

HEALTHY OUTCOMES

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13 Tips for Preventing Heart Disease

by Berkeley Wellness

Scientists now know a great deal about what you can do to reduce your risk of cardiovascular disease—the leading cause of death in the U.S. in both men and women. Follow these essential steps to protect your health. Although taking these measures doesn't guarantee that you won't ever have a heart attack, it should improve your odds.

♥ Don't Smoke

Smoking is the worst thing you can do to your heart (and to nearly all your organs and those of people around you). No level of smoking is safe, and the risk of heart attack rises with every cigarette smoked daily. As soon as you quit you reduce your risk of heart attack, though it takes several years to undo most of the cardiovascular damage. Avoid secondhand smoke, too.

♥ Monitor Your Cholesterol

Your LDL ("bad") cholesterol should be less than 130

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HAPPY VALENTINE'S DAY ♥



Heart disease is the leading cause of death for both men and women in the United States. The good news? It is also one of the most preventable. Making heart-healthy choices, knowing your family health history and the risk factors for heart disease, having regular check-ups and working with your physician to manage your health are all integral aspects of saving lives from this often silent killer.

February is Heart Health Month.

Make a difference in your community by spreading the word about strategies for preventing heart disease and encouraging those around you to have their hearts checked and commit to heart-healthy lives. ♥

COUGHING: 8 Things to Know

by Jeanine Barone

Coughing is one of the most common reasons people seek outpatient treatment, accounting for some 30 million visits to doctors' offices a year in the U.S. Everyone coughs sometimes; it's one of the body's most valuable defense mechanisms—an involuntary reflex that protects your lungs from foreign or undesirable substances, whether it's a piece of food that “went down the wrong way” or a microscopic pollen grain that you inhaled and to which you are allergic. But when coughing moves



from episodic to ongoing, it can become a problem—interrupting your sleep, causing discomfort and aggravation, and potentially injuring your throat or other body systems. Ongoing coughing can also indicate an underlying problem that needs treatment.

Here are answers to questions you may have about coughing. Some of the answers may surprise you.

1. Is there a gender difference in coughing?

Yes. Women not only are more likely to seek medical attention for a long-term (chronic) cough, but they also are more likely than men to have a dry (that is, unproductive) cough, to cough at night, and to cough more frequently. Researchers believe this may be in part because women have a more sensitive cough reflex compared with men.

2. What's the difference between acute and chronic coughing?

A person who has been coughing for less than three weeks is said to have an

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Did You Know... Heart disease is the leading cause of death for both men and women. More than half of the deaths due to heart disease in 2015 were in men.



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Saturday, April 7, 2018 1 to 5 p.m.

Meet experts and learn about various life skills and resources for individuals with disabilities:

- DRIVING PROGRAMS
- EMPLOYMENT
- HAND CYCLING
- ORTHOTICS AND PROSTHETICS
- RETURNING TO SCHOOL
- SERVICE DOGS
- WINTER SPORTS

AND MORE!

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Did You Know... About 630,000 Americans die from heart disease each year—that's 1 in every 4 deaths.

Preventing Heart Disease...

(Continued from page 1)

mg/dL, though optimal is less than 100—and less than 70 if you are at very high risk for a heart attack or stroke, according to American Heart Association guidelines. HDL (“good”) cholesterol should be at least 50 for women and 40 for men. Diet and exercise can help. Total blood cholesterol should be less than 200, though if you exceed that because your HDL is high, while your LDL is under 130, this is less of a concern. Triglycerides (blood fats) should be less than 150 mg/dL, optimally less than 100 mg/dL.



♥ Watch for Hypertension

Know your blood pressure and keep it under control. High blood pressure (hypertension) is a major risk factor for heart attack and stroke. Blood pressure measurement is the cheapest, simplest and perhaps most important of all medical tests. Even small changes in your average blood pressure, up or down, can affect your cardiovascular risk. Diet and exercise can help you keep prehypertension from developing into full-blown hypertension, or at least delay it by many years.



♥ Control Blood Sugar

People with diabetes are at greater risk for heart attack and stroke than people without it. Even having slightly higher than normal blood sugar levels—a condition known as prediabetes—increases coronary risk. If you have prediabetes or diabetes, be particularly careful about controlling your blood sugar through diet, weight loss, exercise and medication if necessary.

♥ Eat For Your Heart

Adopt a diet rich in vegetables, fruits, beans, whole grains and low-fat dairy products. The high intake of fiber from plants, especially soluble fiber, is associated with a reduced risk of cardiovascular disease. Also, eat oily fish two or three times a week for their omega-3 fats, and choose small portions of lean meats. Avoid trans fats (from partially hydrogenated oils). However, do eat moderate amounts of healthy, unsaturated fats, such as nuts and vegetable oils, especially in place of saturated fats (notably animal fats). Limit sugary foods and refined carbohydrates, such as white pasta.

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Did You Know... Coronary heart disease is the most common type of heart disease, killing about 366,000 people in 2015

Preventing Heart Disease...

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♥ Cut Back on Sodium

The recommended daily limit is just 1,500 milligrams (the amount in about two-thirds of a teaspoon of salt) for people over 50, all blacks and those with hypertension, diabetes or kidney disease—that's most adults. Others should aim for less than 2,300 milligrams to reduce the risk of hypertension and stroke. That's a tall order, and can be accomplished only by cutting way back on processed foods, restaurant meals and fast foods.

♥ Stay Active

Exercise protects against coronary artery disease by helping the heart work more efficiently, reducing blood pressure, raising HDL cholesterol, decreasing the tendency of blood to form clots, moderating stress, helping the body use insulin and helping people maintain a healthy weight. Sedentary people who begin a regular program of exercise can reduce their risk of a heart attack. Walk briskly or do other aerobic exercise for at least 30 minutes most days; more is even better

♥ Maintain a Healthy Weight

Being very overweight increases your risk for cardiovascular disease, as well as hypertension and diabetes, which further increase the risk. If your weight is creeping up, cut calories and develop good exercise habits. Research suggests that being merely overweight (as opposed to obese) does not raise the risk of dying of cardiovascular disease, particularly if you are over age 70. But do your best to keep your weight in a healthy range. Losing weight and then sustaining weight loss may require more than the recommended 30 minutes of moderate exercise most days.



♥ Consider Statin Drugs

If lifestyle changes do not improve your cholesterol numbers enough, consider statins. Surveys show that as many as half of all Americans who should be taking statins, according to the standard criteria, are not. And some people with only mildly elevated cholesterol and few risk factors may be taking statins unnecessarily or prematurely. Talk to your doctor.

♥ Ask About Low-Dose Aspirin

Aspirin is more effective at reducing heart attacks in men, especially before age 65, and better at reducing strokes in women. Because aspirin (even low dose) has potential side effects, notably gastrointestinal bleeding, you should discuss the risks and benefits with your doctor before starting aspirin therapy.

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Did You Know... In the U.S, someone has a heart attack every 40 seconds. Each minute, more than one person in the U.S dies from a heart disease-related event.

Preventing Heart Disease...

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♥ Go Easy on Alcohol

Moderate drinking—no more than one drink a day for a woman, two for a man—may reduce the risk of heart attack. (One drink is defined as 5 ounces of wine, 12 ounces of beer, or 1.5 ounces of 80-proof liquor.) Alcohol increases the risk of breast cancer and some other cancers and poses other serious health risks, so weigh these along with the potential benefits. You can reduce your risk of a heart attack without drinking alcohol, of course.

♥ Ease Depression and Stress

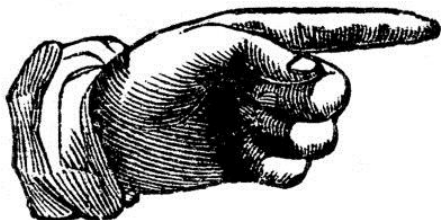
Do what you can to treat depression and reduce stress. Being chronically depressed may increase your risk for a heart attack. Do not think that it is normal to feel low or miserable most of the time. Seek professional help. Depression can be successfully treated with psychotherapy and/or medication. Lifestyle changes, such as getting regular exercise, can also help. If you have a demanding job or life that gives you little sense of control and causes you chronic unhappiness, it's important to find ways to reduce your levels of stress.

♥ Know Your Family History

A history of premature cardiovascular disease in your immediate family (for example, a heart attack in your father or brother before age 55, or in your mother or sister before age 65) raises your risk substantially. You can't change that, but it should make you pay special attention to your other risk factors and encourage you to take more aggressive steps to control them. ♥



Please Notice This



The next PPC Meeting will be held on February 27, 2018 from 10 a.m. to 12 noon at the Selinsgrove Center training room 141.

Did You Know... There are many types of heart disease, including: hypertension (high blood pressure), coronary heart disease (heart attack), and cerebrovascular disease (stroke).

Coughing...

(Continued from page 2)

acute cough, most likely as a result of an acute viral respiratory tract infection, allergies, or pneumonia. Coughing that continues for three to eight weeks or longer is called either subacute or chronic. Such coughs are commonly associated with asthma, gastroesophageal reflux disease (GERD), postnasal drip, or sinusitis; they could also be due to lingering irritation or inflammation in the airway as a result of an upper respiratory infection, or stem from other causes.

In the vast majority of cases, a physician can find a cause for a chronic cough. But sometimes a person may have a cough for years with no known cause. In these cases, an over-sensitive cough reflex may be the culprit. Treatment may include the prescription medication lidocaine, an anesthetic used off-label for chronic coughs and administered in an inhalable mist, referred to as nebulized lidocaine.

3. What causes coughing at night?

Several situations or conditions can produce nighttime activation of the cough reflex, which is normally suppressed while you're sleeping. This is called, fittingly, nocturnal coughing. A nighttime dry cough is often associated with being exposed to air pollutants, such as tobacco smoke or ozone. Asthma can also cause nighttime coughing, as can upper respiratory infections, with their characteristic postnasal drip. About 20 percent of people who take the popular hypertension medications known as angiotensin-converting enzyme (ACE) inhibitors experience a chronic cough that gets worse at night. If you're among them, your pharmacist or physician might suggest switching to another type of hypertension drug, such as a calcium channel blocker.



4. Can coughing cause injuries or other complications?

Yes. Because of the high pressure that builds up in the chest when a cough is initiated, and the rapid velocity with which the air is expelled (up to 500 miles per hour!), a person can experience complications or injuries from coughing. Those include headaches, dizziness, urinary incontinence, and even rib fractures. The latter are most likely to occur in women who have low bone mineral density, but they can happen in anyone.

5. Can menthol or honey help a cough?

They might. Inhaling vaporized air that contains menthol may ease coughing by reducing sensitivity to the coughing stimulus, according to a study published in 2012 in *Pulmonary Pharmacology and Therapeutics*. And there's evidence that Vicks Vapo-Rub, which is applied topically to the chest and contains a chemical relative of menthol, levomenthol—as well as camphor, eucalyptus, and turpentine oils—reduces nighttime coughing, congestion, and difficulty sleeping better than a control (petrolatum, such as Vaseline) in children ages two to 11. (We couldn't find any evidence on Vicks in adults.)

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Did you know...

Alcohol and stress can also increase cardiovascular risk.

Coughing...

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Honey may also relieve a cough, though the evidence is limited. A study published in 2012 in *Pediatrics* involved several hundred young children (ages one to five years) who had an upper respiratory infection with a nighttime cough. The children were given one of three different types of honey (eucalyptus, citrus, or labiatae, an aromatic herb honey) or a placebo (date extract) half an hour before bedtime. The parents evaluated their children, finding that the honeys were better than the control (a prescribed medication) at reducing cough frequency and severity, though both groups improved. The authors hypothesized that the sweetness of the honey (and the control medication) could affect the cough reflex. But that wouldn't explain why the honeys did a better job than the control. In addition, a small Italian study published in 2015 found that giving children two teaspoons of honey with milk before bedtime quelled some coughs just as well as two common cough medicines. (Children younger than a year old shouldn't be given honey because of the risk of infant botulism.)

6. How about cough medicines—are they effective?

It's complicated and depends on many things, including the type of medication, whether it's over-the-counter (OTC) or prescription, whether the cough is acute or chronic, and the reason for the cough, as well as individual variations in people's cough reflex sensitivity and how they respond to cough medication.

Cough preparations, whether OTC or prescription, can be divided into two categories: antitussives (also called suppressants), which suppress a cough, and expectorants, which loosen it. Suppressants are generally used for dry coughs, and expectorants for productive coughs (those bringing up phlegm). Commonly used suppressant ingredients include dextromethorphan, which is available in numerous OTC cough syrups, and benzonatate (Tessalon), which requires a prescription. If those don't help, cough syrups containing the opioid codeine can be effective, but they also have more potential side effects. For unexplained chronic coughs, the anti-seizure medication gabapentin (Neurontin) is sometimes prescribed off-label as a cough suppressant.

For a productive cough—meaning it is bringing up phlegm—a suppressant isn't recommended, since productive coughs help to clear the airway. In those cases, an expectorant that can make the phlegm less viscous and, therefore, easier to expel, may be helpful, at least in theory. A common OTC expectorant ingredient is guaifenesin.

But there's a big problem with OTC cough syrups of both kinds: There's no good



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Did you know... a person who is about to have a stroke usually experiences: weakness of the face, arm, or leg; confusion or difficulty speaking; impaired vision; loss of balance or coordination; fainting; vomiting.

Coughing...

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evidence that they work any better than a placebo. In a review published in 2014 in the *Cochrane Database of Systematic Reviews*, for example, researchers examined 29 randomized controlled studies of different OTC cough preparations involving almost 5,000 adults and children. They found no good evidence for or against their use for acute cough. (The authors noted that many of the trials were small, were quite different from each other, involved the support of drug companies, or were of poor quality.)

In another paper, published in 2016 in *BMJ Open Respiratory Research*, the researchers reviewed the evidence on antitussive (suppressant) drugs used in Europe for acute coughs stemming from the common cold. They concluded that many of the studies had methodological problems that made it difficult to determine if people with an acute cough derived any benefit from using these products, in part because most acute coughs eventually abate on their own. And any soothing effect the syrups do have may be due

simply to their texture. The researchers suggest that making a cup of hot water with honey and lemon at home may be just as good an option.

The benefit of OTC cough syrups is especially questionable in children, for whom the products are also more risky. The FDA has warned parents not to give such drugs to children under age two because serious side effects can occur; the drugs' labels say they shouldn't be used in children under four. Safer alternatives include honey, agave nectar, and grape-flavored water. In a study published in 2014 in *JAMA Pediatrics*, researchers found that children under four who were given a teaspoon of agave nectar or grape-flavored water at bedtime had greater improvements in cough-related symptoms than those who got no treatment.

7. What about using a humidifier?

It may be worth try-



ing. Cold dry air dries mucus, making it harder to clear from your nasal passages. Moist air helps loosen it. So it makes sense that a humidifier may ease symptoms of a

cold, sore throat, or cough—though there's no actual evidence that using a humidifier reduces coughing. Whether proper humidity can help *prevent* colds and other conditions that cause coughing is hard to say. Some experts think that dry air irritates nasal passages, making you more susceptible to colds. People with asthma often find it more difficult to breathe dry cold air. On the other hand, very high humidity (over 60 percent) can provide a good environment for viruses and bacteria. And it promotes the growth of mold, which can cause allergies in sensitive people.

8. When should you seek medical attention for a cough?

If you've been treat-

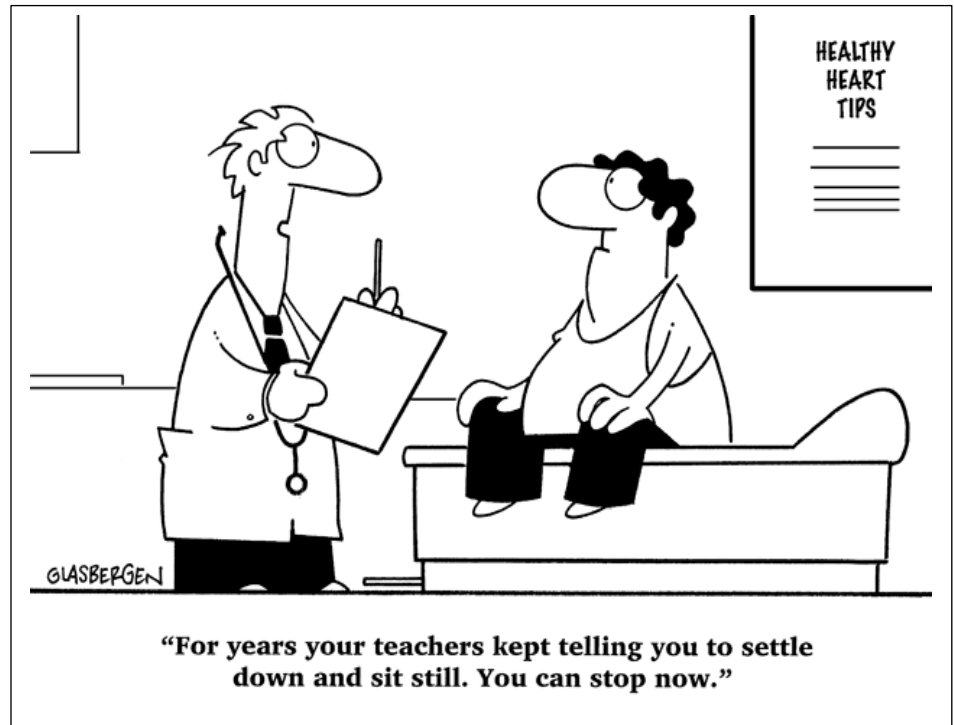
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Did you know... Heart attacks occur when oxygen-rich blood is blocked and can't flow to the heart. The section of the heart devoid of oxygen begins to die if the flow isn't restored in a sufficient amount of time.

Coughing...

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ing your cough at home but you find it getting worse or lasting more than a week or so, you should call your physician's office. Other signs or symptoms that warrant seeking medical care include having difficulty breathing, wheezing when you cough, experiencing chest pain or a fever, coughing up blood or thick yellow or green mucus, having night sweats, or losing weight without intending to. ❤️



Triple Chocolate Pudding

Cocoa powder, German's sweet chocolate and semi-sweet chocolate—underscored by brown sugar and cinnamon—give this pudding its rich chocolate flavor.*

Makes 6 servings

- 3 tablespoons unsweetened cocoa powder
- 3 tablespoons cornstarch
- 1/3 cup packed dark brown sugar
- 3 cups low-fat (1 percent) milk
- 1/2 teaspoon cinnamon
- 1/4 teaspoon salt
- 2 ounces German's* or other sweet chocolate, coarsely chopped
- 2 tablespoons mini chocolate chips (1 ounce)
- 1 teaspoon vanilla extract



In a small bowl, combine the cocoa powder, cornstarch, brown sugar, and 1/2 cup of the milk.

In a medium saucepan, combine the remaining 2 1/2 cups milk, cinnamon, and salt. Bring to a boil over medium heat. Whisk the cocoa mixture into the boiling milk and cook, whisking, just until thickened, about 4 minutes.

Stir in the sweet chocolate and chocolate chips. Remove from the heat, cover, and let stand until the chips have melted, about 1 minute. Stir in the vanilla extract. Spoon into 6 bowls and chill until serving time.

Nutrition Information per serving: calories 187•total fat 5.5g (saturated 3g)•cholesterol 5mg•dietary fiber 1g•carbohydrate 31g•protein 5g•sodium 165mg•Good source of: calcium, riboflavin, vitamin B12

**German's chocolate is commonly (and mistakenly) referred to as German chocolate; but its name is actually the brand name, "German's," and not the chocolate's national origin.*