consumed it by this date, throw it away. After the expiration date, it may cause someone to become sick if consumed.

Sell-by date

This is the date that is printed for the supermarket. If the item has not sold by this date, the store should remove it from the shelf. It still may remain safe for consumption, if eaten after the marked date. Depending on the food, you still can store these items in your home for days to weeks after the sell by date.

Best if used before or by

The best if used before or by date means the food has a guarantee of peak freshness by this date, if it is properly stored. After that date, it will still remain safe to consume for a while, although it will have a lesser quality of taste, flavor, or nutrition.

Managing foods

For an exhaustive list of how to manage foods, visit the following Web sites:

- Cold storage chart: (http://www.pueblo.gsa.gov/cic_text/food/cooking4groups/8.htm)
- Foods purchased refrigerated: (http://www.pueblo.gsa.gov/cic_text/food/cooking4groups/9.htm)

Canned foods

Making sure canned foods are safe is not as easy to determine as more highly perishable foods.

Follow this advice

- Many times the expiration date has to do with the actual can and not the food inside of it; many foods will outlast the can, but if the can starts to lose its integrity before the food, the expiration date will reflect this.
- If the can is dented at a double seam on the top or bottom of the can, throw it away immediately.
- If the can has rust on it, throw it away.
- If the can has a severe dent on the side that pulls the top or bottom of the can, throw it out.

- If the can is swollen, do not consume its contents.

Dating requirements

The only foods that are mandated by the U.S. Dept of Agriculture to include dating requirements are infant formula and baby food. Many foods do not have any date or indication of freshness to determine whether they are safe to consume. Some foods use a different system called Julian dates, whereby the month is indicated by a number or a letter and the year is represented with only one number, representing the last number of the year it was produced (for example, 2011 is marked as a 11).

While following these guidelines can alleviate some of the confusion about whether a food is safe or not, the best advice probably is “when in doubt, throw it out!”

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About the Author

Dr. Nancy Collins, founder and executive director of RD411.com, is a registered and licensed dietitian. Dr. Collins has over twenty years of practitioner experience in clinical nutrition and consulting to the health care industry. She is nationally known as a medico-

legal expert dealing with the issues of malnutrition, wound healing, and regulatory compliance and has served as an expert witness in over 400 legal matters.

Dr. Collins is a frequent speaker at medical education symposia and a prolific author. Dr. Collins is an editorial advisor to the journal *Advances in Skin and Wound Care*, a contributing editor for *Ostomy-Wound Management,* and a columnist for *Today's Diet and Nutrition*. She is also the member of many medical advisory boards including the American Professional Wound Care Association, which granted her Fellow status.

Dr. Collins is a Past President of the Florida Dietetic Association and a past Chair of the Nutrition Entrepreneurs DPG. Currently, she holds the position of Delegate to the American Dietetic Association. In 2003, Dr. Collins was awarded the Dietitian of the Year Award for her longstanding contributions to the profession of nutrition. In 2009, she was awarded Nutrition Entrepreneur of the Year for her visionary projects and forward thinking.

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