
CENTRAL PA HEALTH CARE QUALITY UNIT NEWSLETTER FOR HEALTHY OUTCOMES

December 2011 - Volume 11, Issue 12

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>

The Calorie Race: Running Versus Walking

From Berkeley Wellness Alert - September 23, 2011

Do you burn more calories if you run a mile or if you briskly walk it? The answer may surprise you.

Many people claim you'd use the same number of calories, since you're transporting the same amount of weight over the same distance. It's a law of physics, they say, and if you run, you just burn the calories faster.

This belief is widespread, according to our search on the Internet. But it is not true. It's not just that it takes more energy to move your body at higher speed, but running also requires more strenuous arm, leg and upper-body movement, and it raises your heart rate more, all of which burn extra calories. And to achieve the longer stride of running, you have to repeatedly lift your body weight off the ground so that both feet are in the air at the same time. When you walk, at least one foot is always on the ground. Race-walking, with its hip-swiveling, arm-pumping motion, also burns more calories per mile than regular walking.



A standard reference guide to energy expenditures shows that for a 132-pound person, walking 3 miles per hour burns, on average, 70 calories per mile (in 20 minutes), but running 6 miles per hour burns 100 calories per mile (in 10 minutes). And in a study from Syracuse University, researchers measured energy expenditures in 24 people and found that running a mile on a track or treadmill takes 30 percent more calories than walking it at half the speed.

Brisk walking is still a great way to burn calories, and many people prefer it to running, in part because it is easier on the body. But if you want to burn as many calories as you would running, you have to walk farther.

Motivational Running Quote:

"I always loved running...it was something you could do by yourself, and under your own power. You could go in any direction, fast or slow as you wanted, fighting the wind if you felt like it, seeking out new sights just on the strength of your feet and the courage of your lungs."

[-Jesse Owens](#)

INSIDE THIS ISSUE	
1	Running vs. Walking
2	High Triglyceride ²
3	Preparation for Psychiatrist
4	Banana Appeal

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.

What to Do About High Triglycerides

From Berkeley Wellness Alerts – May 3, 2011

If you have high cholesterol, there are clear steps you should take to lower it. But what should you do if your triglycerides are also elevated?

Assembled by the liver, triglycerides are a type of fat that circulates in the blood. They are also found in the fats we eat, and blood levels rise temporarily after meals. A desirable blood level, measured after fasting, is below 150 mg/dl (milligrams per deciliter of blood). Many experts think this cutoff should be 100. A level between 150 and 200 is defined as borderline-high; 200 to 500 is high; above 500 is considered very high. Along with cholesterol, triglycerides tend to rise as people get older (and heavier); women, especially after menopause, tend to have higher levels than men.

Whether a high triglyceride level by itself endangers the heart is controversial. But high levels tend to go hand-in-hand with a constellation of other risk factors for heart disease, including low HDL (“good”) cholesterol, increased levels of small dense particles of LDL (“bad”) cholesterol, insulin resistance or diabetes, abdominal obesity, and high blood pressure. Treating these conditions often brings triglycerides down, too. High triglycerides are also associated with kidney disease, hypothyroidism, and the use of some medications, including certain diuretics, birth control pills, and cortisone.

What it takes to lower them

If your triglycerides are high, your doctor should screen and treat you for any medical conditions that could be contributing. The good news is that triglycerides are relatively easy to lower. Your doctor may advise one or more of the following:

- **Lifestyle changes** include losing weight if you’re overweight and limiting alcohol. Frequent moderate exercise helps with weight loss and may also have a modest effect on triglycerides.
- **Dietary changes** include cutting down on sugars and other refined carbohydrates, and eating less saturated and trans fats. The same foods that boost blood sugar most (such as sugars and some starchy foods) also boost triglycerides. You don’t need to go on a low-carb diet, but you should eat more “good” carbs, including those in whole grains, beans, and vegetables. Eating more unsaturated fats (in fish, nuts, seeds, and vegetable oils) in place of refined carbs may also help.
- **Fish oil**, consisting of the omega-3 fatty acids EPA and DHA, lowers triglycerides, at the recommended dose of 2 to 4 grams of EPA/DHA a day. Lovaza is a prescription high-dose fish oil supplement. Don’t take over-the-counter fish oil supplements without talking to your doctor first.
- **Drugs** that lower triglycerides include statins and fibrates. Thiazolidinediones may also have a triglyceride-lowering effect, especially in people with Type 2 diabetes. Niacin, at high drug-like doses (up to 3 grams daily) lowers triglycerides, too.

Bottom line: If your triglyceride level is high, dietary and lifestyle changes are usually the first steps to take. But if these are not sufficient, or if your level is very high, you will need medical treatment.

Reflections on the Importance of Being Prepared for Appointment with the Psychiatrist

By Dr. Craig A. Taylor

I was at a residential provider this month seeing self-advocates, and it was a disturbing day for me as the psychiatrist charged with managing the medications and mental health of the self-advocates I saw that day. It was a day where some of the staff who brought the residents for their appointments did not know the individual well enough to provide information, and in some instances, the information I was given about medications was incorrect.

Given the communication deficits of individuals with ID/DD, it is imperative that whomever accompanies them to their appointments be prepared to discuss the person and be able to provide accurate information. Psychiatrists who treat persons with ID/DD often cannot rely on the ability of the self-advocate to supply his or her information. The Psychiatrist is a part of a team of people responsible for the care and well being of these persons, and, therefore, the psychiatrist is only as good a treatment provider as the information provided by the self-advocate and the staff familiar with that person. The importance of staff communication with the psychiatrist cannot be underestimated.

Staff need to have a clear sense of how the self-advocate has been doing in all venues of his or her life, and in all shifts. Has the behavior and mood been stable, and, if not, what specifically has changed, and over what period of time have the changes been noted? Have there been any changes in the person's life that may be contributing to the changes observed? What medical problems might there be, or recent changes in medications? How do the changes relate to the person's mental illness and overall patterns of behavior? If recent psychotropic changes were made, what has been the impact, both good and bad, on the behavior or mood of the person, and what if any side effects may be present?

Prior to the scheduled appointment someone in charge should canvas the staff to get information from all who are part of the care team, and then summarize the information for presentation to the psychiatrist. The psychiatrist should not be forced to make treatment decisions based on just one staff's observations or impressions. To better treat the individual the psychiatrist needs detailed information about the behavior of concern, and observations from all who care for the person. This helps to avoid bias and personal agendas.

Each provider should make it clear who is in charge of preparing for the appointment, and following up to see that the necessary information has been obtained, and that the person accompanying the self-advocate can report knowledgeably and accurately.

Again, the psychiatrist can only be as good as the team he works with. The team needs to be prepared or potential harm can come to the self-advocate, or the goals of treatment will not be achieved.

This article was taken from APS Cares Newsletter Fall 2011- APS Healthcare – South West HCQU where Dr. Taylor offers psychiatric consultation.

The Appeal of the Banana

From Berkeley Wellness Alert – October 28, 2011

Bananas are appealing. Though not the most nutritious of all fruits, they supply good amounts of potassium, fiber and vitamin C, along with some magnesium, B vitamins and a bunch of other nutrients.

And they have only 90 to 135 calories, depending on the banana's size. One very large banana (9-inch) counts as two fruit servings.

Bananas grow on plants (not trees) in tropical regions around the world and are technically giant berries. We mostly eat Cavendish bananas, though there are hundreds of other kinds, including wild bananas no bigger than a finger. Because cultivated bananas have no seeds, they can't reproduce on their own and are thus grown by cloning. This means that grocery-store bananas are all identical in genes—and taste.

As bananas ripen and their starch turns to sugar, the flesh softens and becomes sweeter. Size makes no difference in flavor or texture. Bananas ripen faster in a paper or plastic bag. It's okay to refrigerate them once they are ripe; the peel will turn a harmless black, though the pulp may get mushier. (Green bananas will never ripen properly when refrigerated, however.) You can freeze peeled ripe bananas in plastic wrap for later use, or use over-ripe bananas in baking and in smoothies. Plantains, large greenish bananas, are for cooking, not eating raw; they have a higher starch content (more like a potato) than "sweet" bananas.

Bananas as medicine? Like other potassium-rich foods, bananas are allowed to carry the health claim that they may reduce the risk of high blood pressure and stroke. And they are still commonly recommended for diarrhea; substances in bananas, especially less ripe ones, may, paradoxically, have both a slight binding and a slight anti-constipating effect. But don't count on bananas to treat depression, PMS, anemia, ulcers or stress, help you quit smoking, or have any other extraordinary health benefits, as websites claim. Because of their shape, bananas also have a reputation—yet to be proven—as an aphrodisiac.

Beware banana chips. Nutritionally, fried banana chips (often made from plantains) are closer to potato chips than to bananas. One ounce has about 150 calories and 10 grams of fat; sugar is frequently added. Look for banana chips that, instead, are dehydrated or baked.



What's in a (medium-size) banana?

Potassium, 420 milligrams (12 percent of the Daily Value of 3,500 milligrams)

Vitamin C, 10 milligrams (17 percent of the Daily Value of 60 milligrams)

Magnesium, 32 milligrams (8 percent of the Daily Value of 400 milligrams)

Fiber, 3 grams (12 percent of the Daily Value of 25 grams)