
CENTRAL PA HEALTH CARE QUALITY UNIT NEWSLETTER FOR HEALTHY OUTCOMES

August 2011 - Volume 11, Issue 8

a monthly newsletter provided by the Central PA Health Care Quality Unit

M.C. 24-12,100 North Academy Avenue, Danville, Pa. 17822 Phone: (570) 271-7240 Fax: (570) 271-7241

Website: <http://www.geisinger.org/bcqu>

Shining a Light on Skin Cancer

From Berkeley Wellness

Skin cancer is very common, and some types can be deadly. But discovered early, almost all skin cancers can be treated and cured. Here's what you need to know.

A regular skin check by your family doctor or a dermatologist is particularly important if you are at high risk—for instance, if you have had a lot of sunburns and sun exposure over the years (including at tanning salons), have a lot of moles, have had actinic keratoses (see below), or a family history of skin cancer. Having a dark complexion does not protect you from skin cancer.

It's good policy to do a self-exam on a regular basis. Examine your body, front and back, in bright light using a hand mirror and full-length mirror. Inspect your scalp, behind your ears, and your genitals. Don't forget your legs, feet, and toes. It may help to get someone to take photos of your back periodically, so you can compare them and check for changes.

What are you looking for? A mole that's changing shape, color, or size, especially one with an irregular border; an "ugly duckling" mole that looks different from the others; any kind of skin lesion, especially a rough or scaly patch; a sore spot that bleeds or doesn't heal; or anything that wasn't there before. If you see anything suspicious on your skin, get medical advice.

Some terms to know:

- **Actinic keratoses:** Precancerous skin lesions that result from long-term sun exposure. They can be red or pink and are usually rough and scaly. A dermatologist can remove them in the office or prescribe a topical medication to treat them at home. If you get these lesions, take them as a reminder to stay out of the sun.
- **Basal cell carcinoma:** Most common and least dangerous skin cancer. It develops slowly and may show up as a red bump that turns into a sore and scabs over. It is easily removed, similar to actinic keratoses.
- **Squamous cell carcinoma:** Almost as common as basal cell carcinoma, but more dangerous because it can spread. Actinic keratoses can be the forerunner.
- **Melanoma:** Less common but most dangerous type of skin cancer. It may start from an existing mole or show up as a new, dark skin patch. It may develop from blistering sunburns early in life, but may also appear on parts of the body seldom or never exposed to the sun, such as buttocks, armpits, or soles of feet. Melanoma is treatable and curable if diagnosed early.

INSIDE THIS ISSUE	
1	Skin Cancer
2 & 3	Health Alert: Summer Heat Safety
4	Orthostatic Hypotension

The information offered in this newsletter is to increase your awareness of health related conditions and situations and not intended to be a substitute for professional medical advice. If you believe you or someone you support has a condition, please seek the advice of a physician.

SUMMER HEAT SAFETY

From the Office of Developmental Programs - Office of the Medical Director, July 20, 2011



Summer has hit and the temperatures are soaring. High temperature forecasts this week are in the 90's for this week with some areas predicting that the temperature will go over 100 degrees Fahrenheit. Extreme heat like this causes heat related illness and can kill. Below find some facts about extreme heat and ways to avoid heat related illness.

The facts about extreme heat:

- Extreme heat causes more deaths than from hurricanes, lightning, tornadoes, floods, and earthquakes combined.
- Heat related injuries are preventable.
- Dehydration contributes to heat injury.
- Some people are more likely to get heat related injuries than others.

Who is at most risk for injury from extreme heat?

- People over 65 and under 5 years of age
- People with certain medical conditions or on certain medications like:
 - Heart disease, diabetes, obesity or high blood pressure
 - Medications for depression, insomnia, or poor circulation
- People that work or exercise outside

What are the heat related illnesses?

- **Heat stroke** is a life-threatening emergency where the body temperature rises quickly.

Symptoms include:

- Hot, dry skin, high body temperature (can be as high as 106 F)
- Confusion, delirium, dizziness or loss of consciousness
- Seizures or convulsions
- Rapid pulse

- **Heat exhaustion** can precede heat stroke and includes cramps plus the following:

- Pale sweaty skin
- Weakness or fatigue
- Headache, nausea, and/or dizziness
- Fast weak pulse and fast shallow breathing

- **Heat cramps** are severe cramping of muscles because of dehydration usually while exercising in the heat.

- **Heat rash** is skin irritation caused by excessive sweating.



What to do to prevent heat related injuries:

- Drink lots of fluids especially water. Keep cold water with you whenever you are outside. Talk to your doctor about how much to drink if you must limit liquids.
- Be sure to replace salt either by eating some salty things or drinking some (not all) of your liquids as sports drinks. Talk to your doctor if you must limit salt.
- Wear light weight, light colored, loose-fitting clothing.
- Limit outside activities to morning before noon and evening after 6 pm. Go at a slower pace and monitor yourself for signs of heat problems (see above). STOP if you begin to develop difficulties and move to an air conditioned or shaded area.
- Stay indoors in air conditioning. If you don't have air conditioning, use a fan with the windows open and try to spend some time during the day in air conditioning such as at the library, mall, or a friend's house that has air conditioning.
- Never take a cool shower immediately after becoming overheated. Also avoid using the oven or stove especially during the hottest parts of the day.
- If working or exercising outside, work with another person and monitor each other for signs of heat problems (see above). Try to stay in the shade as much as possible.
- Monitor people that are at high risk. Visit the people who are elderly or those that live alone and are at risk and watch them closely for signs of heat exhaustion or heat stroke.



What not to do in the extreme heat:

- **Never** leave anyone in a parked vehicle (closed or open) for any amount of time in hot weather.
- Avoid hot foods and heavy meals. Eat more frequent, smaller meals.
- Don't drink a lot of fluids with caffeine or sugar in them as they can increase water loss. Don't drink alcohol in hot weather as it also can increase water loss.

What to do if you see any of the signs of heat exhaustion or stroke:

- Respond quickly to heat related symptoms. Move the person to a cooler area. If possible move indoors into air conditioning, if not then move into the shade.
- Remove any heavy clothing.
- Cool the person with water either by using wet cloths or towels. Stay with the person. Don't leave them unsupervised.
- If the person shows mild symptoms of heat exhaustion, then give them fluids to drink. Do not do this if they are confused or lethargic.
- If the person shows symptoms of heat stroke or is at risk and has heat exhaustion symptoms, then call 911. When in doubt call 911.

HEAT ILLNESS CAN KILL. PREVENTION STRATEGIES AND RAPID RESPONSE ARE CRITICAL.

Orthostatic Hypotension: Passing Out When Standing Up

From: *Berkeley Wellness*

Usually, your blood pressure easily adjusts to quick changes in posture. But sometimes when you stand up too fast, you may get dizzy, a condition called orthostatic hypotension.

Orthostatic hypotension (orthostatic means upright; hypotension is low blood pressure) usually goes away in seconds before any damage is done. But it can also cause fainting and a fall. It involves a steep temporary drop in blood pressure, and it can affect those with chronic high blood pressure, as well as those with normal or even low blood pressure.

Your customary blood pressure has nothing to do with it—it's the quick drop. Though it is called "hypotension," it is not caused by chronically low blood pressure. It is more common among older people, affecting perhaps one in three of the very old, but young healthy people can experience it, too. It is what doctors call a "physical finding," not a disease.



Many things can bring on orthostatic hypotension: medication such as antidepressants, anti-hypertension drugs and drugs for erectile dysfunction, as well as alcohol and tobacco use. A large study in the *European Heart Journal* linked orthostatic hypotension to cardiovascular problems.

If you experience this kind of dizziness often, especially if it is accompanied by blurry vision, weakness and fainting, you should get medical help, including a blood pressure check (lying and then standing) and an evaluation of your other risk factors for heart disease. If you've taken a fall, you may need balance testing. If you are taking medication, perhaps it can be adjusted.

If you're prone to dizziness on rising:

- Get up slowly from a lying position. First sit on the side of the bed until you are sure you aren't dizzy. Once upright, stand still a few seconds.
- Rise slowly from a sitting position, and hold onto the arms of your chair or otherwise steady yourself for a few seconds.
- Before you stand up, contract the muscles in your abdomen, buttocks and legs; flex your feet to elevate blood from your legs; or raise your arms over your head.
- Some doctors advise people with orthostatic hypotension to increase their salt intake and drink more fluids. However, increasing fluid intake dramatically may mean getting up more often at night. And a high salt intake can contribute to high blood pressure, or even bring on heart failure in susceptible people.
- Try to avoid taking prolonged hot showers, standing for long periods (especially in the heat) or eating large meals.
- Moderate regular exercise, such as brisk walking, swimming and recumbent cycling, can help.