
CENTRAL PA HEALTH CARE QUALITY UNIT NEWSLETTER FOR HEALTHY OUTCOMES

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One Minute Retreat

Source: MerckSource.com

How many times have you heard or said: "I'm so busy I can hardly catch my breath"? Many of us find ourselves desperately trying to balance growing job demands with family obligations. Inevitably, we feel stressed out, overwhelmed, out of steam. Sometimes we may even feel as if we just can't cope.

When that happens, it's time to take five, have a breather, retreat. If you find that easier said than done, then Rachel Harris, Ph.D., a Princeton, N.J. psychologist, can help. Harris is the author of 20-Minute Retreats, a collection of simple self-led exercises that can help revive your spirits in just minutes.

Yawn, just yawn. This retreat is for relaxation. The complete instructions are "yawn, just yawn." Yawning increases the amount of oxygen in your system, and Scientologists think it helps to shift your level of consciousness. For politeness' sake, you may want to excuse yourself to find a private place to yawn and get in a great big stretch.

Faith in yourself. You can do this retreat sitting, standing or even walking. Simply imagine that when you inhale, the breath goes straight up through your torso and out through the top of your head. As you inhale, feel your rib cage expand and lift. This slight shift in posture will give you the confidence to have faith in yourself.

Let go. This is a retreat for patience. When you feel yourself becoming impatient with a situation or a person, notice how you're trying to control to achieve a certain outcome. Take a deep breath and gently exhale through your mouth as if you were blowing out a candle. The exhale should be slightly longer than the inhale. As you exhale, let go of your expectations. Exhale and again let go of any expectations.

Healing eyes. This retreat is designed to help you relax and heal any tensions in your eyes. At your desk, in front of the computer or while reading, pause to give your eyes a rest. Simply rub the palms of your hands together in a vigorous fashion to generate energy and heat. Then quickly place your hands over each eye socket so that your eyes are at the centers of your palms. Let your eyes relax in this warm darkness for the full minute. You can experiment with keeping eyes open or closed.

Thank you. This retreat is much like the theory that to "practice random acts of kindness" is to help make the world a better place. Saying "thank you" is a simple approach to gratitude, Harris says. Simply say "thank you" consciously and from the heart whenever the opportunity arises. You'll be surprised how total strangers will respond differently to these words when they are spoken consciously with real meaning.

Bedtime wish. The moment just before you fall asleep is an important threshold in consciousness, says Harris. It's a good time to visualize your goals, review your day, plan your next day or request a special dream. This hypnagogic state, as it's called, is a moment when the veil is thinner between the material world and the unseen world, between the day dream world and the night dream world. Use this moment to think of something you'd like to do for yourself the next day. Give yourself permission to be intentionally "selfish." Remember, there is such a thing as healthy selfishness. Think of one thing just for you.

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.

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What Is Type 1 Diabetes?

From MerckSource.com

Food is a source of energy for the body. Through the process of digestion, most of the food that we consume is eventually broken down, or converted, into a simple sugar called glucose. Glucose then passes into the bloodstream where it becomes available for the body to use for growth and energy. In order for glucose to be used by cells in the body, a hormone produced by the pancreas, called insulin, is needed. In diabetes, the pancreas produces little or no insulin, or the cells throughout the body are unable to respond to the insulin that is produced. The end result is a buildup of glucose in the blood, which eventually spills over into the urine. Elevated blood glucose levels are responsible for many of the health problems associated with diabetes. There are three main types of diabetes: Type 1, Type 2 and Gestational.

How common is Type 1 Diabetes? Of the 17 million people in the United States who have diabetes, about 5 percent to 10 percent have type 1 diabetes. Type 1 diabetes usually begins in childhood or adolescence but may begin at any age. It is a lifelong disease because there is no cure for type 1 diabetes.

Type 1 diabetes is an autoimmune disease, meaning that the body stages an all-out war against itself by attacking its own cells. Researchers do not know exactly what causes the immune system to attack and destroy the beta cells within the pancreas, but the end result is the inability of the pancreas to produce the hormone insulin.

Before the discovery of insulin in the 1920s, people with type 1 diabetes usually died within a year of diagnosis. All of that has changed. Although people with type 1 diabetes require insulin injections multiple times each day to balance their blood glucose levels, they can expect to live a long life with this disease.

The discovery of insulin in 1921 was probably the most notable event in diabetes research. Prior to the discovery of insulin, an individual diagnosed with type 1 diabetes had a life expectancy of less than a year. Although not a cure for diabetes, insulin has allowed millions of people with diabetes to live long and productive lives.

More recent research achievements in diabetes care have identified type 1 diabetes as an autoimmune disease. This knowledge may allow the use of more effective treatments aimed at suppressing the immune system and delaying the destruction of beta cells.

At the American Diabetes Association's 62nd annual meeting, there were reports of new technologies for insulin delivery. There has been successful research for a pill, a transdermal skin patch, a mouth spray and several versions of pulmonary inhaled insulin. That could make life easier for the 3.7 million patients in America who, on average, must take one to five insulin shots daily to control their disease.

Research shows that a drug (an antibody) (in a single 2-week treatment) may stop type 1 diabetes in people newly diagnosed with the disease, decreasing their need for insulin shots. The most important finding of this study is that there can be effective intervention even after onset of the disease.

The first successful pancreas transplant was performed in 1966, but survival rates for this procedure were initially low until improved anti-rejection drugs became available. By the end of 1997, nearly 10,000 pancreatic transplants had been recorded in the International Pancreas Transplant Registry. Most pancreatic transplantations in patients with diabetes are offered to people with end-stage renal disease and are performed at the same time as or after kidney transplantation.

Some of the most promising diabetes research appears to be in the area of islet cell transplants. In this procedure, instead of transplanting most of or the entire pancreas, only the islet cells (those cells responsible for insulin production) are transplanted. This procedure does not involve the surgical risks associated with organ transplantations. Many researchers believe that the cure for diabetes will evolve when improved methods for preventing rejection of the transplanted islet cells are perfected.

The ability to use engineered islet cells, using recombinant DNA to create new islet cells, is another area of diabetes research that could some day lead to a cure for diabetes.

The future for those affected by diabetes looks hopeful. Research efforts during the past 80 years have led to improved management and treatment of diabetes today. Although a lot of work remains in diabetes research, the road to the cure for diabetes is getting shorter.

A Meal-by-Meal Guide to Cutting Fat

Source: *MerckSource.com*

Nutritionists recommend looking at fat intake as an important part of managing your weight, according to the American Dietetic Association (ADA). Fats occur naturally in food and play an important role in nutrition. Fats and oils provide a concentrated source of energy for the body. Fats are used to store energy in the body, insulate body tissues and transport fat-soluble vitamins through the blood. Fat is a very concentrated source of calories, with nine calories per gram versus four calories per gram in carbohydrates and protein. By reducing fat, you also decrease calories, which helps manage your weight, the ADA says.

There are four types of fat:

Saturated fats. These are found mainly in foods from animals, including meat and poultry, whole or reduced-fat milk and butter. Saturated fats are also found in some vegetable oils: coconut, palm kernel and palm. Saturated fats are solid at room temperature.

Monounsaturated fats. These are found in vegetable oils, such as canola, olive and peanut. These are liquid at room temperature. Monounsaturated fats may help lower LDL cholesterol and decrease your risk for heart disease.

Polyunsaturated fats. These are found in other vegetable oils: safflower, sunflower and corn oils, as well as in seafood. These can be liquid or soft at room temperature. Polyunsaturated fats help lower LDL cholesterol.

Trans-fats. These fats are produced when vegetable oils are made into margarine or shortening, says the American Dietetic Association (ADA). You can find trans-fats in snack foods and commercial baked goods. The label will say "partially hydrogenated vegetable oil" or "vegetable shortening." Trans-fats act like saturated fats, the ADA says, and raise LDL cholesterol, as well as lower HDL cholesterol.

You should consume no more than 30 percent of your daily calories from fat. That means 7 to 10 percent saturated fats; 10 to 15 percent monounsaturated fats; and about 10 percent polyunsaturated fats, the ADA says. From a health perspective, excess fat intake is associated with heart disease, cancer and obesity, which can lead to hypertension and diabetes. And from a nutritional standpoint, managing your fat intake causes you to instinctively eat more carbohydrates, fruits, vegetables and whole grains, which raise your fiber and vitamin consumption.

Following are some suggestions for cutting fat from your daily diet.

Cutting fat at breakfast

- Use skim milk rather than whole milk in cereal and coffee. Try nonfat dried milk instead of non-dairy creamers.
- Use fruit spreads on toast instead of butter or margarine.
- Prepare eggs with less fat. Poach, boil or fry them using non-stick cooking spray rather than oil or butter.
- Substitute skim milk for whole milk and two egg whites for one egg when making pancakes.
- Enjoy oatmeal or other whole-grain cereals. Top a bowl of whole-grain or fiber-rich hot or cold cereal with fruit.
- Try nonfat yogurt or fruit for breakfast when you're in a hurry.

Reducing fat at lunch

- Reduce your portions of sandwich meat. Instead, use extras such as cucumbers, tomatoes, sliced apples, grated carrots or shredded lettuce to plump up sandwiches and add moisture.
- Use nonfat sandwich spreads such as ketchup, mustard or nonfat mayonnaise.
- Buy tuna packed in water instead of oil.
- Limit high-fat sandwich accompaniments such as fries and potato chips. Consider pretzels or fruit instead.
- Watch out for high-fat salad toppings, including bacon bits, cheese, olives, sunflower seeds, avocado and croutons

Decreasing fat at dinner

- Broil, bake, poach, steam, braise or microwave food instead of frying or sautéing.
- Modify favorite recipes so you can prepare them with less fat.
- Don't add fat at the table. Leave butter and sour cream in the refrigerator. Enhance flavor with spices.
- Eat less protein, adding more vegetables and whole-grain foods to take up the slack.
- Choose lean cuts of meat, poultry and fish (white meat over dark), and trim all visible fat, including the skin on chicken.

Contact dermatitis

From: MerckSource.com

Contact dermatitis is an inflammation of the skin caused by direct contact with an irritating substance. It is an inflammation of the skin caused by direct contact with an irritating or allergy-causing substance. Reactions may vary in the same person over time. A history of any type of allergies increases the risk for this condition.

Irritant dermatitis, the most common type of contact dermatitis, involves inflammation resulting from contact with acids, alkaline materials such as soaps and detergents, solvents, or other chemicals. The reaction usually resembles a burn.

Allergic contact dermatitis, the second most common type of contact dermatitis, is caused by exposure to a substance or material to which you have become extra sensitive or allergic. The allergic reaction is often delayed, with the rash appearing 24 - 48 hours after exposure. The skin inflammation varies from mild irritation and redness to open sores, depending on the type of irritant, the body part affected, and your sensitivity.

Over treatment dermatitis is a form of contact dermatitis that occurs when treatment for another skin disorder causes irritation.

Common allergens associated with contact dermatitis include: Poison ivy, poison oak, poison sumac, other plants, nickel or other metals, medications, rubber, cosmetics, fabrics and clothing, detergents, solvents, adhesives, fragrances, perfumes, and other chemicals and substances.

Contact dermatitis may involve a reaction to a substance that you are exposed to, or use repeatedly. Although there may be no initial reaction, regular use (for example, nail polish remover, preservatives in contact lens solutions, or repeated contact with metals in earring posts and the metal backs of watches) can eventually cause sensitivity and reaction to the product.

Some products cause a reaction only when they contact the skin and are exposed to sunlight (photosensitivity). These include shaving lotions, sunscreens, sulfa ointments, some perfumes, coal tar products, and oil from the skin of a lime. A few airborne allergens, such as ragweed or insecticide spray, can cause contact dermatitis.

Symptoms include itching of the skin in exposed areas, redness or inflammation, tenderness, localized swelling, warmth, lesion or rash that may involve oozing, draining, crusting, scaliness, or thickening.

Exams and Tests: According to the American Academy of Allergy, Asthma, and Immunology, "patch testing is the gold standard for contact allergen identification." Allergy testing with skin patches may isolate the suspected allergen that is causing the reaction. Patch testing is used for patients who have chronic, recurring contact dermatitis. It requires three office visits and must be done by a clinician with detailed experience in the procedures and interpretation of results. On the first visit, small patches of potential allergens are applied to the skin. These patches are removed 48 hours later to see if a reaction has occurred. A third visit approximately 2 days later is to evaluate for any delayed reaction. You should bring suspected materials with you, especially if you have already tested those materials on a small area of your skin and noticed a reaction.

Prognosis: Contact dermatitis usually clears up without complications within 2 or 3 weeks, but may return if the substance or material that caused it cannot be identified or avoided. A change of occupation or occupational habits may be necessary if the disorder is caused by occupational exposure.

Possible Complications: Secondary bacterial skin infections may occur.

When to Contact a Medical Professional: Call your health care provider if symptoms indicate contact dermatitis and it is severe or there is no improvement after treatment.

Prevention: Avoid contact with known allergens. Use protective gloves or other barriers if contact with substances is likely or unavoidable. Wash skin surfaces thoroughly after contact with substances. Avoid over treating skin disorders.



Please check out our **WEB BASED COURSES** at www.geisinger.org/hcqu. If you have any questions, suggestions or problems, you can call Kristy Campbell at (570) 214-4753 or e-mail her at kacampbell@geisinger.edu **Check out our new course on Hypothermia .**