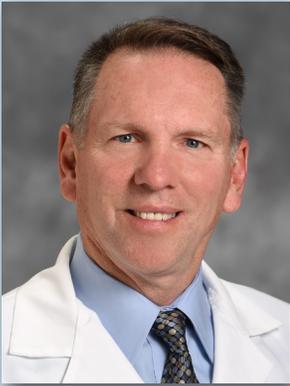




Your Henry Ford ACO News



A Message from your HFACO Chief Medical Officer



Bruce Muma, M.D.
HFACO Chief Medical Officer

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Would you prefer receiving this newsletter via email? If so, please email your name and email address to hfaco@hfhs.org.

Dear HFACO Member,

Those of us who choose healthcare as a career are driven by a deep desire to help and heal people. We are equally committed to avoiding harm for our patients! For physicians, the concept of avoiding harm is so important that when we graduate from Medical School we take the Hippocratic Oath, which ends with the statement "above all else, do no harm." This oath dates back to ancient Greece and reflects an understanding that even primitive medical treatment came with some level of risk. This oath guides medical research, helping to determine the positive impact of a test or treatment, and also the harm associated with it.

We are constantly comparing benefit versus risk for each patient to make sure we "do no harm." You may wonder: How could a simple test hurt me? Why not do the CT scan just to see what's going on? Is the insurance company trying to control my care by restricting testing or treatment?

However, "harm" means physical *and* emotional suffering. You can be exposed to harm when the risk associated with a test or treatment exceeds the potential benefit. This harm can mean additional care because of a false positive test result, or complications from testing and treatment. It also could mean financial cost or lost wages for you, the patient, due to the time it may take to recover from the test.

There is not one way to measure risk vs. benefit. We rely on the most current research and our experience. We also look at how well an individual patient might tolerate a test or treatment. A great example is the routine EKG at a yearly physical. In a healthy adult this test is more likely to cause harm than benefit. Sounds crazy? Not really. An EKG on a healthy adult is more likely to show a false abnormality. This leads to a more invasive test that can cause significant harm in many ways.

As we continue to evolve the practice of medicine, we are more focused than ever on measuring the harm associated with treatment. A recent change in medical treatment guidelines no longer recommends low-dose aspirin therapy to prevent cardiovascular events such as heart attacks and stroke in people who do not have underlying heart disease or diabetes (*please see the related article on page 6*). In short, it can cause more harm than good.

I hope this article explains why your physician may no longer perform tests or continue treatments that were previously recommended. I also encourage you to voice your opinion to your doctor regarding benefit vs. harm in your medical care. Most doctors are happy to explain their reasoning so don't be afraid to ask!

Yours in health,

Bruce Muma, M.D.
Chief Medical Officer and President, HFACO

Breathing Made Easier for Those with COPD

Chronic Obstructive Pulmonary Disease (COPD) is a chronic condition that affects up to 15 million people in the U.S. Also referred to as emphysema, COPD is a loss of lung capacity, meaning there isn't as much room in your lungs for oxygen. Henry Ford's Joyce Leon, MD, is the physician champion for the Health System's educational work regarding COPD – both for patients and providers. Below is an interview with Dr. Leon about the facts and hope for those with COPD.



Joyce Leon, MD

Q. What happens with COPD?

A. "I describe it to my patients like this: the air space in your lungs is like clusters of grapes. With COPD they turn from clusters of grapes to clusters of tangerines, which means you lose surface area to take in oxygen."

Q. What causes COPD?

A. "In the U.S. it's almost entirely caused by a significant smoking history. That means those who have smoked a pack a day for 20 years (or two packs for 10 years, and so on). It is possible to get COPD from secondhand smoke. This usually happens with adults whose spouse or someone they are around for a significant amount of time smokes. There are a few very rare inherited disorders that can cause it; also, ongoing exposure to particulates, like in a factory."

Q. How is COPD diagnosed?

A. "It's diagnosed by symptoms and a pulmonary function test, which measures how much air gets stuck in the lungs and how much air you can move in and out of your lungs."

Q. What are the most common symptoms?

A. "Some of the most common are: a cough that won't go away, increased coughing or shortness of breath with activity and shortness of breath while doing the same activity as your peers."

Q. Are those considered early indicators?

A. "They are kind of in the middle. With COPD there are no symptoms early on. But if a person is concerned that they may have COPD, or if they have some of the risk factors we already talked about, it is completely reasonable for them to talk to their doctor about getting a pulmonary function test. This will let them and their doctor see if their lungs have been affected."

Q. When the doctor listens to your lungs, can they hear any signs of COPD?

A. "No. The only changes in the way the lung sounds come very, very late in the disease."

Q. You've mentioned a pulmonary function test. Exactly what happens during one of those?

A. "You go to a lab and it takes about a half hour. Usually the way it goes is you have someone standing over you, acting like your cheerleader, telling you to blow into this tube. When you blow into the tube, they can measure the amount of air that stays in the lungs and the amount of air that can move through the lungs in a certain period of time. This data is then used to determine if your lungs work as good as they should."

Q. Can something be done to stop COPD once it is diagnosed?

A. "First of all, it's important to know that everyone loses lung function as they get older. Regarding COPD, if we can diagnose it early we can slow the loss of lung tissue by using medication."

Q. So it is very important to talk to your doctor about these symptoms as soon as they start?

A. “Yes! We have very good medications that can prevent complications and delay the worsening of COPD. In a nutshell, the test to diagnose it is blowing into a tube, and the way to treat it is getting an inhaler.”

Q. Can you please talk about inhalers - what they cost and how effective they are?

A. “Medicare covers inhalers but the cost varies. The most important thing is to use the inhaler properly. As odd as it sounds, most people who use an inhaler are using it improperly. This means they are not getting the medication – or enough of the medication – into their lungs. The result is that they think the medication doesn’t work, or it’s not working as well as it could. But I tell my patients not to feel bad. Many healthcare workers who use an inhaler don’t use it correctly!”

Q. How can you make sure you’re using your inhaler correctly?

A. “First of all, it’s important for patients to not be shy about asking questions regarding their inhaler and its proper use. Henry Ford launched an educational program last year where we trained all of our medical assistants and nurses in primary care offices on the proper use of an inhaler. We also educated them on how to notice if a patient has the wrong inhaler. For instance, if someone has arthritis, they may need a different type of delivery system. There are many videos posted online by the manufacturers of the inhalers that show the proper use. We make these available in our clinics, and they are also available through the pharmacy page on HenryFord.com.” (<https://www.henryford.com/services/pharmacy/medication-instructional-videos>)

Q. Are there any other steps someone with COPD can take to help their situation?

A. “Because you can have increased susceptibility to upper respiratory illnesses such as influenza and pneumonia it’s very important to make sure you are up-to-date on your flu and pneumonia vaccines. There is also pulmonary rehabilitation, which can allow you to maintain your activity level. I’ve had patients who were able to still walk 3 miles every day. The earlier you start treatment, coupled with maintaining physical activity, will help you manage COPD.”

Q. So is cardiovascular exercise good for someone with COPD?

A. “Yes. If you don’t take deep breaths – which occurs during cardiovascular exercise like walking, running, bicycling, swimming, water aerobics – the areas of your lungs that don’t receive oxygen will stop getting the flow of blood to those areas. That will make it very hard for it to exchange gases like oxygen and carbon dioxide. Eventually you will have areas of the lungs not well circulated that you could have benefited from.”

Q. So if someone thinks they have COPD - based on symptoms - who should they call?

A. “They should call their primary care physician first. Please don’t run to a pulmonologist right off the bat. Your primary care doctor is very well-versed in evaluating you for COPD and can put you on the path you need to take care of this.”



Give it a Shot

Did you know that people aged 65 and older are at increased risk of dangerous complications from influenza? Avoid being part of this group by getting your flu shot today! And if your provider recommends it, schedule your pneumonia shot as well.

Keeping Your Eye on Your Sugar Levels During the Holidays

Nothing can mess up your glucose and A1c (sugar) levels like two-plus months of holiday eating. It all begins with the Halloween candy you buy for those cute little trick-or-treaters and concludes with the post-holiday season leftovers. You need a plan, and here it is.

First

Get your exercise. When you move, you use your muscle groups. Your muscle groups need energy from your body. Your body uses the sugar in your blood stream to supply that energy. Voila! This lowers your blood sugar.

Aim for at least 150 minutes of cardiovascular exercise every week. That's about 22 minutes a day, or a half hour five days a week. According to Henry Ford Diabetes Educator Joelle Krempa, your blood sugar peaks about an hour after eating a heavy meal. This is the best time to get moving to bring down the sugar. FYI, when sugar levels rise, you can feel sluggish. That's your signal to get moving.

Second

Drink water. Water dilutes the sugar in your system. It can also decrease your hunger. Even better, drinking water with meals can help you eat slower, which usually means eating less. Just take a sip of water after each bite of food and see how quickly you feel full!

"It takes a good 15 minutes for the stomach to tell the brain that you are full," Joelle says. "By drinking water with your meal you eat at a slower pace, giving your brain time to catch up with your stomach. Here's a great idea. About an hour after you eat, grab a container of water and go for a 30-minute walk. This is also a great way to breakaway from family gatherings if you're not really enjoying yourself!"

Third

Notice what you eat. Many foods on a holiday table are high in fat and carbohydrates. Here are a few tips to deal with this:

- Take one small spoonful of all of the foods on the table. After eating that, go back and get two items that are worth spending your carbs on.
- Don't arrive hungry or thirsty. If you have an evening event, don't skip a meal; in fact, enjoy a healthy snack with a big glass of water before you leave the house. Remember that food isn't the only culprit. Beverages such as margaritas or even apple cider can double your sugar intake in just one glass, often containing 30 grams of sugar in one small serving.
- Slow down. Set your fork down and take a sip of water between each bite. Try eating with your opposite hand, which takes longer.

Minor Change, Big Result

Sometimes making the slightest tweak in a recipe or what you choose to eat can make a huge difference in your health. Here are some ideas for you to consider over the holidays and beyond.

- When making mashed potatoes, use nonfat Greek yogurt or light sour cream instead of butter
- Reduce the sugar in baking recipes
- Use applesauce as a substitute or to lower the amounts of eggs, butter, oil and sugar in recipes
- Set your entertaining table with more vegetable options: platters of grilled or roasted veggies are beautiful and so tasty
- Offer a healthier dessert option of fresh berries topped with homemade whipped cream (use heavy whipping cream and add a touch of vanilla and a bit of powdered sugar)
- Consider not eating the foods offered at an event/party that you could eat any other day. Examples are mashed potatoes or corn. Instead focus on having a little bit of "special" foods like stuffing, sweet potato casserole or pie
- If pie is your thing, remember that choosing one with one crust instead of two cuts the carbs and calories in half
- Plain and simple, avoid sugary beverages. Opt for sparkling waters or plain tea flavored with mint, herbs, a splash of fruit juice, cucumber, etc.

Great Expectations: Holidays 101

Here's a quick quiz for you:

The holidays are:

- A) The most wonderful time of the year
- B) A fun time to reconnect with family and friends
- C) OK, I guess
- D) A time I try to get through without too much upset
- E) Something I don't celebrate



Whatever your answer, the holiday season – with its commercial and internal expectations – can be a stressful time. So how can you go through the holidays with true enjoyment, or, at a minimum, with limited stress? A key is to control what you can control. Here are some examples:

- **What do you want?** Be conscious of what the holidays mean to you. If it's about family, take care not to over-book with them. Sometimes a shorter timeframe can allow everyone to keep the interactions pleasant. If it's about religious reflection, plan events that will enhance that aspect for you.
- **Who causes your stress?** Who did you have fun with over the past few holidays? Conversely, who caused you to experience stress? Now you have your list of who to be around and who to avoid.
- **What causes your stress?** All too often we create our own stress and discomfort by overscheduling, overpromising and overindulging. If you don't cook, don't plan a dinner party. If you have food or drink sensitivities, honor them. There is no magic pixie dust that works its way into food and drink to make it OK for you during the holidays.
- **Is it you?** Are you the relative others want to avoid? If it is, what can you do to change so as not to offend others or make them uncomfortable anymore? Try to watch how much you drink, stick to non-controversial conversations and take an interest in the life of the person you are talking to.
- **Be a relaxed host/hostess.** It's hard to have fun at someone's house when they are a nervous wreck about the Swedish meatballs or whether the guacamole is good enough. People will remember the laughs, the relaxed atmosphere and the smiles long after they recall the taste of meatballs and guac.

The holidays can be an even greater challenge for those struggling with mental health issues.

"While the holidays can be stressful for anyone, it is even more so for those with mental illness," says Henry Ford psychiatrist Esther Akinyemi, MD. "The changes in the routine and the weather, along with heightened expectations can make for a perfect storm. If you are under the care of a clinician, it is a good idea to discuss the holidays ahead of time."

Additionally, Dr. Akinyemi offers these "well"ness tips:

- **Sleep well:** The holidays are a tempting time to change your routine, however sleep deprivation can increase the risk of mood problems. Stick as close as possible to your regular sleep routine.
- **Eat well:** Moderation is key. Don't eat too much or too little. Abrupt changes in food intake can result in mood changes and make you more irritable.
- **Socialize well:** While it is important to socialize, be careful not to overschedule yourself. Spend meaningful time with others but not necessarily long hours. Be careful not to isolate yourself during this period as well.
- **Rest well:** In the midst of the holiday's hustle and bustle, find time to regenerate. Sit and read quietly, watch a movie or play a game you love, or go to the spa.
- **Plan well:** Don't make elaborate plans that will require hours of planning and a lot of manpower. The simpler your plans, the better. You will be glad to be refreshed instead of stressed when the holidays are over. Keeping it simple is well worth it.

If you still feel overwhelmed with the holidays, contact your clinician as soon as possible for further help. You can also call the suicide hotline for help at 1-800-273-8255.

Low-dose Aspirin Therapy: More Harm than Good?

For years physicians have recommended low-dose aspirin therapy for patients with cardiovascular issues. But new research is questioning the vast use of this therapy.

A low dose of aspirin is anything between 81-162 mg. One baby aspirin contains 81 mg. Aspirin inhibits the blood from clotting. This is why it has been recommended for those with cardiovascular disease, narrowing of the arteries or a likelihood of stroke. In short, aspirin can prevent blood clots.

For years low-dose aspirin therapy has been recommended for those with an increased risk for cardiovascular disease. New research by the American College of Cardiology and American Heart Association (AHA), however, shows there are dangers associated with this therapy, namely internal bleeding. The article – published on the AHA website (www.heart.org) – notes that this change only affects people who are taking low-dose aspirin therapy as a preventive action. The new recommendation does not include people who have vascular disease including a history of:

- heart attack
- stroke
- bypass surgery
- stenting procedure in a coronary, carotid or peripheral artery



“Aspirin can be a life-saving therapy in the right patient for the right indication,” says Deirdre Mattina, MD, Director of the Women’s Heart Center at Henry Ford Hospital. “It is not a benign therapy so it is important to ensure proper use and monitoring.”

Low-dose aspirin therapy may also still be recommended for a very select group of high-risk adults, ages 40-70, who are not at increased risk for bleeding. Physicians may also still consider recommending low-dose aspirin therapy for those who have a strong family history of heart disease or if screenings show they have significant plaque buildup inside their arteries.

If you are taking low-dose aspirin, please consult with your doctor to determine if you should still be taking it. Never stop a prescribed medication without speaking to your doctor first.

If you are instructed by your physician to stop taking low-dose aspirin, there are many natural things you can do to help reduce the likelihood of a cardiovascular event. The following is a prescription you can live with.

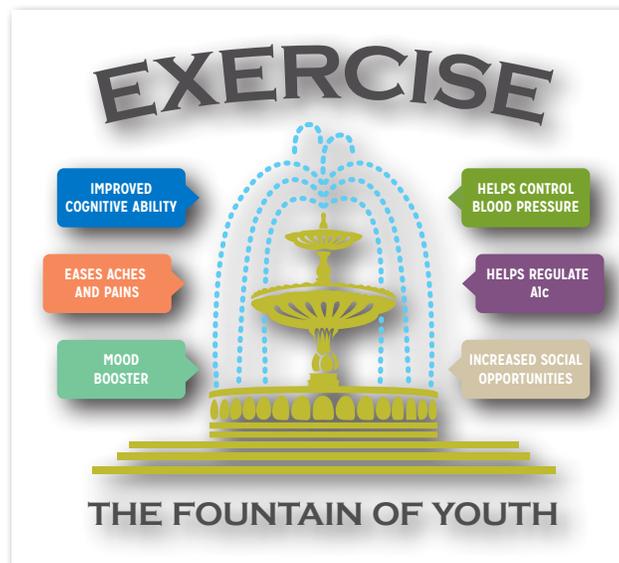
1. **“Producing” health.** Eat more produce. Fruits and vegetables contain nutrients that naturally help repair the arteries, reduce inflammation and can actually act as a natural blood thinner.
2. **Practice avoidance.** While a steak, ribs or a cheeseburger may taste great, your arteries may have a different opinion. Practice avoidance instead of abstinence and focus on boosting your intake of whole grains, fatty fish, nuts and seeds.
3. **You’re sweet enough.** Sweetened beverages and foods are not good for your waistline, heart or arteries. Explore naturally sweetened foods like fruit in moderation.
4. **Move it.** Exercise is simply moving your body. Whether you are overweight or not, moving your body helps improve blood flow. Every bit of movement helps to condition and strengthen your heart.
5. **Manage stress.** Emotional, social and financial stressors can have ill-effects on your heart function. Find the time for deep breathing, yoga, prayer, meditation or a just a hot bath to re-center your brain and help reduce stress hormones.

Growing Younger

If all of the benefits of exercise were contained in a pill we'd all be lining up to get a prescription. So why don't we make exercise a daily priority? It's so much easier not to exercise because it takes effort and exertion ... and the couch looks so good, right? But once you get over that mental hump, the way is cleared.

Here are a few tips to get you started:

- **#1: Check with your doctor.** Ask your doctor what types of exercises are best for you, and never start an exercise program without first getting medical clearance.
- **#2: Start slowly.** If your goal is to walk two miles every day, perhaps start with a half mile and work your way up.
- **#3: Be confident:** Know that you can exercise and that you will soon begin reaping the benefits.
- **#4: Be reasonable.** If weight loss is your top exercise goal, understand that exercise and diet combined will help you achieve results; and it could take a few weeks to start seeing the effects.
- **#5: Engage a friend.** Exercise is usually more fun with a friend. Plan a daily walk, trip to the gym, tennis game or yoga class. Those who exercise with a buddy are more likely to enjoy it and stick with it.
- **#6: Reward yourself.** Decide on some sort of reward each week for committing to exercise. Don't make it food-related, unless it's a fancy fruit or vegetable!



"I constantly tell my patients that exercise is the closest thing to the Fountain of Youth that we have available."

– Bruce Muma, MD; HFACO President and Chief Medical Officer

If you begin an exercise program and would like to share your results or thoughts with fellow HFACO beneficiaries, please email hfaco@hfhs.org.

The Truth About E-cigarettes and Vaping

Yes, quitting smoking is hard. It's possibly the hardest addiction to break.

But is using an e-cigarette – also called vaping – a good alternative to smoking? The answer is a resounding no. According to the American Heart Association vaping is not a healthier alternative to smoking, nor is it a recommended method to help quit smoking. Here are the quick facts:

- Most e-cigarettes still contain nicotine, the substance that causes much of the damage to the lungs and throughout the body.
- In addition to nicotine, e-cigs contain other very harmful substances that not only affect the lungs of the user but of those who inhale what the user exhales.
- The liquid used in e-cigs can be poisonous, especially to small children who swallow or absorb the liquid through their eyes or skin.

The best way to quit smoking is to stop all nicotine products. Henry Ford offers smoking cessation programs that are very effective. To learn more please call 888-427-7587 or email TobaccoFree@hfhs.org.

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Winter Driving Ahead

The approaching winter months can be a nerve-wracking time for any driver. To minimize the challenging part of winter car travel, take some time now to evaluate your car and your comfort level at driving in snowy and dark conditions.

Plan around your comfort level. If you don't feel comfortable getting behind the wheel in the evening, take steps now to change your schedule. Meet friends for lunch instead of dinner, schedule mid-morning appointments, ask to ride along instead of being the one to drive.

Make up time before you leave the house. The only safe time to "rush" is before you get in the car. Once you are in the car, stop rushing and obey safe driving practices.

Refuse to be distracted. Don't allow yourself to become an unsafe driver by checking your cell phone, turning to look into the backseat or being too distracted with conversation. Likewise, when you are a passenger, don't distract the driver.

Be prepared. Have your mechanic check your car's battery life, filters, tires, etc. Keep a working flashlight (check the batteries), first-aid items, a blanket, and perhaps extra gloves, hats and scarves in the car.

Know when it's time to hang up the keys. Are other drivers honking their horns at you? Have you had a couple of fender-benders? Do you strain to see the road and signs clearly? It may be time to evaluate whether you should be driving. If it is your eyesight and you would like an evaluation with Henry Ford Optimeyes, please call 800-393-2273.