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# CENTRAL PA HEALTH CARE QUALITY UNIT NEWSLETTER FOR HEALTHY OUTCOMES

July 2008 - Volume 8, Issue 7

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

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## Insect Repellants

*From WebMD Public Information from the EPA*

### Choosing Insect Repellents

Insect repellents are available in various forms and concentrations. Aerosol and pump-spray products are intended for skin applications as well as for treating clothing. Liquid, cream, lotion, spray, and stick products enable direct skin application. Products with a low concentration of active ingredient may be appropriate for situations where exposure to insects is minimal. Higher concentration of active ingredient may be useful in highly infested areas or with insect species which are more difficult to repel. And where appropriate, consider non chemical ways to deter biting insects -- screens, netting, long sleeves, and slacks.

### Using Insect Repellents Safely

EPA recommends the following precautions when using insect repellents:

- Apply repellents only to exposed skin and/or clothing (as directed on the product label). Do not use under clothing.
- Never use repellents over cuts, wounds, or irritated skin.
- Do not apply to eyes and mouth, and apply sparingly around ears. When using sprays do not spray directly onto face; spray on hands first and then apply to face.
- Do not allow children to handle the products, and do not apply to children's hands. When using on children, apply to your own hands and then put it on the child.
- Do not spray in enclosed areas. Avoid breathing a repellent spray, and do not use it near food.
- Use just enough repellent to cover exposed skin and/or clothing. Heavy application and saturation is generally unnecessary for effectiveness; if biting insects do not respond to a thin film of repellent, then apply a bit more.
- After returning indoors, wash treated skin with soap and water or bathe. This is particularly important when repellents are used repeatedly in a day or on consecutive days. Also, wash treated clothing before wearing it again. If you suspect that you or your child is reacting to an insect repellent, discontinue use, wash treated skin, and then call your local poison control center. If/when you go to a doctor, take the repellent with you.

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# Shaking The Salt Habit

*From MerckSource.com - By David Van Horn, health.AtoZ. health editor*

"Hold the salt" may not be good advice just for people with high blood pressure. For the first time, medical researchers have found that even people with normal blood pressure are at an increased risk for deadly heart disease if they are sensitive to salt.



About one in four Americans with normal blood pressure is sensitive to salt, and more than half (58 percent) with hypertension are salt sensitive, according to estimates by Myron Weinberger, M.D., professor of medicine and director of the Hypertension Research Center at the Indiana University School of Medicine.

You're more likely to be sensitive to salt if you're elderly, African American or have a family member with hypertension or salt-sensitivity, says Weinberger, the principal investigator in a study published in *Circulation: Journal of the American Heart Association*.

Salt sensitivity is a measure of how blood pressure responds to salt, and Weinberger's study is the first to show that it may be an independent risk factor for cardiovascular death.

One consequence of this condition is high blood pressure, which increases your risk of developing heart disease, the number one killer of men and women in the United States.

Sensitivity to salt can also increase your risk of developing kidney problems and enlargement of the left ventricle, your heart's main pumping chamber, says the National Heart, Lung, and Blood Institute (NHLBI), which sponsored the study.

## **Salt sensitivity is a new risk factor**

Weinberger and his colleagues did a follow-up investigation of 708 people who participated in a hypertension study in the 1970s. Of the original group, 123 people had died - about half from heart attacks and strokes. Participants with normal blood pressure and no salt sensitivity had a better survival rate than those who had high blood pressure or were salt sensitive.

## **Cutting salt from your diet**

Reducing sodium in your diet can significantly reduce your blood pressure, even if you do not have hypertension, according to a NHLMI study. The average American consumes about 3,300 milligrams of sodium per day, one quarter more than the 2,400 milligrams recommended by the NHLBI's High Blood Pressure Education Program and twice as much as the 1,500-milligram limit in the DASH (Dietary Approaches to Stop Hypertension) diet.

Sodium used as a preservative, curing agent or for flavoring in processed foods is the biggest source of sodium in the American diet. One-third of the sodium in your diet is naturally present in foods, and another one-third comes from table salt, which consists of 40 percent sodium and 60 percent chloride.

Read food labels carefully to help you choose foods that are low in sodium. Almost all packaged foods contain sodium, but there are low-, reduced-sodium and no-salt-added versions. What is the difference in these terms? Sodium free is less than 5 milligrams per serving; very low sodium is 35 milligrams or less; low sodium is 140 milligrams or less; and reduced sodium means a 75 percent reduction in the usual level of sodium.

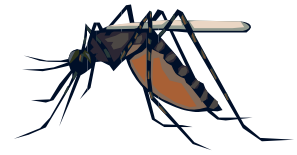
Buy fresh food. Fresh vegetables, poultry, fish and lean meat are better alternatives than canned or processed foods. You can try rinsing canned foods, such as tuna, to remove some sodium.

Avoid foods that are high in sodium. Canned and dried foods and processed luncheon meats and cheeses are some common high-sodium foods. Bacon, sausage, corned- beef, hot dogs and pizza are also high in sodium, as are condiments such as ketchup, mustard and soy sauce. Instead, try eating more fruits, vegetables, grains and low-fat dairy foods.

Put away the saltshaker. Use herbs, spices and salt-free seasonings when cooking. Cook rice, pasta and hot cereals without salt.

Keep a sodium diary to help you decide which foods to decrease or eliminate. You may be surprised at how much sodium you use in a day.

# West Nile Virus



West Nile virus is spread by mosquitoes. Birds are a reservoir for West Nile virus, meaning that the virus multiplies in them. Certain species of mosquitoes become infected when they bite infected birds. These mosquitoes then may spread the virus to humans and animals, such as horses and dogs. However, the virus cannot be spread by these animals to other animals or from person to person. Anyone exposed to mosquitoes can become infected. However, adults are more likely than children to be bitten by mosquitoes, and men are bitten more often than women.

## What are the symptoms of West Nile virus infection?

Most West Nile virus infections cause either no symptoms or symptoms that are so mild people do not realize they have been infected. When symptoms do appear, they develop a few days to a couple of weeks after infection and include fever, headache, and body aches, occasionally with skin rash and swollen lymph nodes. On rare occasions, the infection affects the brain or spinal cord, causing encephalitis or paralysis. Encephalitis symptoms may include headache, high fever, stiff neck, reduced attention to surroundings, disorientation, tremors, convulsions, muscle weakness or paralysis, and coma.

## Is West Nile virus infection a serious disease?

People usually recover fully from West Nile virus infection, but permanent problems may develop in those who have a brain infection (encephalitis), especially children and older people. They may have seizures, memory loss, personality changes, or brain damage. Older people infected by the West Nile virus have the greatest risk for developing encephalitis and other complications. People ages 50 to 59 are 10 times more likely to develop complications than people younger than 20, and people 80 or older are 43 times more likely to develop complications. Of the people who develop complications, those over age 70 have the greatest risk of death.

The chances that you will become severely ill from any one mosquito bite are extremely small. Even in areas where mosquitoes do carry the virus, very few mosquitoes—far less than 1%—is infected. Less than 1% of people who are bitten by an infected mosquito will become severely ill with encephalitis.

## How widespread is the virus?

In temperate areas of the world (between 23.5° and 66.5° north and south latitudes), West Nile virus infection occurs mainly in the late summer or early fall. Most of North America falls within these latitudes. For example, the potential range of the virus includes Miami, Florida (25° north), and Nome, Alaska (61° north). In tropical climates, West Nile virus can be transmitted year-round.

The virus was first found in the West Nile district of Uganda in 1937. It has since spread to the rest of Africa, Europe, and the Middle East, western and central Asia, and most of North America. The first United States outbreak occurred in 1999 in New York City. The virus has since spread west and can now be found in nearly every state.

You can find the latest statistics on West Nile virus at the CDC Web site <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>

## How is West Nile virus infection treated?

Treatment for severe West Nile virus infection involves supportive care in a hospital to help the body fight the illness on its own. Supportive care is often used when no specific treatment exists for an illness. Supportive treatment includes intravenous (IV) fluids, respiratory support (ventilator) if needed, and prevention of secondary infections, such as pneumonia or a urinary tract infection.

## How can you prevent infection?

You can reduce your already low risk of West Nile virus infection by using insect repellent when you go outdoors in the summer and early fall. Wear long-sleeved shirts and long pants if you know you will be in areas with lots of mosquitoes. You also can reduce mosquito breeding grounds. Do not keep open containers of water near your house. Standing water is a breeding site for mosquitoes.

There is a West Nile virus vaccine for horses. If you own horses, consider having them vaccinated, since the fatality rate from West Nile virus in horses is much higher than in humans.

Researchers from the National Institutes of Health (NIH) and the U.S. Army are trying to develop a vaccine that prevents West Nile virus.

# DIABETIC FOOT CARE

*From MerckSource.com*

If you have diabetes you are more prone to foot problems, because the disease can damage your blood vessels and nerves. This, in turn, may make you less able to sense injury or pressure on your foot. You may not notice foot injury until severe infection develops.

Diabetes also alters the immune system, decreasing the body's ability to fight infection. Small infections may rapidly progress to death of the skin and other tissues, which may require amputation of the affected limb to save the patient's life. Foot problems can be prevented in part with improved blood sugar control.

If you have diabetes, you are at higher risk for developing foot problems if you have had diabetes more than 10 years; are male; have poor glucose control; and/or have eye, kidney, or heart problems.

All diabetics should get regular foot exams -- at least twice yearly -- by their health care provider and should learn whether they have nerve damage.

To prevent injury to the feet when you have diabetes, you should adopt a **DAILY** routine of checking and caring for your feet, especially if you already have known nerve or blood vessel damage or current foot problems.

## DAILY CARE ROUTINE

- Check your feet every day. Inspect the top, sides, soles, heels, and between the toes.
- Wash your feet every day with lukewarm water and mild soap. Strong soaps may damage the skin.
- Test the temperature of the water before putting your feet in, because the normal ability to sense hot temperature is usually impaired in diabetics. Burns can easily occur.
- Gently and thoroughly dry the feet, particularly between the toes, because infections can develop in moist areas.
- Because of skin changes linked with diabetes, the feet may become very dry and may crack, possibly causing an infection. After bathing the feet, soften dry skin with lotion, petroleum jelly, lanolin, or oil. Do not put lotion between your toes.
- Ask your health care provider to show you how to care for your toenails. Soak your feet in lukewarm water to soften the nail before trimming. Cut the nail straight across, since curved nails are more likely to become ingrown.
- Exercise daily to promote good circulation. Avoid sitting with legs crossed or standing in one position for prolonged periods of time.
- If you smoke, stop. It decreases blood flow to the feet.



## TIPS ON SHOES AND SOCKS

- Wear shoes at all times to protect your feet from injury. Otherwise, if you have poor vision and less ability to feel pain, you may not notice minor cuts or bumps.
- Wear comfortable, well-fitting shoes. Never buy shoes that do not fit properly, expecting the shoes to stretch with time. Nerve damage may prevent you from being able to sense pressure from improperly fitting shoes.
- Check the inside of your shoes for rough areas or torn pieces that can cause irritation.
- Change your shoes after 5 hours of wearing during the day to alternate pressure points.
- Avoid wearing thong sandals or stockings with seams that can cause pressure points.
- Wear clean dry socks or non-binding panty hose every day. Socks may provide an additional layer of protection between the shoe and your foot.
- Wear socks to bed if your feet are cold. In cold weather, wear warm socks and limit your exposure to the cold to prevent frostbite.

## MORE HELPFUL TIPS

- Avoid using antiseptic solutions on your feet since these can burn and can injure skin.
- Avoid applying a heating pad or hot water bottle to the feet. Avoid hot pavement or hot sandy beaches.
- Report sores, changes, or signs of infection to your doctor immediately. Report all blisters, bruises, cuts, sores or areas of redness.
- Remove shoes and socks during visits to your health care provider. This is a reminder that you need a foot exam.
- Make an appointment with a podiatrist to treat foot problems or to have corns or calluses removed. Never attempt to treat these yourself using over-the-counter remedies.