

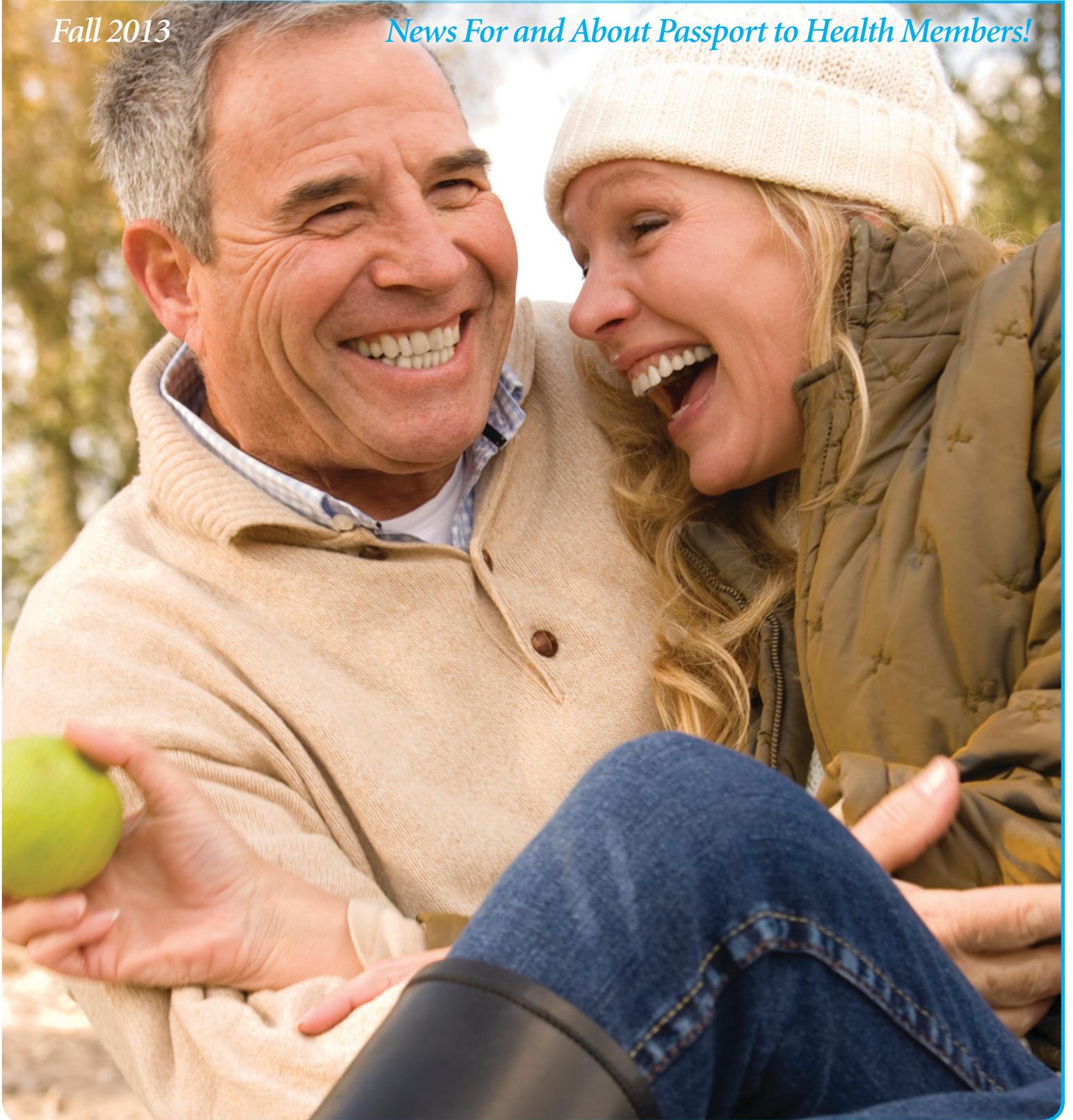


CAPE FEAR VALLEY
PASSPORT TO HEALTH

PASSPORT *to* HEALTH

Fall 2013

News For and About Passport to Health Members!





CAPE FEAR VALLEY PASSPORT TO HEALTH

Passport To Health is a program for members ages 50 and better.

OFFICE

Passport To Health
3522 Village Drive
Phone: (910) 615-4600
Fax: (910) 615-5385

Office hours vary.
Please call before stopping by.

MAILING ADDRESS

Cape Fear Valley Health
Attn: Passport To Health
P.O. Box 2000
Fayetteville, NC 28302-2000

EDUCATIONAL TOPIC LINE

For the topic of the month to be presented at Passport To Health's monthly educational meeting and other upcoming events, please call (910) 615-4468.

This newsletter is published by the Marketing and Outreach Department of Cape Fear Valley Health System for Passport To Health members, physicians, senior centers and community agencies.

Editor: Anna Ackerman
Passport To Health Manager
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This educational information is provided to supplement the care provided by your physician. It is not intended to be substituted for professional medical advice. Always consult your physician with any questions you may have regarding a medical condition.



Flu vaccine

Cost: \$30 • No prescription needed

We bill Medicare & Blue Cross/Blue Shield

Pneumonia vaccine

Must have a prescription

We will contact your doctor for your prescription

We bill Medicare



U.S. 401 & Johnson Mill Road
Health Pavilion Hoke • 1st Floor Lobby
910-904-8700



101 Robeson Street
Medical Arts Center • 1st Floor Lobby
910-615-1800

HOURS:

MONDAY - FRIDAY, 9AM - 6PM • SATURDAY, 9AM - 1PM • CLOSED SUNDAY



Dear Friends:

The first 2013 Passport To Health members will be renewing their memberships soon, as the first memberships will expire in December.

I hope you have enjoyed being a Passport To Health member and will renew your membership in 2014. I have enjoyed seeing old friends and making new ones this past year at the monthly luncheons and dinners, Members On The Move programs, workshops, and at Senior Day at the Cumberland County Fair.

Most Passport To Health benefits will remain unchanged in 2014; however, one popular benefit will change. The benefit of free parking at Cape Fear Valley's Pavilion Parking Deck will change to a 50 percent parking discount. This change is expected to occur sometime in the first quarter of 2014.

Parking is always free in the Pavilion Parking Deck for the first hour. Charges are \$1 for the second hour and 25 cents for each 15 minutes thereafter, with a maximum charge of \$5 per day. Passport To Health members will receive a 50 percent discount, making the maximum charge \$2.50.

This change is the direct result of a loss of \$22 million due to Medicare and Medicaid cuts from the federal and state governments. These cuts have already resulted in a 20 percent reduction in paid time off for employees and a loss of 118 positions. While 99 of the positions were vacant, 19 people lost their jobs.

Due to the reductions in reimbursements, the health system can no longer afford to fully subsidize Passport To Health members' parking. We hope you understand that the circumstances leading to this change are outside our control.

Annual memberships will continue to be \$10 per member, \$15 for married couples. You will receive a letter in the mail with a membership renewal application prior to the expiration of your current membership.

I understand that many of you have become accustomed to receiving free parking at Cape Fear Valley Medical Center, and this will be unwelcome news. I am grateful that Cape Fear Valley Health continues to offer the Passport To Health program at a time when most other hospitals have discontinued their senior membership programs. I enjoy every day of working with the Passport To Health program because I have the privilege of serving you.

A handwritten signature in black ink that reads "Anna Ackerman". The signature is fluid and cursive.

ANNA ACKERMAN, PASSPORT TO HEALTH MANAGER



AGING *in* PLACE = *Independence*

Harold and Sarah have lived in the same house for 39 years and are close friends with their neighbors who moved in on the same day in 1974. Like the oak trees in the park across from their homes, they are aging in place.

Aging in place means independence – not having to spend your final years in a nursing home or living with an adult child or other relative. And it is also the least costly option for you and for the healthcare system.

An AARP survey in 2010, indicated that about 90 percent of Americans age 65 and over want to stay in the home in which they're living as long as possible, and 80 percent of them expect to do so.

As they move through their 70s, Harold and Sarah know that the choice may not be theirs. The previous owners sold the house, at about their age, because they had heart conditions and arthritis that made it difficult for them to maneuver stairs on a daily basis.

Aging with Memories

The family home typically holds many memories – mostly happy. Harold and Sarah's children celebrated numerous birthdays and at least one wedding in their home. Their children return with their families for holidays, building even more memories. A house that is bigger than Harold and Sarah need for most of the year becomes hopelessly cramped when the extended family returns for the holidays.

Similar memories are built into neighborhoods and communities – the well-worn path through the park to the post office, the short trip down the street to the Dairy Queen, the duck pond where they walked their dog.

Cities and neighborhoods change, however. And so do seniors as they develop chronic medical conditions and disabilities of advanced age. These require some changes in thinking and perhaps some re-modeling and re-structuring of the home.

Some seniors, particularly those in wheelchairs, benefit from living in one-story homes with at least one entrance without steps. Don't give up too soon on your multi-story home, however. Some persons with heart issues – or even arthritis – may actually benefit from the built-in physical activity.

For an older adult, falls are a major risk to independent living, and aggressive efforts should be made to fall-proof the home. This means getting rid of loose throw rugs and obstructed pathways, adding sturdy railings on both sides of stairways plus grab bars in the bathroom. Lighting must be adequate, particularly in hallways and stairways.

Easy maintenance and cleaning should be a priority when making changes to the kitchen and bathroom. In the bathroom, a higher toilet seat (or an adjustable one) and a no threshold shower entrance might be preferable. The option of sitting for some activities at the lavatory and in the shower should be considered. The National Association of Home Builders website (NAHB.com) has an "Aging in Place Checklist" and a directory of home modification specialists.

Making your home SAFE

Here are some tips for making your home safe for present and future needs. Try to have:

At least one entry to the house without steps and with a canopy or awning for protection against ice and rain

Non-slip flooring in foyer

Increased lighting in hallways and stairs

Sturdy rails on both sides of stairways

Contrast strips on top and bottom steps

Grab bars around tub, shower and toilet

Fold-down seat in shower

Slip-resistant flooring in bathroom and shower

Toilet 2.5 inches higher than standard and/or adjustable height

Hand-held flexible shower head



Cape Fear Valley Physical Therapists gave a workshop on preventing falls. They also performed falls risk assessments on the attendees.





Passport to Health MEMBERS on the *move*





Get in on the action!

You can join Members On The Move at any time. The next session is:

Friday, January 17, 2014

9:30 – 10:30 a.m.

Medical Arts Center, Room 102

101 Robeson Street

Register!

Register by calling 615-4600.

New Members On The Move participants will receive a free T-shirt or hat and Chair Aerobics video.



The following participants completed their exercise logs:

Lora Carter

Pauline Crayton

Richard Howell

Gail Terwilliger

Luke Walters



UPCOMING *events*

Monthly Luncheon & Dinner Programs

All luncheon and dinner programs are held in the Cape Fear Valley Rehabilitation Center Auditorium, located behind Cape Fear Valley Medical Center. Free parking is available in the Employee Parking Lot, located at the corner of Melrose and Walter Reed roads, with shuttle service provided to the door.

To allow our catering staff to get ready, doors will open at 11 a.m. for the luncheons and 5 p.m. for the dinners. We regret we cannot allow early entry.

Mail your registration form and payment to Passport To Health, Cape Fear Valley Health System, P.O. Box 2000, Fayetteville, NC 28302-2000. To receive a refund, cancellations must be made by the reservation dates listed below.

December

Monday, Dec. 9 • 11:30 a.m.
Registration deadline is Dec. 2.

Monday, Dec. 16 • 5:30 p.m.
Registration deadline is Dec. 9.

Holiday Entertainment

Luncheon: Holiday Entertainment

Dinner: Holiday Entertainment

DECEMBER EDUCATIONAL PROGRAM REGISTRATION FORM

Member's Name: _____

Spouse's Name: _____

Phone #: _____

Cost: \$7.25 per person

___ **Luncheon Session: Dec. 9**
Registration Deadline is Dec. 2, 2013

___ **Dinner Session: Dec. 16**
Registration Deadline is Dec. 9, 2013.



NOTICE: The Passport To Health office will close daily for lunch from 12:30 to 1:30 p.m.

Order Your 2014 Luncheon & Dinner Registration Booklet Today!

Please include your Registration Form with your check every month when registering for the Luncheon or Dinner programs. Starting in 2014, you may register for more than one Luncheon or Dinner program at a time.

2014 LUNCHEON & DINNER REGISTRATION BOOKLET ORDER FORM

Member's Name: _____ Membership # _____

Spouse's Name _____ Phone # _____

Address: _____ City/Zip _____

Mail this completed form to:

Passport To Health, Cape Fear Valley Health System, P.O. Box 2000, Fayetteville, NC 28302-2000.

Seminars & Workshops

AARP 55 Alive Driver Safety Class

Thursday, Dec. 12 • 8:30 a.m. – 12:30 p.m.

Medical Arts Center, Room 102, 101 Robeson Street

AARP Members \$12, Non-Members \$14

This four-hour classroom course provides a driving refresher for mature drivers age 55 and older. Cape Fear Valley will provide a free continental breakfast.

Please make checks payable to AARP. Include your AARP number on the memo line of the check if you are a member. Mail checks to:

Passport To Health, Cape Fear Valley Health System, P.O. Box 2000, Fayetteville, NC 28302-2000.

Healthy Recipe Demonstration

Wednesday, Nov. 20 • Noon

HealthPlex, Classroom C

1930 Skibo Road, located behind Casual Jack's, turn at Pep Boys

Carla Caccia, RD, LDN, Cape Fear Valley HealthPlex Dietitian, will show you how to make maple roasted sweet potatoes and a cinnamon apple crisp to make your holiday menu a little healthier!

FREE! To register, please call 615-4600.



Hand Arthritis: Getting A Grip

Julie has unsightly knobs at the outer knuckles of each finger that cause her a great deal of embarrassment. She also lacks the dexterity to handle most household chores and sometimes has trouble flipping a light switch.

Claudia has fingers that look like swollen sausages and feels excruciating pain when she twists the key to start a car or tries to turn a doorknob.



These women have two typical, slightly different, forms of hand arthritis. Because we use our hands for almost every routine task, all forms of hand arthritis can cause significant disability.

Arthritis means, literally, inflammation of a joint, and most Americans know that it generally causes stiffness, pain and sometimes swelling of any joint in the body – most commonly the knees, hips and hands.

While arthritis of the weight-bearing joints may be more visible because of its effect on gait and mobility, arthritis of the hands and fingers may be even more disabling because of its effect on fine motor tasks.

The knobs on Julie's fingers are a result of osteoarthritis, a degenerative disease that involves destruction of the cartilage cushioning a joint. Osteoarthritis is the most common kind, affecting about 20 million Americans, and it's the type of arthritis most associated with age.

What Causes Degeneration?

Usually after age 50, this degeneration can develop slowly – or, in some cases, fairly rapidly – often to a joint that has been exposed to traumatic injury or chronic overuse. It's understandable that a baseball catcher or a carpenter who has used a hammer all his life would eventually develop arthritis of the hand. In Julie's case, there was no apparent reason except wear and tear and probably genetic vulnerability.

The knobby, boney deformity at the end joints of her fingers are bone spurs known as Heberden's nodes. Knobby middle joints are referred to as Bouchard's nodes. The names derive from famous doctors who studied and treated arthritis.

These nodes are often an early sign of arthritis and may develop, as in Julie's case, with little or no pain.

The swelling in Claudia's fingers are a clear sign of inflammation, which is also responsible for the pain, warmth and redness that are usually present. Sausage fingers are a frequent sign of psoriatic arthritis, an autoimmune disease that has been linked to various genetic and environmental factors.

Rheumatoid arthritis, another very common type, is also likely to affect small joints in the hands and wrists. The body's immune system mistakenly attacks the synovial cells that line and lubricate joints. When these cells become inflamed and swollen, damage occurs to the ligaments and tendons of the hand, affecting the stability and structure of the affected joints.

Again, the joints become swollen, red, warm and painful, and over time the fingers may become angulated and deformed. The patient may find it difficult or impossible to straighten or bend one or more fingers. With rheumatoid arthritis, the effect is usually symmetrical, affecting both hands in a similar pattern.

One joint that is commonly affected in any type of arthritis is the one at the base of the thumb. A knob may form, and the joint becomes swollen and tender. The thumb may appear to be out of joint.

The result is pain and/or weakness when performing any activity that requires gripping or pinching. Julie can't even snap her fingers.

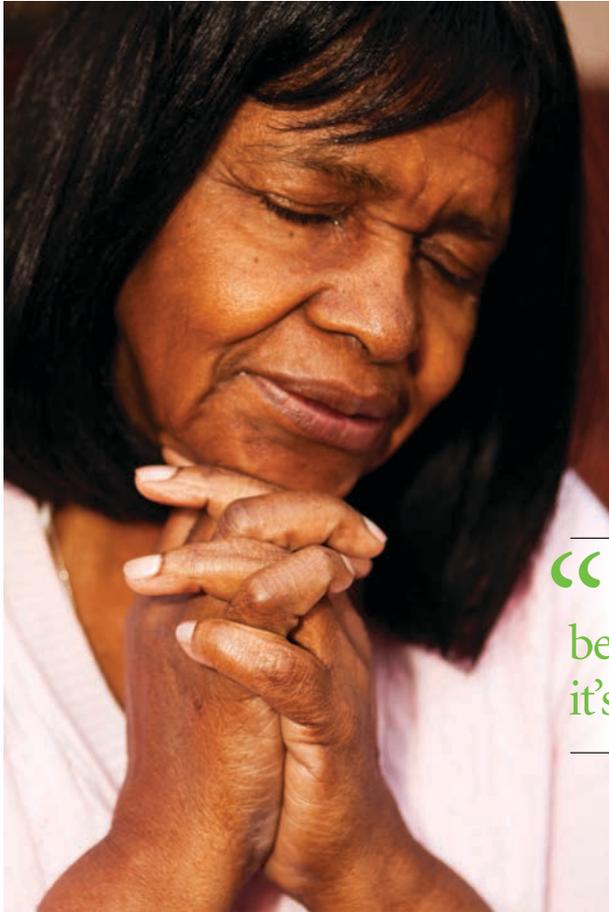
If any joint in your body is stiff and painful, the natural tendency is not to move that part of your body. To some extent, that instinct is positive because it protects the inflamed joint from further damage. Over the long term, however, inactivity leads to further stiffness and pain.

Studies show that exercise is the best thing you can do for arthritis, even arthritis of the hand. It is important to protect inflamed or damaged joints, however. According to one study of 5,715 older adults with arthritis, those who were the most physically active were the least likely to become disabled.

During the early stages of osteoarthritis, whenever the hand is pain free, it's important to work on maintaining and improving range of motion. Close your fist and then gradually open it, extending each finger and then slowly bending it until you have a fist again.

Make circle motions with your extended thumb. Stretch it as far you can get it away from your palm, then bring it back to touch each fingertip.

continued next page



Perform these exercises several times each day, but stop if you feel pain and cut back on the number of exercises if you develop pain soon after you finish. It may feel more comfortable if you do these exercises under warm water.

If your arthritis is more advanced, you may need the supervision of a hand therapist. And if you have an inflammatory arthritis such as rheumatoid or psoriatic, you should talk to your doctor first.

Icing the affected joints several times a day may help. Persons with osteoarthritis may also benefit from wearing compression gloves or some kind of splint to provide support and prevent wear and tear during normal daily activities.

“ If the joints in your hands and fingers are beginning to show some early signs of arthritis it’s important to seek help right away ”

Oral pain relievers, such as ibuprofen and acetaminophen, and topical pain-relieving creams, such as Arthricare, Aspercreme, and Bengay, can bring relief. Topical pain relievers may be a safer choice for many individuals since they don’t have any negative gastrointestinal side effects.

Some doctors recommend that patients try the supplements glucosamine and chondroitin. Each has been demonstrated to relieve the pain and stiffness of some patients, though not all. Claims that these substances are capable of re-building cartilage have not been proven in human studies.

For severe cases, several types of surgery, including joint replacement, are available. Joint fusion can stabilize and straighten the joint, eliminating pain. The result, however, will be a joint that is relatively immobile and unable to perform all of its original functions.

Joint reconstruction has been used effectively for the base of the thumb. One of the arthritic bones is removed and replaced with a piece of rolled up tendon from the forearm. This usually relieves pain and restores motion.

If the joints in your hands and fingers are beginning to show some early signs of arthritis, with or without pain, it’s important to seek help right away. Your hands are a major tool for interacting with your everyday world.

30TH ANNUAL

Light of Life

TREE LIGHTING CELEBRATION

to benefit Cape Fear Valley Health Foundation

Sunday, December 1, 2013



On Sunday, Dec. 1, Cape Fear Valley Health Foundation will present the 30th annual Light of Life Tree Lighting Celebration at Cape Fear Valley Medical Center.

You can honor or memorialize a friend, family member or favorite caregiver at Cape Fear Valley Health by sponsoring a light on the tree for one season for \$25 or for a lifetime for \$250.

The donor and a guest will be invited to the tree lighting ceremony and reception. Additional guest tickets for the reception may be purchased for \$5 each.

The reception and treelighting will be held on Sunday, Dec. 1, from 5 to 6 p.m., in the Cancer Center lobby.

Your contribution to the Light of Life program will benefit Cape Fear Valley Health Foundation.

Donations may be made by mail, in person at the Foundation office, or online at www.cfvfoundation.org. The Foundation is located in the Medical Arts Center at 101 Robeson Street in downtown Fayetteville.

To be acknowledged in the program, contributions must be received by Nov. 20. For more information, contact Cape Fear Valley Health Foundation at (910) 615-1285.

30TH ANNUAL *Light of Life* TREE LIGHTING CELEBRATION

I wish to purchase a light for: One season for \$25 Lifetime for \$250

In Honor of (name and department, if CFV caregiver) _____

In Memory of _____ Your Phone # _____

Your Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Name as you would like it listed for donor recognition _____

Name of person to receive acknowledgment of your gift _____

Address _____ City _____ State _____ Zip _____

Additional guest tickets _____ @ \$5 each = _____ Total amount enclosed \$ _____

Credit Card: Visa MasterCard American Express Discover

Cardholder Name: _____

Card Number: _____ Expiration Date: _____ Sec. Code: _____



MACULAR DEGENERATION

Could Jeopardize Your Sight

Widowed in her mid-70s, Marlene was living independently and running her own used clothing store when macular degeneration started to threaten her vision. As the dark blur in the center of her vision continued to get larger, she became unable to read labels or even to recognize the faces of old customers.

Realizing that she would soon be unable to operate her shop, Marlene's mood changed, and her physical health began to deteriorate. A visit to an ophthalmologist was crucial, at this point, because doctors now have treatments that offer hope of stabilizing her vision and perhaps restoring what she has lost.

Age-related macular degeneration (AMD) affects about 10 million older Americans and is a leading cause of blindness in adults age 60 and older. When it reaches an advanced state, as in Marlene's case, macular degeneration can develop quite rapidly into a nearly complete loss of central vision – the kind of vision that's critical for reading, sewing, doing fine work, driving a car or even seeing a person's face.

Actually without knowing it, Marlene had been living with a less severe common form of macular degeneration for several years. About 85 percent of AMD patients have this less severe form.

The macula is the central part of the retina, the image-producing lining inside the eye. The early form of the disease, known as dry macular degeneration, involves the formation of deposits of debris, known as drusen, under the retina. During

a dilated eye examination, these can be seen as small, yellow spots. They are quite common in persons age 50 and over but usually pose no risk to vision.

In this early stage, drusen tend to be small and hard, remaining relatively stable. In some persons, however, these deposits begin to grow in number and size and cause damage to surrounding tissue.

Your optometrist or ophthalmologist may notice drusen and tell you about them. When the condition affects retinal cells over a large area, it is known as geographic atrophy, the advanced stage of dry AMD and a potential cause of vision loss.

There is no treatment for early stage dry AMD, but the the National Eye Institute found that patients taking high doses of antioxidants and zinc could reduce their risk of developing

advanced AMD and experiencing severe vision loss. The findings were based on a 10-year clinical trial called the Age-Related Eye Disease Study (AREDS).

The specific daily amounts of antioxidants and zinc tested in the AREDS clinical trial included:

- 500 milligrams of vitamin C
- 400 International Units (IU) of vitamin E
- 15 milligrams of beta-carotene (often labeled as the equivalent of 25,000 IU of Vitamin A)
- 80 milligrams of zinc oxide
- 2 milligrams of copper as cupric oxide

The study showed that the AREDS formulation was most beneficial for people who had intermediate AMD in both eyes and advanced AMD (dry or wet) in one eye, but not the other eye. It found no benefit for healthy eyes or those with early-stage macular degeneration. An eye doctor can tell you if you need supplements to protect your vision in one or both eyes.

Wet or neovascular macular degeneration is a much more serious form of the disease. It involves the growth of new, abnormal blood vessels that can leak fluid and blood under the retina and lead to the formation of scar tissue. As scar tissue replaces light-sensitive cells, central vision becomes a dark blur. There is no such thing as mild neovascular AMD and damage occurs rapidly – over weeks and months rather than years, as in dry AMD.

Fortunately, this neovascular form of AMD occurs in only 10 to 15 percent of patients; however, it accounts for more than 80 percent of cases of severe vision loss.

Although wet AMD may occur in one eye only, once this happens there is a 50 percent chance that the other eye will become affected, usually within five years.

One sign of wet AMD occurs when lines or shapes that should be straight appear distorted with bending, waviness or collapsing of lines. Your eye doctor may give you what is known as an Amsler grid. When the lines appear crooked rather than straight, it's important to seek help immediately.

At this stage, there is still no cure, and, until recently, there was little that doctors could do to stop the progressive loss of vision. Photocoagulation and photodynamic therapy were used to slow progression of the disease, but these treatments could not halt further loss of visual acuity.

Over the past few years, medications have become available that greatly improve the prognosis. These drugs block the action of a protein known as vascular endothelial growth factor (VEGF) that promotes the growth of new blood vessels.

The first anti-VEGF drugs to be approved were Macugen and Lucentis. By blocking the action of VEGF, they inhibit the growth of new blood vessels.

In a two-year study, 95 percent of patients taking Lucentis had no further loss of vision, while 30 to 40 percent experienced significant improvements in vision – equivalent to at least three lines on the vision chart.

Avastin, a similar drug made by the same manufacturer, has not yet been approved for this use but was found in one study to be comparable in effectiveness. A fourth VEGF inhibitor, Eylea, has recently been approved. All of these medications are delivered through injections into the eye.

The exact cause of AMD is not known, but there are a number of risk factors that may play a role. Some you can help control, some you can't.

The same things that put you at risk for heart disease and stroke also put you at risk for AMD. These include:

- High blood pressure
- High cholesterol
- Obesity
- Smoking

Low levels of nutrients and vitamins, such as A, C, and E may also increase the risk of AMD.

There are also some risks you can't control. They are:

- Age – People age 60 and older have a higher risk.
- Family history – If AMD runs in your family, or genes, you may have a higher risk.
- Gender – Women are more likely to get AMD than men.
- Race – AMD is more common in white people.

Regular comprehensive eye exams can detect macular degeneration before the disease causes vision loss. For more information, visit the National Eye Institute's website at www.nei.nih.gov.



CAPE FEAR VALLEY
HEALTH SYSTEMSM

P.O. Box 2000
Fayetteville, NC 28302-2000

Non-Profit Org.
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Permit No. 253

HEALTHY EATING

Tomato, Basil & Bean Pasta Salad

INGREDIENTS

- 1 pound whole grain ziti, bow tie, or other small fun-shaped pasta
- 2 Tbsp. extra virgin olive oil
- 1/4 cup vinegar
- 2 tsp. Dijon mustard
- 1/4 tsp. pepper
- 1 cup fresh basil leaves, chopped
- 3 large tomatoes, coarsely chopped
- 1 cup cooked kidney, black, or garbanzo beans
- 1 cup mozzarella or provolone cheese, shredded
- 1/2 cup walnuts

DIRECTIONS

Cook pasta according to package directions. Drain and cool. In a small mixing bowl, whisk together oil, vinegar and pepper to make vinaigrette. In a large mixing bowl, combine pasta, beans, basil and tomatoes. Pour vinaigrette over top and toss together. Cover and chill at least 1 hour. Add nuts and cheese just before serving, tossing again to combine.

