

FALL 2014

Veterans' Health

THE WELLNESS MAGAZINE
FOR OHIO VETERANS

How's your hearing?
Living well with diabetes
Learn how to manage pain

VA Healthcare
System of Ohio



To our readers

Autumn has arrived, bringing with it cooler temperatures, changing



leaves, the start of a new school year and perhaps time to take another look at your health. In this issue of *Veterans' Health*, you'll find important information that can help you and your family live a healthier lifestyle.

When was the last time you had your blood pressure checked? Do you understand what the numbers mean? If you need a refresher, read the article on page 3.

Stroke is a life-threatening condition. See page 4 to learn more about stroke and ways to prevent it.

Just as the fall signals a change in seasons, menopause signals a life change for many women. The article on page 5 explains menopause and offers women tips on how to cope with symptoms.

If background noise is making it difficult to hear a conversation, perhaps it's time to schedule a hearing test. Look inside for more

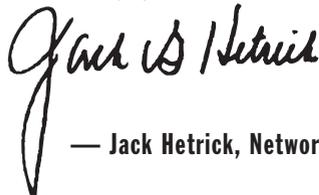
information about hearing loss and the services VISN 10 provides.

Taking care of your health when you have diabetes requires a lot of time and effort. If you or a loved one is having trouble coping with diabetes, read the article on pages 8 and 9.

Often, we can find solutions to life's problems by reaching out to other people. VA programs, such as Healthy U and MOVE!, encourage Veterans to come together and share their success stories. Maybe you will learn some new ways to overcome life's day-to-day challenges.

The health care providers at VISN 10 understand that pain can interfere with your ability to enjoy life. The article on page 11 describes different types of pain and how we can help you control pain so you get on with living the life you want.

Enjoy the fall!



— Jack Hetrick, Network Director

About our mailing list

We make every effort to ensure our mailing list is accurate. If you have questions or would like to be added to or deleted from the list, let us know. Please include your entire address. To make a change, you *must* mail the mailing panel to:

Veterans' Health
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Find out YOUR 'health age!'

Do you feel older than your age? Take My HealthVet's new online healthliving assessment (HLA). This interactive tool can help you better understand how you can lead a healthier life. This confidential risk assessment asks questions about your health history and lifestyle choices. A personalized report calculates your current health status and disease risks. Graphic charts show your "health age" and suggest behavior changes to improve your health. See the insert in this issue for more details. *Note: You need not be a Veteran to take the HLA.*

Veterans' Health is published quarterly as a patient education service by VA Healthcare System of Ohio, one of the 21 integrated networks of the Department of Veterans Affairs. The publication is intended to provide information to help you stay well, manage your health care and learn about the many health services available through VA. This publication is not intended as a substitute for professional medical advice, which should be obtained from your doctor. All articles may be reproduced for educational purposes.

The Mission of VA Healthcare System of Ohio is:

- To provide Veterans a continuum of care that is accessible, value-added and cost-effective, and of the highest quality, within an environment of outstanding education and research.
- To promote a culture that supports and develops a caring, compassionate, competent and quality-oriented workforce.

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What is hypertension?

Hypertension, or high blood pressure, is a risk factor for heart, kidney and brain conditions such as heart attack, kidney failure and stroke. However, many people do not even know they have elevated blood pressure because there are often no symptoms in the early stages. That's why it's called the "silent killer." It's very important to diagnose and treat high blood pressure before some of these complications occur or worsen.

How do I know if I have high blood pressure?

Blood pressure is measured by two numbers, the "top number," or systolic blood pressure, and the "bottom number," or diastolic blood pressure. An ideal systolic blood pressure is 120 or lower; an ideal diastolic blood pressure is 80 or lower. A systolic number that's consistently above 140 is considered high blood pressure. If the diastolic number is above 90, it is also considered high. The numbers in between are prehypertension, or borderline high blood pressure. Everyone should get his or her blood pressure checked at least once a year. If you have health issues, then you should get your pressure checked more often.

What are the primary risk factors?

- obesity
- stress or anxiety
- excessive alcohol intake (men under 65 no more than two drinks a day; one drink a day for all others)
- excessive salt intake
- family history of high blood pressure
- diabetes
- being African-American

Treatment plan

Your doctor may recommend making some lifestyle changes. (See *High blood pressure: 6 ways to lower your risk.*) If lifestyle changes don't work, he or she may recommend taking medication. Take your medication as directed and follow your doctor's instructions. Tell your provider if you



have any side effects; another medication may work better for you.

Take your blood pressure at home using a blood pressure monitor at least weekly, write down each reading and bring your list to every doctor visit. VA provides blood pressure cuffs and training for those who have high blood pressure.

Warning signs

You may experience chest pain, dizziness, headaches and ringing in the ears if blood pressure is uncontrolled. These symptoms are warning signs that your blood pressure could be dangerously high. If you follow your treatment plan, you will decrease your risk for complications. **VH**

High blood pressure: 6 ways to lower your risk

1. Eat a low-sodium (salt) diet (less than 1,500 mg per day) that includes plenty of fiber and water.
2. Aim for a healthy body weight. Consult with a dietitian or enroll in VA's MOVE! program.
3. Be active! Aim for at least 2½ hours of moderate activity a week. Every 10 minutes counts.
4. Quit smoking.
5. Limit your alcohol intake (men under 65 no more than two drinks a day; one drink a day for all others).
6. Reduce stress in your life as much as possible and consider relaxation techniques.

What is a stroke?

A stroke occurs when blood flow is interrupted to an area of the brain. There are two types of stroke: ischemic and hemorrhagic.

An ischemic stroke occurs when a blood clot in an artery in the brain blocks blood flow to a part of the brain. A hemorrhagic stroke occurs when a blood vessel leaks or ruptures and bleeds into the surrounding brain tissue. Once blood flow to the brain cells is interrupted, the brain cells die, causing brain damage. About 80 percent of strokes are ischemic. The remaining 20 percent are hemorrhagic strokes.

Strokes can affect a person's speech, memory or movement, based on the part of the brain affected and the amount of brain damage. For example, a person who has a minor stroke could have minor weakness in an arm or leg. But someone with a major stroke could be paralyzed on one side and lose the ability to speak. One-third of people who have strokes fully recover. The other two-thirds have some type of disability for the rest of their lives.

Risk factors

There are two types of risk factors for stroke, those you can control and those you cannot control.

Risk Factors You Cannot Control:

- ✓ Age (over the age of 55)
- ✓ Sex (men are at greater risk)
- ✓ Race (African-American, Hispanic)
- ✓ Previous stroke
- ✓ Diabetes
- ✓ Family history of stroke

Risk Factors You CAN Control:

- ✓ High Blood Pressure
- ✓ Smoking (doubles your risk)
- ✓ Alcohol (more than 1-2 drinks a day increase your risk by 3 times)
- ✓ Overweight
- ✓ High Cholesterol

If you have risk factors for stroke, talk to your health care team about things you can do to reduce your risk. **VH**



Check these signs for a stroke!

Face

Does the face look uneven?
Ask them to smile.



Arm

Does one arm drift down?
Ask them to raise both arms.



Speech

Does their speech sound strange? Ask them to repeat a phrase.



Time

Every second, brain cells die.
Call **911** at any sign of stroke.



➤ Call **911** at any sign of stroke.



We can help!

Your health care concerns and treatment should be followed by a trusted provider. Your local VA Women's Health program can provide you with more information.

Menopause

A brief overview

If you search for menopause on the Internet, you'll find a lot of information on the topic, but how do you separate fact from fiction? Read on to learn the basics about this important time of life.

What is menopause?

Menopause is defined as the stopping of menstrual periods for one year. Menopause happens because the ovaries stop making the female hormones estrogen and progesterone.

The average age of women who experience menopause is 51. It can occur in women in their 40s or as late as 60 years of age. Women can expect to live a third of their life after menopause. There are positive sides of this life-changing transition. For instance, there is no further need for birth control and no further menstrual periods.

This time of life is important for women to address their overall health, including:

- colon cancer screening with colonoscopy
- breast health with clinical exams and mammograms
- bone health with bone density scans
- pelvic exams and Pap tests
- calcium and vitamin D supplements to decrease osteoporosis risk
- regular visits with your primary care professional to discuss overall health and concerns

Menopause affects every woman differently. Women can go through a menopause transition for two to eight years before menstruation stops.

During this time, women have changes in their levels of estrogen and progesterone. These changing hormone levels produce different symptoms. Perhaps the two most common symptoms are hot flashes or flushes and vaginal dryness. Hot flashes occur in about 75–80 percent of women. Flashes produce a sudden feeling of heat. The face and neck may become red. Heavy sweating and cold shivering can follow.

Discuss your symptoms and treatment options with your health care provider. Treatment may include hormone therapy, prescription medicines, diet and lifestyle changes, and alternative treatments. Be cautious of alternative treatments that have not been shown to provide benefit. This includes bioidentical hormones. David Stockwell, M.D., Columbus VA, warns that many over-the-counter (OTC) products lack FDA oversight. Therefore, always discuss any OTC products you use with your health care provider. **VH**

Menopause: Information you can trust

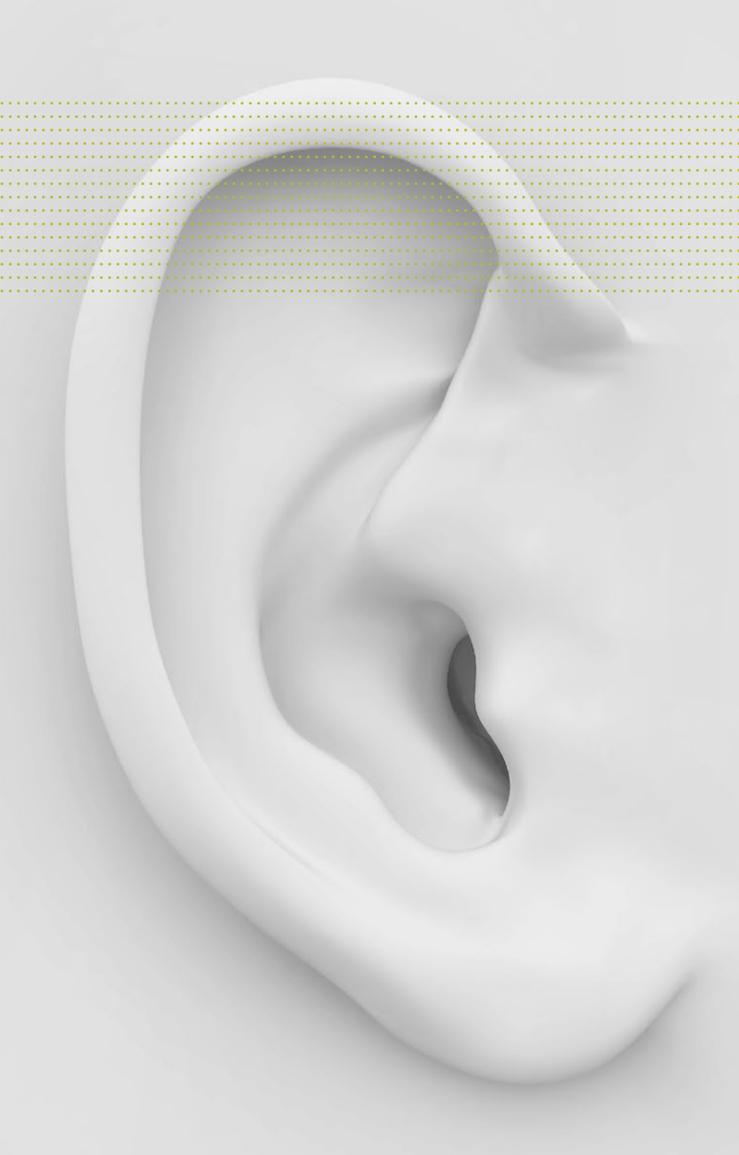
For trusted online information on this topic, visit the websites listed below:

<http://womenshealth.gov/menopause>

<http://www.nia.nih.gov/health/publication/menopause>

<http://www.menopause.org/for-women>

<http://www.veteranshealthlibrary.org>



Do you have hearing loss?

Hearing loss is a decrease in how well you can hear. Hearing loss is a partial loss in the ability to hear sounds. Deafness is a total loss in the ability to hear sounds. Hearing loss may be caused by noise exposure, earwax buildup, injury to the head or ear, ear infection, age, certain medical conditions and some medications. Hearing loss is most often gradual. You may have hearing loss in one or both ears. The type and degree of hearing loss can vary.

There are three types of hearing loss:

- 1. Conductive:** Sound is stopped or reduced as it enters the outer or middle ear.
- 2. Sensorineural:** Damage to the nerve endings in the inner ear causes hearing loss.
- 3. Mixed:** A combination of conductive and sensorineural hearing loss.

How do you know if you have hearing loss?

You may first notice that you are having difficulty understanding words or that you are unable to hear when there is background noise. Others may tell you that you have hearing loss before you even notice it. You may not realize what you are missing, if you are unaware of the hearing loss. If you have questions or you just want to be sure, having a hearing test by a certified audiologist is the best way to learn if you have a loss of hearing.

What to expect at your hearing test

Whether you have your hearing tested at the VA or at an outside provider, you should be prepared to answer some questions about your hearing:

- Do you have ringing or other sounds in your ears?
- Are you feeling dizzy?
- How is your general health?

The audiologist or referring physician will look in your ears. If you have earwax, it may need to be removed before the test.

You can expect to be in the testing room for up to one hour. Testing rooms are not very large and

Depending on the amount of hearing loss, your audiologist may recommend using communication strategies, hearing aids or assistive devices.

block any outside noise from interfering with your test. You will be asked to listen for tones, as well as speech.

The audiologist will give you directions from outside of the test room where they can monitor your responses. Each ear will be tested separately. Sometimes both ears may be evaluated at the same time. The different tests all work together and should match up. If there are major differences on portions of the test, you may be asked to return for a second test. After your hearing test, the audiologist will discuss your results and give recommendations.

Depending on the amount of hearing loss, your audiologist may recommend using communication strategies, hearing aids or assistive devices. Certain types of hearing loss may require a referral to an ear, nose and throat specialist for further evaluation.

Hearing aids

Hearing aids are an integral part of hearing loss treatment. Hearing aids take time and commitment to get used to and should be worn consistently for this purpose. When you receive your hearing aids, your provider will teach you how to use them, how to care for the hearing aids and what to expect. Hearing aids do not return your hearing to normal. They make sounds easier to hear and may have additional features to help you in certain situations.

Communication strategies

Even if you do not have hearing loss, try these communication strategies to help you better understand speech:

- look at the speaker
- reduce background noise (mute the TV, move to a quieter space)
- ask for the topic of conversation
- ask specific questions
- ask speakers to get your attention before speaking with you

- give frequent feedback

If you are talking to someone with hearing loss, follow these suggestions:

- get the listener's attention
- speak clearly at a moderate pace
- maintain eye contact
- use visual cues
- decrease distance
- reduce background noise

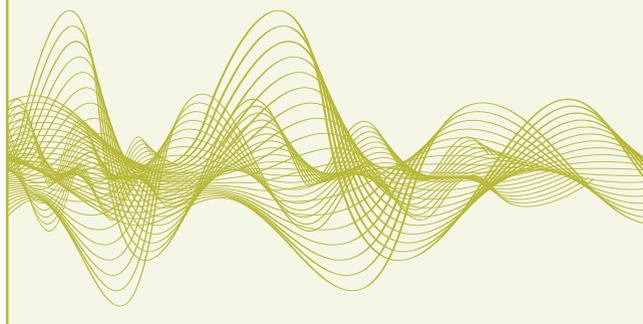
What to do if you suspect a buildup of earwax

- Don't use cotton tips or other objects to dig wax out of your ear.
- Use over-the-counter earwax softener drops and then clean your ear with a water wash.
- If you have had a hole in your ear drum (ruptured ear drum), don't use earwax softener drops.

If your ear hurts or if you have pus or blood coming from your ear, get medical attention. **VH**

Sudden hearing loss: What you should know

You may have hearing loss that is sudden. Sudden hearing loss is a cause for concern. It may be caused by a virus or other treatable cause. If you have sudden hearing loss—seek care immediately. If not treated, it may become permanent. Even if you already have hearing loss, you should have your hearing re-tested right away. Sudden hearing loss is often treated with steroids by your physician.



Diabetes and depression

Is there a connection?



Depression is often not recognized or treated in almost two-thirds of the people who have diabetes. Did you know that if you have diabetes, your risk for depression doubles? And, if you have depression, you are at greater risk for type 2 diabetes. Women with diabetes are more prone to depression than men.

There are reasons why these two health problems are often linked. Managing diabetes can be a challenge; it can be stressful and lead to depression symptoms. Poorly controlled diabetes can lead to long-term complications, which can cause or worsen symptoms of depression. Making poor lifestyle choices can happen in people who have depression that isn't treated. Smoking and eating an unhealthy diet and/or lack of exercise leading to weight gain are risk factors for diabetes.

Understanding depression

If you have been feeling very sad, blue or down in the dumps, check for these symptoms:

1. Loss of pleasure or interest in doing things you once enjoyed.
2. Persistent sadness, feeling down or hopeless.
3. Problems falling asleep or staying asleep, or sleeping all the time.
4. Changes in appetite; either overeating or loss of appetite.
5. Trouble concentrating, remembering details or making decisions.
6. Feeling tired all the time or not having any energy.
7. Feeling nervous, irritable or restless.
8. Feeling bad about yourself—you are a failure or have let yourself or your family down.
9. Morning sadness—feeling worse in the mornings than you do the rest of the day.
10. Suicidal thoughts or attempts.

Asking for help

It's time to ask for help if you have two or more of these symptoms, or just one or two symptoms for two weeks or more. If you have diabetes, depression will make it harder for you to manage your care and treatment. Depression can affect how well or often you check your blood sugar, take your medicine, follow your diet or see your doctor.

If you have symptoms of depression, talk to your doctor to rule out a physical cause for your symptoms. Poor diabetes control can have symptoms that look like depression. High or low blood sugar levels may make you feel tired or anxious. Low blood sugar levels at night can interfere with your sleep.

Other physical causes of depression can include:

- alcohol or drug use
- thyroid problems
- side effects from some medications (don't stop taking prescribed medications without first talking to your doctor)

If you have depression, your primary care doctor may refer you to see a provider who specializes in mental health. Treatment will likely include both psychotherapy (counseling) and medication.

A therapist can help you look at the issues that may be causing your depression. And, he or she can offer ideas to achieve symptom relief. Based on your needs, therapy can be either short-term or long-term.

Your provider may prescribe antidepressant medications. Make sure you understand any side effects, so you know what to report. Ask questions about how these drugs might affect your blood sugar levels.

If you have depression, be a partner in your care by:

- taking medications as prescribed
- keeping all your scheduled appointments
- eating a healthy diet
- getting enough sleep
- staying active
- spending time with family and friends
- setting realistic goals for yourself
- avoiding or limiting alcohol
- breaking large tasks into smaller steps that you can handle
- managing other illnesses, such as diabetes or heart disease

Helping a friend or loved one who has depression

The most important thing you can do is to encourage the person with depression to get treatment. Never ignore comments about suicide. Other things you can do to help include:

- being understanding and patient
- listening to the person talk about his/her feelings (not discounting feelings)
- going with them on walks, to the movies, etc.
- encouraging treatment and follow-through on treatment plans **VH**

A Veteran's story

Small changes equal big results

I want to change a lot of things in my life—like getting more exercise and fresh air, less junk food and TV. But it's almost as if my motives and my habits live in different worlds. Wanting to change isn't enough—change has to be possible in the life I'm living.

Here's what worked for me:

First, I stated what I want. I want to get off the couch and start moving. I know I'll feel better, my heart will love me and my blood sugar will be better, too.

Next, I made a realistic plan with specific goals:

- What will I do differently? I will walk.
- When will I do it? Every evening after work.
- Where will I do it? In my neighborhood, at the mall or in a big box store.
- How much of it will I do? I will walk for at least 20 minutes.
- How often? Three days a week. I can't do it every day.
- How long will I do this? I promise to do this for two weeks. If it works for me, I will keep doing it for another two weeks.

Commit to change

Some people keep promises to themselves from the start. But I needed some outside help. So I told a few people—and my PACT at the VA—to be more accountable. I wrote my plan on a piece of paper and put it on the refrigerator, so I could see it every day. That was my plan. I hope it helps you get started.

My friend also told me about Healthy U. There's a group at every VA, where Veterans meet to help each other set goals. Groups meet for two and a half hours every week for six weeks.

My friend said he learned some simple tools for managing his health and life. He said it was helpful to get the peer support for reaching simple, weekly goals.

Week by week, he achieved one small goal after another. He wanted to be able to report to his buddies each week that he had met his goal. Friends from the group would stop him in the hall at the VA to ask how he was doing. He lost



20 pounds! He said that others in the group set goals for cleaning closets, weeding gardens, walking at the mall and cutting back on smoking. Everyone in the group agreed that they felt much better at the end of the six weeks. I plan on joining Healthy U, too. **VH**

Personalized Health Plan

This year, your VA health care team is going to ask you about what is important in your life. They'll want to know if you want to set a goal for change. It's easy! Just three steps:

1. Decide what you want.
2. Figure out what you will do.
3. Commit to trying it for a period of time

When you're successful at that small goal, you can make another plan. Little by little, you will build the life you want. And you'll be smiling. Success is infectious.

Talk to your primary care PACT staff if you need information about what small changes you could make that might make big differences in your health and life. Ask about Healthy U at your VA.

Acute pain versus chronic pain

Many people confuse acute pain and chronic pain. They are different, and require different types of treatment.

Acute pain

Acute pain is time-limited; the pain doesn't last longer than three months. The pain goes away once the body has healed. The cause of acute pain is often known and can be treated.

Acute pain has "survival value." The pain warns us that we are in danger of harm (hurt = harm). Anxiety and fear are common with acute pain. Once the pain is treated, the anxiety goes away.

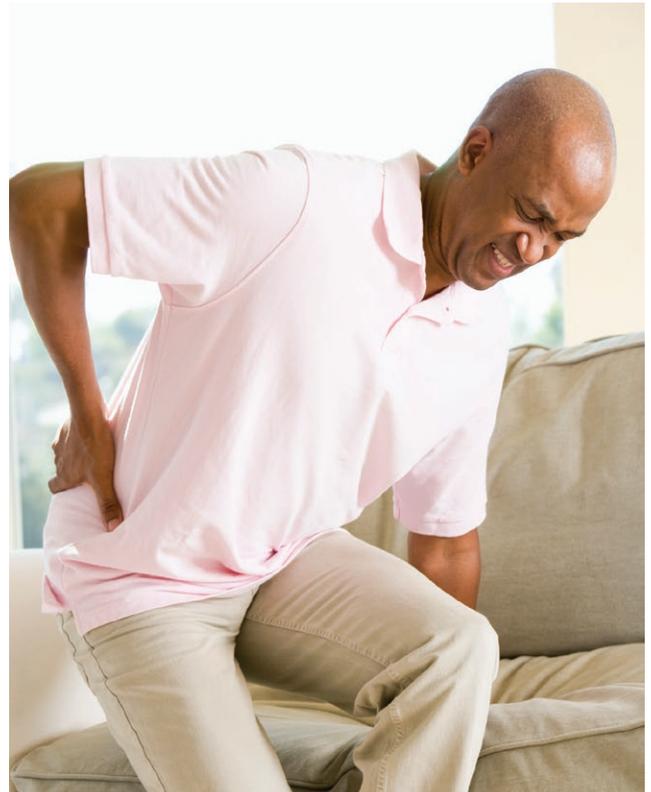
With acute pain, we often need to rest and limit activity, so the body can heal. A medical approach to treat the cause of the pain, along with rest, will work.

Chronic pain

Chronic pain does not go away and lasts longer than three to six months, and the cause may not be well understood. There may not be a "cure" or "fix" for this type of pain. Chronic pain disrupts home life, social life and work. It is different for each person.

There is limited "survival value" with chronic pain. It does not protect or warn us of harm. Even after the initial damage is resolved, nerves continue sending pain signals. Chronic pain goes hand-in-hand with stress, fatigue, anxiety, depression, anger, irritability and a sense of hopelessness.

If you have chronic pain, it is important to stay active even though it hurts (hurt does NOT equal harm). With chronic pain, medical treatment alone will not resolve the pain. A biopsychosocial (bio-psycho-social) approach is most effective. Since chronic pain is different for each person, no one treatment is right for everyone.



Since chronic pain is different for each person, no one treatment is right for everyone.

Chronic pain may include back or neck pain, joint pain, tension or migraine headache or painful nerve damage. In many cases, chronic pain is the result of muscles that are weakened by illness, injury or misuse. It can also be caused by a chronic disease, such as arthritis, gout or diabetic nerve damage.

Try these tips to help you feel better and be more active if you have chronic pain:

- Take day-to-day responsibility for your chronic pain.
- Be an active partner in your care.
- Keep physically fit. This will help you better tolerate the pain.
- Use helping aids that can make daily activities easier.
- Take all medicines as prescribed by your doctor.
- Try massage, acupuncture, nerve blocks or electrical nerve stimulation.
- Ask your provider about counseling. **VH**

Manage your weight with MOVE!



All VISN 10 sites provide MOVE! programs in a variety of formats: group classes, in-person and via Tele-health or one-on-one time with a dietitian. The choice is yours, and you can choose what will work best for you.

Melvin Shirk got a wake-up call when he saw his cardiologist in January. What prompted the visit was that he needed to take his first nitroglycerin tablet for chest pain. Even though he had heart bypass surgery five years earlier, he had not needed to take nitroglycerin before. The cardiologist suggested more stents, but Melvin already had three stents placed before his heart surgery. He did not want to go that route. His doctor also suggested that Melvin try a plant-based diet, which has shown to reverse the process of plaque buildup in the arteries, as well as a way to lose weight. Melvin knew he needed to lose weight and wanted to do something about it. “I just weighed too much,” he said.

Making a change

Melvin joined MOVE! at the Dayton VA Medical Center and started to eat more plant-based foods. He weighed about 285 pounds

when he started the program. His current weight is about 235 pounds, equaling a 50-pound weight loss so far! “I can tie my shoes easily and go up and down stairs without panting,” says Melvin.

Melvin plans to lose another 40 to 50 pounds. And, because of his success so far, Melvin has been able to start on another important personal goal. He is building a retirement home in Maine for himself and his wife, Mary.

Melvin says that having Mary come with him to every MOVE! class helped him reach his weight-loss goal. Mary also lost about 40 pounds in the program. Melvin says having a partner is the best way to do it. “You really need someone who can help you along, whether it is your spouse, a friend, your kids or even a call buddy.” Melvin encourages all Veterans who need to lose weight to sign up for MOVE! at your VA or CBOC. **VH**

Make your plan!

If you'd like to use MOVE! to start losing weight, ask your health care team for advice on what will work best for you.