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# CENTRAL PA HEALTH CARE QUALITY UNIT NEWSLETTER FOR HEALTHY OUTCOMES

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*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>

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## 2010 Dietary Guidelines – Take Home Points: The Total Diet

*From Medscape Family Medicine*

The "Total Diet" (coined by the Dietary Guidelines Advisory Committee), one that is nutrient dense, energy balanced, and portion controlled. The guidelines emphasize vegetables, fruits, and high fiber whole grains. It is a more plant-based diet with vegetables (including cooked dry beans and peas), more fruits, whole grains, nuts, and seeds. The guidelines have chapters on which foods to reduce and which foods to increase. More seafood is recommended. Moderation is the motto when it comes to lean meats, poultry, and eggs. Low-fat and fat-free dairy products are best. Cut down on solid fats and added sugars because they offer fewer nutrients and guarantee more calories. Watch your salt intake. And exercise: we don't get enough; we need to do more.

### What to Reduce

- Salt is number 1 (*see page 4 of the newsletter*)
- Saturated and Trans Fats
- Cholesterol
- Sugary Drinks and Alcohol

### What to Increase

- Fruits and Vegetables
- Whole Grains
- Neglected Nutrients
- Protein – More seafood and plant-based (beans & peas)

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**SAVE THE DATE:** April 12, 2011, 10:00am – 12 noon – Registration @ 9:30am – **Brain Injury 101 Training** presented by Traumatic Brain Injury Project Director for the Disability Rights Network of PA.

Location: Centre County Public Safety Training Center/CPI, 540 N Harrison Road, Pleasant Gap, PA 16823

**CEUs will be awarded**

**Registration Deadline April 1, 2011**

Contact [cjleighow@geisinger.edu](mailto:cjleighow@geisinger.edu) or 570-271-7240

**SAVE THE DATE:** June 2, 2011 - Nurses Training Day – Maria Joseph Community Center in Danville  
**Speakers** for that day include Bob and Linda Derr. Registration flyer to be sent out in the future.

**SAVE THE DATE:** October 20, 2011, 9:00am – 2:30pm – 8<sup>th</sup> Annual Wellness Health Fair

Location: Danville State Hospital Gymnasium – Open to the Public – Free health screenings and information

Interested Vendors should Contact [cjleighow@geisinger.edu](mailto:cjleighow@geisinger.edu) or 570-271-7240

*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 dry skin in winter

From *Harvard Women's Health Watch*

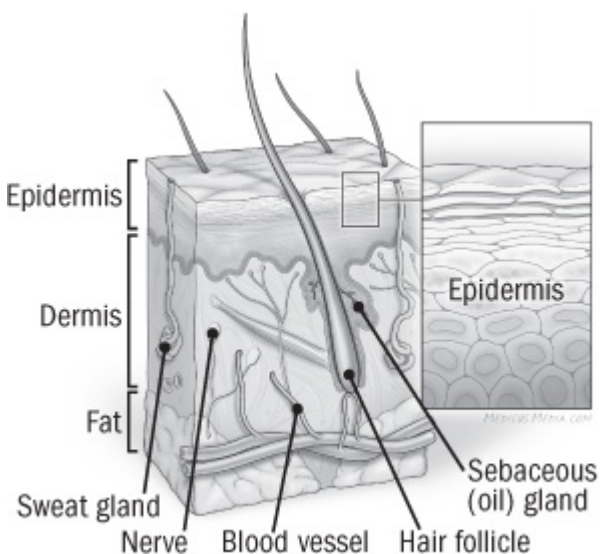
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Dry skin occurs when skin doesn't retain sufficient moisture — for example, because of frequent bathing, use of harsh soaps, aging, or certain medical conditions. Wintertime poses a special problem because humidity is low both outdoors and indoors, and the water content of the epidermis (the outermost layer of skin) tends to reflect the level of humidity around it. Fortunately, there are many simple and inexpensive things you can do to relieve winter dry skin, also known as winter itch or winter xerosis.

## Keeping moisture in the skin

Think of the epidermal skin cells as an arrangement of roof shingles held together by a lipid-rich “glue” that keeps the skin cells flat, smooth, and in place. (See “Anatomy of the skin.”) Water loss accelerates when the glue is loosened by sun damage, over-cleansing, scrubbing, or underlying medical conditions — or by winter's low humidity and the drying effects of indoor heat. The result is roughness, flaking, itching, cracking, and sometimes a burning sensation.

### *Anatomy of the skin*



The skin has three layers, each with a distinct role. The lowest or innermost layer consists of subcutaneous fat, which provides insulation, energy storage, and shock absorption. Above that is the dermis, which contains blood vessels, nerves, sweat and oil glands, and hair follicles. The top layer is the epidermis, the skin's main protective barrier and the level where drying occurs. It consists of stacked layers of cells that are constantly in transition, as younger, living cells rise from the lower part of the epidermis and eventually die and fall off after reaching the surface. This continuous cycle completely renews the skin about once a month.

Skin moisturizers, which rehydrate the epidermis and seal in the moisture, are the first step in combating dry skin. They contain three main types of ingredients. Humectants, which help attract moisture, include ceramides (pronounced ser-A-mids), glycerin, sorbitol, hyaluronic acid, and lecithin. Another set of ingredients — for example, petrolatum (petroleum jelly), silicone, lanolin, and mineral oil — helps seal that moisture within the skin. Emollients, such as linoleic, linolenic, and lauric acids, smooth skin by filling in the spaces between skin cells.

In general, the thicker and greasier a moisturizer, the more effective it will be. Some of the most effective (and least expensive) are petroleum jelly and moisturizing oils (such as mineral oil), which prevent water loss without clogging pores. Because they contain no water, they're best used while the skin is still damp from bathing, to seal in the moisture. Other moisturizers contain water as well as oil, in varying proportions. These are less greasy and may be more cosmetically appealing than petroleum jelly or oils.

## Skin aging and dryness

Dry skin becomes much more common with age; at least 75% of people over age 64 have dry skin. Often it's the cumulative effect of sun exposure: sun damage results in thinner skin that doesn't retain moisture. The production of natural oils in the skin also slows with age; in women, this may be partly a result of the postmenopausal drop in hormones that stimulate oil and sweat glands. The most vulnerable areas are those that have fewer sebaceous (or oil) glands, such as the arms, legs, hands, and middle of the upper back. Substances in the dermis (below the epidermis) that attract and bind water molecules also decrease with age.

Dry skin is usually not a serious health problem, but it can produce serious complications, such as chronic eczema (red patches) or bleeding from fissures that have become deep enough to disrupt capillaries in the dermis. Another possible complication is secondary bacterial infection (redness, swelling, and pus), which may require antibiotics. (Rarely, dry skin is associated with allergy.) Consult your clinician if you notice any of these symptoms or if measures you take at home provide no relief. For severe dry skin, your clinician may prescribe a cream containing lactic acid, urea, or corticosteroids. She or he may also want to run some tests to rule out medical conditions that can cause dry skin, including hypothyroidism, diabetes, lymphoma, kidney disease, liver disease, psoriasis, and atopic dermatitis.

### What you can do

Here are some ways to combat dry skin that are effective if practiced consistently:

- Use a humidifier in the winter. Set it to around 60%, a level that should be sufficient to replenish the top layer of the epidermis.
- Limit yourself to one 5- to 10-minute bath or shower daily. If you bathe more than that, you may strip away much of the skin's oily layer and cause it to lose moisture.
- Use lukewarm water rather than hot water, which can wash away natural oils.
- Minimize your use of soaps; if necessary, choose moisturizing preparations such as Dove, Olay, and Basis, or consider soap-free cleansers like Cetaphil, Oilatum-AD, and Aquanil.
- Steer clear of deodorant soaps, perfumed soaps, and alcohol products, which can strip away natural oils.
- Bath oils can be helpful, but use them with caution: they can make the tub slippery.
- To reduce the risk of trauma to the skin, avoid bath sponges, scrub brushes, and washcloths. If you don't want to give them up altogether, be sure to use a light touch. For the same reason, pat or blot (don't rub) the skin when towel-drying.
- Apply moisturizer immediately after bathing or after washing your hands. This helps plug the spaces between your skin cells and seal in moisture while your skin is still damp.
- To reduce the greasy feel of petroleum jelly and thick creams, rub a small amount in your hands, and then rub it over the affected areas until neither your hands nor the affected areas feel greasy.
- Never, ever scratch. Most of the time, a moisturizer can control the itch. You can also use a cold pack or compress to relieve itchy spots.
- Use sunscreen in the winter as well as the summer to prevent photoaging.
- When shaving, use a shaving cream or gel and leave it on your skin for several minutes before starting.
- Use fragrance-free laundry detergents and avoid fabric softeners.
- Avoid wearing wool and other fabrics that can irritate the skin.

# USDA Sodium Guidelines

From Medscape

Jeffrey S. Berns, MD

The US Department of Agriculture just announced and released new dietary guidelines for adults in the United States. The release of this was in large part the result of the increasing prevalence of obesity in this country, now with more than one-third of children and two-thirds of adults being overweight or obese. The dietary guidelines talk about cholesterol, fiber, and a variety of different components in our diet and from a nephrology perspective, the sodium recommendations are important. For about half of the US population, the recommendation now is that the dietary sodium intake be restricted to 1500 mg/day or less. This applies to all adults aged 51 years and older, all blacks, and all patients who have hypertension, chronic kidney disease, or diabetes. Half of the United States has a recommendation now for dietary sodium intake of 1500 mg/day or less. For the rest of the population, the remaining half, the recommendation is that dietary sodium intake be reduced by approximately one third from average current levels to 2300 mg/day.



This is going to be very difficult, as you all know, for many of our patients, particularly those who rely on canned foods and prepared foods and particularly those who ingest any significant amount of fast food as part of their diets. Hopefully there will be some assistance from the government in providing more specific information for patients on how they can avoid dietary sodium intake. As a practicing nephrologist, and I'm sure most of you have run into this, it is very difficult to get patients anywhere near 2500 or sometimes even 3000 mg of sodium per day. It's going to take a great deal of teaching effort on our part to get patients down to the 1500-mg range for that half of the population to whom this guideline applies.

A very large document is available on the US Department of Agriculture's Website, which presents information not only about dietary sodium, but also about all the other components of these new dietary guidelines. It's worth taking a look at them. Professional societies have endorsed these new guidelines, particularly as they relate to dietary sodium intake and it is something that we should be all aware of and continue to work on with our patients. As I know from other experience I've had with clinical practice guidelines and recommendations, the devil is in the implementation of the guidelines, and hopefully, as I mentioned earlier, we will get some assistance from the government and other dietary agencies and the food industries in the communities for patients to restrict their sodium intake. The potential health implications are huge in terms of hypertension and the need to treat high blood pressure as well as the prevalence of progression of chronic kidney disease and end-stage renal disease.

## References

1. US Department of Agriculture and US Department of Health and Human Services. *Dietary Guidelines for Americans, 2010*. 7th ed. Washington, DC: US Government Printing Office; December 2010. Available at: <http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/PolicyDoc/PolicyDoc.pdf> Accessed February 4, 2011.