

NORTHEASTERN PENNSYLVANIA HEALTH CARE QUALITY UNIT

IT'S YOUR HEALTH SUMMER 2018



Toll Free 1-877-315-6855
www.theadvocacyalliance.org



Skin cancer is one of the most common types of cancer in the United States. It is estimated that one in five Americans will develop skin cancer at some time in their lifetime. Melanoma rates have doubled from 1982 to 2011.

Skin cancer can affect anyone regardless of skin color. Skin cancer with skin of color is often diagnosed in later stages, when it is more difficult to treat. People with skin of color are prone to skin cancer in areas that are not commonly exposed to the sun, like palms of the hands, soles of the feet, the groin, inside of mouth and under the nails.

The most common types of skin cancer are basal cell and squamous cell carcinomas, and they are curable if detected early and treated properly. The five-year survival rate for people whose melanoma is detected and treated before it spreads to the lymph nodes is 99 percent. Although the vast majority of skin cancer deaths are from melanoma and on average, one American dies every hour from melanoma.

RISK FACTORS FOR SKIN CANCER

Exposure to natural and artificial ultraviolet light is a risk factor for all types of skin cancer. Approximately 95 percent of melanoma cases are attributable to UV exposure.

Research indicates that UV light from the sun and tanning beds both cause melanoma and an increased risk of a benign mole progressing to melanoma.

Your risk for developing melanoma doubles if you have had more than five sunburns.

People who first use a tanning bed before age 35 increase their risk for melanoma by 75 percent.

SOME OTHER RISK FACTORS INCLUDE:

AGE — Nearly half of melanoma cases are diagnosed in patients ages 55 to 74, but melanoma can affect people of all ages.

SKIN TONE — Caucasians have the greatest risk of developing skin cancer, especially high for individuals with blond or red hair, blue or green

HCQU Trainings

Our Health Care Quality Unit is always available for trainings for groups large and small. In addition to group trainings, we offer web trainings 24 hours a day/7 days per week. If you are interested in scheduling a training, or have any questions about web trainings, please contact Sharon Falzone Ph.D., Director, Northeastern PA Health Care Quality Unit Toll-free at 1-877-315-6855 or sf@theadvocacyalliance.org.

For a list of our current web trainings please go to <http://www.nepa-hcqu.org/Trainings/trainings.htm>.

eyes or skin that burns or freckles easily.

FAMILY AND/OR PERSONAL HISTORY — Individuals with one or more parents or siblings with skin cancer may be at increased risk. Individuals who have previously been diagnosed with skin cancer are also at increased risk for developing the disease again.

ONE WAY TO CHECK YOUR SKIN FOR MOLES OR PIGMENTED SPOTS IS TO FOLLOW:

A = Asymmetry: One half is unlike the other half.

B = Border: An irregular, scalloped or poorly defined border.

C = Color: Is varied from one area to another; has shades of tan, brown or black or is sometimes red, white or blue.

D = Diameter: Melanomas are usually greater than 6mm (the size of a pencil eraser) when diagnosed, but can be smaller.

E = Evolving: A mole or skin lesion that looks different from others, or that changes, itches or bleeds, you should make an appointment to see a dermatologist.

PREVENTING SKIN CANCER IS SOMETHING WE CAN DO EVERY DAY BY FOLLOWING THESE RECOMMENDATIONS:



- ☀ Seek the shade, especially between 10:00 AM and 4:00 PM.
- ☀ Do not burn
- ☀ Avoid sun tanning and UV tanning booths.
- ☀ Cover up with clothing, including a broad-brimmed hat and UV-blocking sunglasses.
- ☀ Use a broad-spectrum UVA/UVB sunscreen with an SPF of 15 or higher every day. For extended outdoor activity, use a water-

resistant, broad-spectrum UVA/UVB sunscreen with a SPF of 30 or higher.

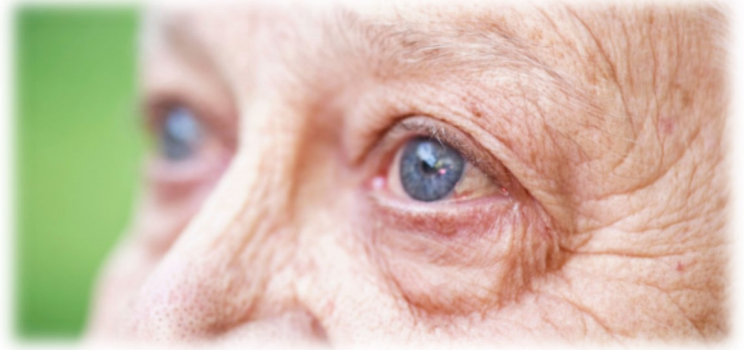
- ☀ Apply approximately one ounce of sunscreen to your entire body 30 minutes before going outside. Reapply every 2 hours, or immediately after swimming or excessive sweating.
- ☀ Keep newborns out of the sun. Sunscreens should be used on babies over the age of six months.
- ☀ Examine your skin head-to-toe every month.
- ☀ See your physician every year for a professional skin exam.



In conclusion, skin cancer is one of the most common cancers and one of the easiest to prevent. Following the aforementioned list, doing skin checks and seeing a dermatologist (especially if you are over 40 or at higher risk) are excellent ways to prevent you or those you love from this both treatable and deadly disease.

AGE-RELATED MACULAR DEGENERATION (AMD)

Age-related macular degeneration (AMD) is a common eye condition and a leading cause of vision loss in people over 50. The macula is a small spot near the center of the retina that is needed for sharp, central vision and enables us to see objects straight ahead. AMD vision loss may progress slowly or quickly. It does not cause total blindness but over time it is common for a blurred area near the center of vision to occur. This can interfere with reading, writing, driving, seeing faces or performing other daily activities.



RISK FACTORS INCLUDE:

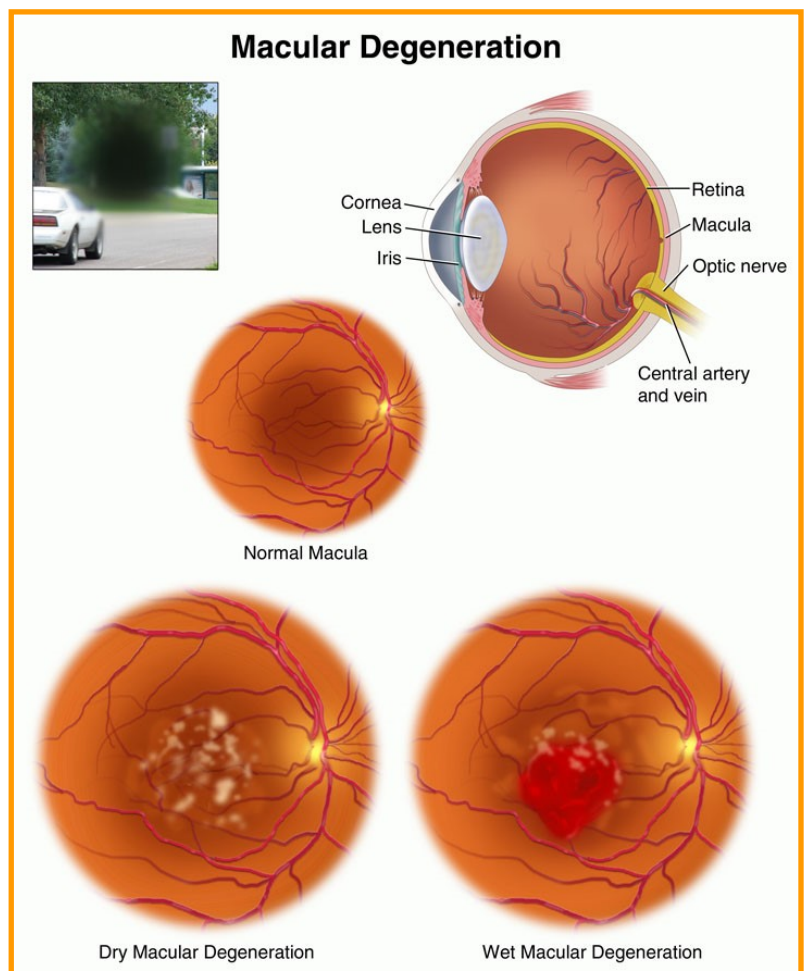
- ✓ Age
- ✓ Smoking
- ✓ Race — Caucasians are at higher risk
- ✓ Family history

It is believed that avoiding smoking, exercising regularly, maintaining normal blood pressure and cholesterol levels and a diet rich in leafy green vegetables and fish may reduce risk.

DETECTION OF AMD

Early and intermediate stages of AMD can only be detected by a comprehensive dilated eye examination. An **Amsler grid** has lines that may appear wavy or disappear, which is a sign of AMD. In severe, rapidly progressive AMD blood vessels in the eye may leak. An ophthalmologist may perform a **fluorescein angiogram**, injecting dye into the patient's arm. As the dye passes through the blood vessels in the eye the doctor can see if they are leaking. **Optical coherence tomography** uses light waves to achieve very high-resolution images of the eye. The doctor will look for drusen, which are yellow deposits beneath the retina. Drusen deposits are a normal part of aging but medium to large drusen may indicate AMD.

Another sign of AMD is a breakdown of the pigmented cells beneath the retina. The doctor may see dark clumps of released pigment or, as the disease progresses, areas that are less pigmented. The three stages of AMD are defined in part by the size and number of drusen under the retina. AMD can occur just in one eye, or have a different stage in each eye.



THREE STAGES OF AMD:

Early AMD — diagnosed by the presence of medium-sized drusen (about the width of an average human hair). No vision loss occurs.

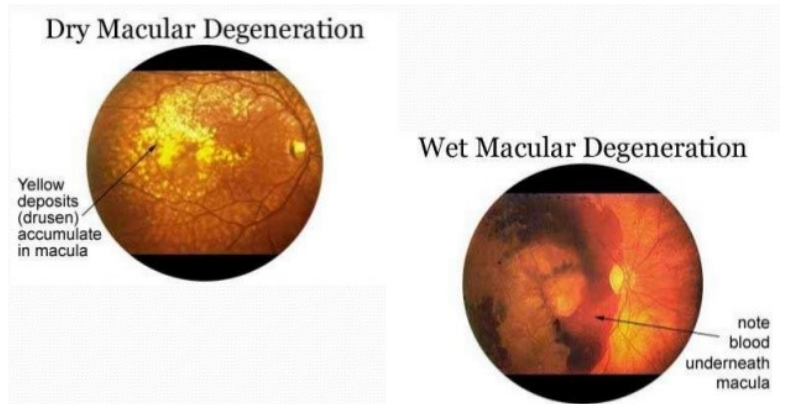
Intermediate AMD — patients generally have large drusen, pigment changes in the retina or both. There may be some vision loss but not usually any symptoms.

Late AMD — drusen is present and there is vision loss due to damage to the macula.

THERE ARE TWO TYPES OF LATE AMD:

Dry AMD (geographic atrophy) — the light-sensitive cells in the macula and the supporting tissue beneath it gradually break down, causing vision loss.

Wet AMD (neovascular AMD) — abnormal blood vessels grow beneath the retina. These blood vessels may leak fluid and blood, causing swelling and damage to the macula. Damage can be rapid and severe, unlike dry AMD. It is possible to have both types in the same eye.



There is no treatment for early AMD but a yearly, or more frequent, dilated eye exam is usually recommended by the eye doctor. For intermediate and late AMD research has shown that a combination of vitamin C & E, beta-carotene, zinc and copper can reduce the risk of late AMD by 25%. A study also found that replacing beta-carotene with a combination of lutein and zeaxanthin may help to further reduce the risk of late AMD. Beta-carotene has been linked to lung cancer in smokers and former smokers.

Slowing the progression of advanced wet AMD can be accomplished by injecting drugs directly into the eye. The drugs block the growth of new abnormal blood vessels. The eye is numbed and cleansed and repeated injections are likely needed. Laser therapy and laser surgery may also be utilized.

An Implantable Miniature Telescope may be an option to restore some lost sight. This requires an extensive vision rehabilitation program.



Low vision devices are available, such as magnifiers, large print reading materials, reading glasses with high-powered lenses, computer aids and e-readers that allow print to be enlarged.

It is very important to see your eye doctor regularly to assure early diagnosis of eye disease. Often our residents have their vision checked by their PCP and the eye itself is not examined.





NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD)

The liver is one of the largest organs in our body, weighing around 3 lbs and located in the abdomen. The liver has a role in more than 500 vital functions in our bodies. All blood leaving the stomach and intestines moves through our liver where it is processed and broken down. The liver also breaks down any harmful substances so that they can be excreted either through the intestines (in stool) or the kidneys (in urine).

Other well-known kidney functions include:

- ✓ Production of bile — helps carry away waste and break down fats in the small intestine during digestion
- ✓ Production of certain proteins for blood plasma
- ✓ Production of cholesterol and special proteins to help carry fats through the body
- ✓ Conversion of excess glucose into glycogen for storage and to balance and make glucose as needed
- ✓ Regulation of blood levels of amino acids, which form the building blocks of proteins
- ✓ Processing of hemoglobin for use of its iron content (the liver stores iron)
- ✓ Conversion of poisonous ammonia to urea (end product of protein metabolism, excreted in the urine)
- ✓ Clearing the blood of drugs and other poisonous substances
- ✓ Regulating blood clotting
- ✓ Resisting infections by making immune factors and removing bacteria from the bloodstream
- ✓ Clearance of bilirubin — If there is an accumulation of bilirubin, the skin and eyes turn yellow.

While it is normal for some fat to be present in the liver, having an excess accumulation can lead to many problems. **Non-alcoholic fatty liver disease (NAFLD)** develops when a larger than normal amount of fat (especially triglycerides) is in the liver. While some people will experience no problems with this extra fat, others will, and it is not yet known why only some people are affected. There has been a rise in the overall number of people who have developed a fatty liver.

According to Mayo Clinic, NAFLD is the most common form of chronic liver disease and may affect as many as 80-100 million people. This excess fat can cause inflammation of the liver and damage liver cells which is known as **nonalcoholic steatohepatitis (NASH)**. Over time NASH can become worse and may lead to scarring, cirrhosis, and liver failure. Excessive alcohol use is known to cause liver damage but in NAFLD/NASH, it is not a contributing factor. In the early stages, you may not experience any symptoms but as the disease progresses you may begin to feel tired, have some discomfort in the right upper abdominal area, or your doctor may feel an enlarged liver on exam. As the disease continues symptoms can include: abdominal swelling, jaundice, swelling of your blood vessels, confusion, slurred speech, liver cancer and liver failure.

While the cause is not completely understood, there are risk factors we should be aware of.

- ✓ High cholesterol (especially triglycerides)
- ✓ Insulin resistance
- ✓ High blood sugar
- ✓ Prediabetes

- ✓ Type 2 diabetes
- ✓ Obesity (especially around the abdomen)
- ✓ Metabolic syndrome — includes obesity, high cholesterol, high blood pressure, and high blood sugar

DIAGNOSIS

Doctors may use blood work, ultrasounds/imaging, or a liver biopsy to confirm the diagnosis.

TREATMENT OF NAFLD WITH LIFESTYLE CHANGES

- ✓ Maintaining a healthy weight or losing weight if you are obese
- ✓ Healthy diet
- ✓ Exercise
- ✓ Avoiding/Limiting alcohol and medications that are difficult on your liver
- ✓ Managing your medical issues such as, high blood pressure, diabetes, etc.

These are all ways to help reduce your risk or slow down the disease progression. Currently there are no medications proven to treat or reverse the damage in these diseases. In extreme cases of liver failure, a liver transplant may be considered.

Summer - ☀ - Safety

During the summer months it is important to keep these tips in mind:

- ✱ **STAY WELL HYDRATED.** Signs of dehydration include nausea, leg cramps, and lightheadedness, and it can lead to heat stroke. Be sure to take breaks and avoid prolonged exposure to the sun.
- ✱ **PRACTICE FOOD SAFETY.** Avoid consuming foods that have been out for long periods of time especially those with mayonnaise and make sure meats are cooked to their proper temperatures.
- ✱ **PRACTICE WATER SAFETY.** Always swim with a buddy; do not allow anyone to swim alone. Even if you do not plan on swimming, be cautious around natural bodies of water including ocean shoreline, rivers and lakes. Cold temperatures, currents and underwater hazards can make a fall into these bodies of water dangerous.
- ✱ **BEWARE OF INSECTS.** Some insect bites can cause life-threatening reactions such as difficulty breathing and/or swelling of the nose or throat. Carry an Epi-Pen if you or someone you are with has a known allergy.
- ✱ **PRACTICE SUN SAFETY.** Apply sunscreen regularly during exercise and water activities. Stay in the shade or take breaks to avoid heat exhaustion/heat stroke or sunburns.
- ✱ **WEAR LIGHT COLORED CLOTHING.** This can reflect the heat and make spotting insects, like ticks, much easier. Ticks can cause Lyme disease, and some signs and symptoms of this include a bull's eye rash, fever, and headache.

Summer is an exciting time of year and by taking some precautions we can keep ourselves safe!

References: <http://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/water-safety>; <https://www.webmd.com/women/features/surviving-summer>



GOOD ORAL HEALTH IS MORE THAN HAVING A NICE SMILE AND MINTY, FRESH BREATH.

The health of your mouth, including your gums, teeth, and tongue, actually plays a big role in the overall health of your body. When we don't take care of our mouth, we can experience health issues ranging from bad breath, discolored teeth, gingivitis, cavities, and periodontitis. Poor oral health can also have a negative effect on your relationships and your self-confidence.



GINGIVITIS OCCURS WHEN PLAQUE BUILDS UP AROUND THE GUM LINE.

This plaque causes the gums to become inflamed and you may notice bleeding when you are brushing your teeth. Cavities develop when the enamel, or hard coating, on your teeth begins to break down. Bacteria, like the kind found when carbohydrates break down, produce an acid that will eat away at the enamel. This breakdown can lead to a hole, or cavity, in your tooth. While good brushing and flossing can reverse gingivitis and cavities can be treated when caught early, continued poor oral hygiene practices can lead to periodontitis. When this happens the gums begin to pull away from the teeth. This can lead to the formation of pockets, which can become infected and, if not treated, can lead to more breakdown of the teeth, roots and even the bone. Tooth loss is very common and the infections may spread to your bloodstream. If that happens, the infection can have a damaging effect on organs like your heart and brain, and can even trigger pneumonia if it reaches your lungs.

INDIVIDUALS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES (I/DD) ARE MORE AT RISK FOR POOR ORAL HEALTH.

Factors that may increase a person's risk can include: anxiety and behavioral concerns which can limit their ability to participate in oral care/visits; difficulty controlling their body movements (making it difficult to complete dental care); difficulty swallowing or excessive drooling; habits such as grinding their teeth or pocketing food which can erode teeth; difficulty understanding why good oral hygiene is important, and following through with the proper care.

HOW CAN YOU HELP SOMEONE WITH I/DD MAINTAIN GOOD ORAL CARE?

Plan a trip to the dental office so the individual can experience the environment and meet the staff without the pressure of having any procedures done. Desensitization plan can prove extremely helpful for some individuals and may go a long way in supporting better compliance with oral health care.

- Schedule appointments at times that are more conducive to the individual's schedule. If they are not a "morning person", schedule appointment for the afternoon.
- Minimize noise and distractions for people who are sensitive to the environment. You can ask staff if there are any empty rooms that the individual can wait in, rather than a crowded waiting room.
- Use a tell-show-do approach to oral care. Tell them the steps, show them the tools to be used, then begin the process.
- Try to schedule appointment with the same staff who have done well with the individual in the past.
- Prepare the dental staff about techniques that have worked for this person in the past. Providing the staff with some basic information on how this person may react or how they best communicate can make an appointment less stressful for everyone.
- Be on-time for appointments. Running late can increase anxiety in both you and the individual and set a negative tone before the appointment even begins.

REMEMBER, GOOD ORAL HEALTH IS ABOUT MORE THAN JUST YOUR MOUTH! PROVIDING EDUCATION, REMINDERS, ADAPTIVE EQUIPMENT, AND POSITIVE SUPPORT TO THOSE YOU SERVE CAN MAKE ALL THE DIFFERENCE!

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the Advocacy Alliance



Ideas for Our Newsletter?

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