

Health Hotline

Volume 1, Issue 1

by Richard R. Grayson, M.D.

Fall 1998

Thoughts to brighten and enlighten

People wait too long to treat a sore throat and even other infections. That might have been all right before the age of antibiotics, but nowadays, I think that about five minutes is the right length of time to wait before starting treatment for say, a cough or a sore throat. Remember that people used to die of sore throats and pneumonia in the old days.

Why do we have this urge when we get older to talk of the old days? I think it's because we are so amazed at the changes that have been made. I remember when I was a kid, I went to the store to buy a gallon of milk for only 25 cents. And the clerk was the owner and he waited on me and even brought and bagged all the items on my list himself. And my folks paid 35 dollars a month for rent for a really nice bungalow and side lot.

But on the other hand, great great great grandfather Grayson homesteaded in Indiana in 1840 on land he bought for \$1.25 an acre. He would have been against paying \$35.00 for house rent unless you were rich.

Quick Answers

Q: How do I know if I have arthritis?

A: If you have pain, stiffness or swelling in or around a joint for more than two weeks, it's time to see your doctor. These symptoms can develop suddenly or slowly. Only a doctor can tell if it's arthritis.

Q: How can I reduce my risk of getting arthritis?

A: Maintain your recommended weight, avoid joint injuries from overuse or accidents, and exercise.



Q: How can I protect my joints?

A: Avoid excess stress on your joints. Use larger or stronger joints to carry things. Assistive devices can make tasks at home and work easier. Staying close to your recommended weight also helps

Q: Why is exercise so important?

A: Exercise helps lessen pain, increases movement, reduces fatigue and helps you feel better. Range-of-motion exercises and strengthening exercises are good for arthritis.

Q: What about that new arthritis cure I heard about?

A: Most forms of arthritis have no cure yet. If a remedy is advertised as a cure, be careful. Check with your doctor before trying it. You may be wasting your money or damaging your health.

Q: How can I stop the pain?

A: You may not be able to stop all the pain of arthritis, but you can reduce it. Joint protection, exercise, rest and medications all can help.

Q: What is osteoarthritis?

A: Osteoarthritis, the most common type of arthritis, involves the breakdown of cartilage and bones. It usually affects the fingers and weight-bearing joints such as the knees, feet, hips and back.

Q: What is rheumatoid arthritis?

A: Rheumatoid arthritis is a disease causing inflammation of the joint lining. Abnormalities of the immune system allow this inflammation, which can damage both cartilage and bone. Hands, wrists, feet, knees, ankles, shoulders and elbows can be affected.

Q: What is fibromyalgia?

A: Fibromyalgia affects muscles and their attachments to bone. It results in widespread pain and tender points. You also may experience fatigue, disturbed sleep and psychological distress.

Half of all people age 65 and older have arthritis. There are over 100 different forms of arthritis and many different symptoms and treatments. We do not know what causes most forms of arthritis. Some forms are better understood than others.

Arthritis causes pain and loss of movement. It can affect joints in any part of the body. Arthritis is usually chronic, meaning it can occur over a long period of time. The more serious forms can cause swelling, warmth, redness, and pain. The three most common kinds of arthritis in older people are osteoarthritis, rheumatoid arthritis, and gout.

Common Forms of Arthritis

Osteoarthritis (OA), at one time called degenerative joint disease, is the most common type of arthritis in older people. Symptoms can range from stiffness and mild pain that comes and goes to severe joint pain and even disability. OA usually affects the hands and the large weight-bearing joints of the body: the knees and hips. Early in the disease, pain occurs after activity and rest brings relief; later on, pain occurs with very little movement, even during rest. Scientists think that several factors may cause OA in different joints. OA in the hands or hips may run in families. OA in the knees is linked with being overweight. Injuries or overuse may cause OA in joints such as knees, hips, or hands.

Rheumatoid arthritis (RA) can be one of the more disabling forms of arthritis. Signs of RA often include morning stiffness, swelling in three or more joints, swelling of the same joints on both sides of the body (both hands, for example), and bumps (or nodules) under the skin most commonly found near the elbow. RA can occur at any age and affects women about three times more often than men. Scientists don't know what causes RA but think it has something to do with a breakdown in the immune system, the body's defense against disease. It is also likely that people who get RA have certain inherited traits (genes) that cause a disturbance in the immune system.

Gout occurs most often in older men. It affects the toes, ankles, elbows, wrists, and hands. An acute attack of gout is very painful. Swelling may cause the skin to pull tightly around the joint and make the area red or purple and very tender. Medicines can stop gout attacks, as well as prevent further attacks and damage to the joints.

Treatments

Treatments for arthritis work to reduce pain and swelling, keep joints moving safely, and avoid further damage to joints. Treatments include medicines, special exercise, use of heat or cold, weight control, and surgery.

Medicines help relieve pain and reduce swelling.

Acetaminophen or ACT should be the first drug used to control pain in patients with osteoarthritis (OA). Patients with OA who don't respond to ACT and patients with RA and gout are most commonly treated with nonsteroidal anti-inflammatory drugs such as ibuprofen. People taking medicine for any form of arthritis should limit the amount of alcohol they drink. (For more information, see the *Age Page* "Arthritis Medicines.")

Exercise, such as a daily walk or swim, helps keep joints moving, reduces pain, and strengthens muscles around the

joints. Rest is also important for the joints affected by arthritis. Physical therapists can develop personal programs that balance exercise and rest.

Many people find that soaking in a warm bath, swimming in a heated pool, or applying heat or cold to the area around the joint helps reduce pain. **Controlling or losing weight** can reduce the stress on joints and can help avoid further damage.

When damage to the joints becomes disabling or when other treatments fail to reduce pain, your doctor may suggest **surgery**. Surgeons can repair or replace damaged joints with artificial ones. The most common operations are hip and knee replacements.

Unproven Remedies

Arthritis symptoms may go away by themselves but then come back weeks, months, or years later. This may be why many people with arthritis try quack cures or remedies that have not been proven instead of getting medical help. Some of these remedies, such as snake venom, are harmful. Others, such as copper bracelets, are harmless but also useless. The safety of many quack cures is unknown. Here are some tipoffs that a remedy may be unproven: claims that a treatment like a lotion or cream works for all types of arthritis and other diseases too; scientific support comes from only one research study; or the label has no directions for use or warnings about side effects.

Common Warning Signs of Arthritis

- Swelling in one or more joint(s)
- Morning stiffness lasting 30 minutes or longer
- Joint pain or tenderness that is constant or that comes and goes
- Not being able to move a joint in the normal way
- Redness or warmth in a joint
- Weight loss, fever, or weakness and joint pain that can't be explained

If any one of these symptoms lasts longer than 2 weeks, see your regular doctor or a doctor who specializes in arthritis (a rheumatologist). The doctor will ask questions about the history of your symptoms and do a physical exam. The doctor may take x-rays or do lab tests before developing a treatment plan.

Resources

For more information on arthritis contact:
National Institute of Arthritis and Musculoskeletal and Skin Diseases
Building 31, Room 4C05
Bethesda, MD 20892
(301) 496-8188
The Arthritis Foundation
P.O. Box 19000
Atlanta, GA 30325
(800) 283-7800

For a list of free publications from the National Institute on Aging (NIA), contact the NIA Information Center, P.O. Box 8057, Gaithersburg, MD 20898-8057; 1-800-222-2225; (1-800-222-4225 TTY); e-mail: niainfo@access.digex.net

PREVENTING CANCER

Smoking tobacco is a factor in approximately 320,000 cancer deaths each year in the U.S. The economic cost of this deadly habit is conservatively estimated to be at least \$65 billion annually, although this cost could actually be more than \$100 billion.

Breathing the smoke of other's cigarettes (secondary smoke) for a nonsmoker has recently been shown to be a cause of some deaths due to lung cancer in individuals who have never smoked but who are exposed to the smoke of a spouse at home or of a colleague in the workplace. Smokeless tobacco is being used with increasing frequency by young persons in the US in recent years, and has the potential for not only causing oral cancer at a relatively young age, but also of starting nicotine addiction. This may lead to the individual eventually using smoking tobacco.

Diet for Prevention

1. Eat more vegetables of the cabbage family such as broccoli, cauliflower, brussels sprouts, cabbage, and kale.

2. Add more high fiber foods to the diet. Fiber occurs in whole grains, fruits, and vegetables such as peaches, strawberries, potatoes, spinach, tomatoes, wheat and bran cereals, rice, popcorn, and whole wheat bread.

3. Choose fresh foods rich in vitamin A, such as carrots, peaches, apricots, squash, and broccoli. These foods are a better source of vitamin A than vitamin pills.

4. Choose foods rich in vitamin C. This vitamin is found in many fresh fruits and vegetables such as grapefruit, cantaloupe, oranges, strawberries, red and green peppers, broccoli, and tomatoes.

5. Avoid obesity. A low caloric intake combined with exercise is believed to reduce cancer incidence.

The poorest would not part with health for money, but the richest would gladly part with all their money for health.

Official Flu Shot Advice

Influenza vaccine is strongly recommended for persons 6 months of age or older who, by virtue of age or underlying medical condition, are at increased risk of complication from influenza, for their medical-care providers or household contacts, and for other persons wishing to reduce their chances of acquiring influenza.

Although the current Influenza Virus Vaccine often contains one or more antigens used in previous years, immunity declines in the year following immunization.

GROUPS AT INCREASED MEDICAL RISK OF INFLUENZA-RELATED COMPLICATIONS:

1. Adults and children with chronic disorders of the pulmonary or cardiovascular systems, including children with asthma.

2. Residents of nursing homes.

3. Persons 65 years of age or older, regardless of health status.

4. Adults and children

FLU VACCINE FOUND TO BE SAFE

A recent study conducted by the American Medical Association suggests that the influenza vaccine is no more likely to cause side effects than an injection of water ("Placebo") that the patient thinks is the vaccine, according to The Medical Tribune.

The major reason people shy away from flu vaccine is fear of side effects.

Influenza caused more than 10,000 deaths a year from 1957-1986, according to the Centers for Disease Control. In three of the more severe epidemics, more than 40,000 deaths occurred. Between 80-90% of these deaths occurred in persons over 65 years of age.

Public health officials generally agree that the influenza vaccine is vastly underutilized. Only 30 million doses are manufactured annually, but even that supply is not fully used.

All patients at risk, such as the elderly with heart or pulmonary conditions, should get the shots. Potential complications of the flu, including pneumonia and superinfections, are a real danger.

who have required regular medical follow-up or hospitalization during the preceding year because of chronic diseases (including diabetes mellitus), or immunosuppression.

5. Children and teenagers (6 months through 18 years of age) who are receiving long-term aspirin therapy and, therefore, may be at risk of developing Reye syndrome following influenza infection.

GROUPS POTENTIALLY CAPABLE OF TRANSMITTING INFLUENZA TO HIGH-RISK PERSONS:

Individuals attending high-risk persons can transmit influenza infections to them while they are incubating infection, undergoing subclinical infection, or working despite the existence of symptoms. Some high-risk persons, such as the elderly, transplant recipients, or persons with

acquired immunodeficiency syndrome (AIDS) can have relatively low antibody responses to influenza vaccine. Efforts to protect them against influenza may be improved by reducing the chances that their care providers may expose them to influenza. Therefore, the following groups should be immunized:

1. Physicians, nurses, and other personnel in both hospital and outpatient care settings who have extensive contact with high-risk patients in all age groups, including infants.

2. Providers of care to high-risk persons in the home setting, such as visiting nurses, volunteer workers).

3. Household members of high-risk persons, including children whether or not they provide care.

Any person who wishes to reduce his or her chances of acquiring influenza infection.

Richard R. Grayson, M.D.
103 West Main Street
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Health Hotline

Fall-Winter 1990

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THE ILLINOIS LIVING WILL

In 1983 the Illinois General Assembly passed into law an act providing for the legal recognition of a "living will"—a declaration of a patient's desire not to have "death delaying" actions taken if that patient has a terminal condition. The person must have reached the age 18 or be an "emancipated minor" between age 16 and 18 and be of sound mind.

A "death delaying procedure" is any medical intervention which, when applied to a qualified patient, in the judgement of the attending physician, would serve only to postpone the moment of death.

The law suggests that "death delaying" proce-

dures include, but are not limited to assisted ventilation, artificial kidney treatments, intravenous feeding or medication, blood transfusions, or tube feeding. However, if withdrawal of tube feeding would cause death rather than a terminal condition, the tube may not be withdrawn.

When a person has signed such a living will, the patient's physician is to be notified that there is such a document. If the physician determines that the person has a terminal condition, the physician is then to record that determination in writing, since the declaration is

not effective until the patient is "so qualified."

A physician following the dictates of the declaration is immune from any liability, provided his actions do not violate the standards of reasonable medical care and judgement.

Should a physician refuse to follow a declaration for a qualified patient, due to

the physician's personal beliefs, the physician must notify the patient of his unwillingness and transfer the patient to a physician, selected by the patient or family, who will comply.

The law provides that the patient or legal guardian may revoke the living will at any time.

We have Living
Will brochures with a
sample living will from
the Illinois
State Medical Society
Free of Charge

The Illinois State Medical Society recommends that patients seek legal advice rather than executing the living will by themselves.

The Living Will Act does not recognize oral declarations. A copy of the statutory sample living will is included at the end of a booklet prepared by the Illinois State Medical Society. Copies of this booklet are available in the office.

A declaration could be considered invalid due to a lack of the patient's signature; a lack of witnesses, or their signatures; no certification of terminal condition; or the physician not being notified of the existence of the document.

The Medical Society also recommends a Durable Power of Attorney document be prepared.



by Richard R. Grayson, M.D.
Diagnosis Internal Medicine
Senior FAA Medical Examiner

NOISE AND DEAFNESS

Exposure to noise above 80 decibels can be the cause of deafness. Eighty decibel noise includes heavy auto traffic, an alarm clock at two feet, and some factory noise. Danger begins at eight hours for 80 Db.

Less than two hours is dangerous at 100 decibels, such as that by a gasoline chainsaw or a pneumatic drill.



There is immediate danger to hearing at 120

decibels of sound such as at a rock concert in front of the speakers.

Noise at 140 decibels can cause actual ear pain. Any length of exposure is dangerous to the ears at 140 Db. Gunshot blasts and jet airplanes at 50 feet are examples.

If you must be exposed to such noise you should wear earplugs or earmuffs designed for the purpose.

ASPIRIN PREVENTS STROKES

An aspirin a day might keep the doctor away.

Aspirin slows the production of blood clotting and thus is effective in preventing some strokes and some heart attacks.

Aspirin has been found to be effective in treating unstable angina, in prevention of recurrent heart attacks (coronary thrombosis) in people who have already had a heart attack, and in prevention of clotting in artery shunts used in dialysis.

MALARIA STILL A DANGER

About 100 countries in the world still have malaria. Almost all of Africa and Asia experience the dread disease.

What is less appreciated by world travelers is that most of South and Central America is infested with malaria-carrying mosquitoes.

These 21 countries are on the list of those known to be places where travelers can be exposed to malaria: Argentina, Belize, Bolivia, Brazil, Columbia, Costa Rica, Dominican Republic, Ecuador, El Salvador, French Guiana, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, and Venezuela.

Study sickness when you are well.
--Thomas Fuller

Travelers to any of these countries should get expert advice well in advance.



In Mexico, for example, in general, there is no risk in urban areas. There is a small risk in major tourist resorts along the Pacific and gulf coasts, but preventive medications are not recommended.

(References: The Medical Letter, June 5, 1987.)

DAY CARE CENTERS UNSAFE?

Parents should check out the day-care centers where they send their children, according to an article in the American Journal of Diseases of Children.

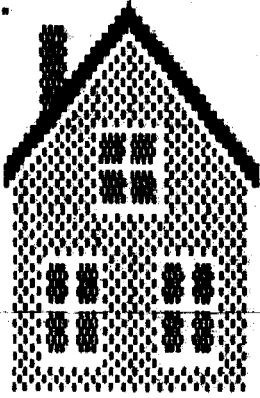
There was a yearly injury rate of 11 percent in a survey of day-care centers in Maryland. This compares with a yearly rate of 17 percent in all children in the country. Parents should know that (Cont. on P.2)

HEALTH HOTLINE

BY RICHARD R. GRAYSON, M.D.

FACTS ABOUT HOUSE CALLS

It's true. Doctors do make house calls, despite the myth that they do not.



A recent study showed that 70 percent of them make an average of 2.6 house calls per month.

Most physicians prefer to examine patients in their offices or examining rooms where there are diagnostic and treatment facilities. Some special-

ists should not be expected to make house calls, but the primary care physician usually does. (Reference: Medical Tribune, July 1, 1987)

WHEN WAS YOUR LAST COMPLETE CHECK-UP?

THE ONLY WAY TO KEEP YOUR HEALTH IS TO EAT WHAT YOU DON'T WANT, DRINK WHAT YOU DON'T LIKE, AND DO WHAT YOU'D RATHER NOT.



-MARK TWAIN

DAY-CARE CENTERS (from page 1)

accidental injury is the leading cause of death in childhood.

Running and climbing outdoors caused most of the injuries in the day-care centers. A climbing structure, the blacktop, or another child were the most frequent locations and agents of injury.

Parents who are considering day-care centers should visit the centers themselves. Determine if there are enough staff personnel to supervise the children. Check electric outlet coverings for hazards. See if the ground cover material will cause injury in case of a fall. Check equipment for safety and upkeep.

INFLUENZA VACCINE SEASON AGAIN

The reason influenza vaccine shots are needed every year is because the virus keeps changing. In addition, the immunity to last year's flu vaccine decreases with time.



Influenza is a vicious virus, especially to those who are weakened by other diseases, such as heart or lung problems. Each time there is an epidemic of influenza in the U.S., from 10,000 to 40,000 people die from its complications.

Everybody who wants to protect himself from perhaps a week of being very ill should get a flu shot in the Fall of the year.

THE PUBLIC HEALTH SERVICE HAS ANNOUNCED THAT THE GROUPS IN GREATEST NEED FOR FLU PROTECTION ARE:

- * ADULTS AND CHILDREN WITH CHRONIC HEART AND LUNG DISEASES.
- * RESIDENTS OF NURSING HOMES.

PEOPLE AT MODERATE RISK INCLUDE:

- * THOSE ABOVE AGE 65.
- * PERSONS WITH CHRONIC KIDNEY DISEASE, ANEMIA, DIABETES, AND THOSE WITH IMMUNE SYSTEM SUPPRESSION.

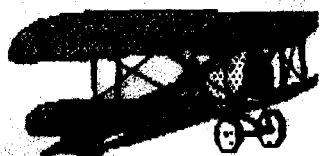
Health care workers who might transmit flu to their patients should have the shots:

* Physicians, nurses, and other health care facility staff people who have contact with patients or residents.

* People who give care to the ailing at home such as volunteers and visiting nurses, and all household members.

(Reference: Morbidity and Mortality Weekly Report June 26, 1987)

THE BEST COMMENTARY ON THE BIBLE IS A GODLY LIFE.



THE PILOT'S CORNER: FAA MEDICAL NOTES

BLOOD PRESSURE DRUGS FOR PILOTS

After an initial thorough medical evaluation, pilots with hypertension can be certified to fly while being treated with certain medicines, but not others.

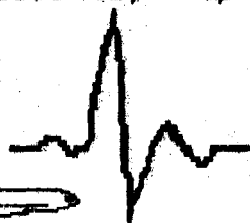
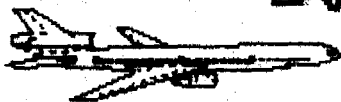
The allowed medications includes beta-adrenergic blockers (such as Inderal, Lopressor, and Tenormin); hydralazine (Apresoline); minoxidil (Loniten); captopril (Capoten); calcium slow channel blocking agents (Calan, Isoptin, Procardia); and combinations thereof.

The disallowed antihypertensives are: reserpine (Serpasil, Serapes, Salutensin); guanethedine (Ismelin, Esimil); methyldopa (Aldomet, Aldoril), clonidine (Catapres), guanabenz (Wytensin).

Medical certificates are deferred by the aviation medical examiner if the hypertension has not been evaluated according to FAA protocol, if the history suggests cardiovascular disease, if unacceptable medications are used, if the blood pressure is uncontrolled, or if there are adverse side effects from medication.

(References: FAA guidelines, Sept. 1986.)

CLASS ONE PILOTS AND ELECTROCARDIOGRAMS



EKG'S ARE NOW SENT BY COMPUTER MODEM OVER THE TELEPHONE LINE TO FAA MEDICAL CERTIFICATION HEADQUARTERS IN OKLAHOMA CITY. Class I pilots age 35, 40 and then yearly after 40 are required to have an EKG at the time of the FAA physical exam.

**WHEN YOU ARE OVER THE HILL
YOU PICK UP SPEED.**

AIR SICKNESS AND PILOTS

Something new is available for motion sickness. Some pilots have asked if they can use it to prevent air sickness during flying maneuvers.

The new medicine is an old one in a new form. It is Scopalamine, once used as a "truth serum". It is applied to the skin behind the ear in a patch called Transderm Scop. Apparently it does in fact prevent motion sickness for as long as three days while the patch is in place. It sounds good for long ocean trips, for example.

The trouble is that the manufacturer warns that it may cause drowsiness and blurred vision. People with glaucoma are warned not to use it. People who operate heavy machinery are warned against using it.

Since an airplane is heavy machinery, and since pilots should not have blurred vision or be drowsy, the Federal Aviation Administration medical branch has decreed that pilots may not use the patch while exercising the privileges of their flying certificate. They are also not to use any oral medication for air sickness (for the same reasons), including the popular over-the-counter medicine Dramamine.

(References: personal communication with FAA, Oklahoma City, July 13, 1987.)

HOW DO YOU UNBLOCK YOUR EARS?

On descent from altitude try swallowing more often. Swallowing is stimulated by chewing gum or letting mints melt in the mouth. Passengers should avoid sleeping during descent because they may not swallow enough. Babies should be awake and should be fed during descent. Yawning just after swallowing usually helps unblock the ears.

If yawning and swallowing are not effective, pinch your nostrils and take a mouthful of air. Using the cheek and throat muscles (not the chest), force the air into the back of the nose.

HEALTH HOTLINE

by Richard R. Grayson, M.D.

103 W Main Street, Box 167
St. Charles, Ill. 60174
Phone: (312) 377-7073

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STAFF:

J. GRAYSON, R.N.
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HEALTH, KEEPING UP



FISH OIL HELPS RHEUMATOID ARTHRITIS

One capsule a day of fish oil helped a group of patients with rheumatoid arthritis, according to a recent report.

The effects were measurable and significant, although not dramatic. The patients were tested for 14 weeks at a time. The number of tender joints was decreased and the onset of fatigue was delayed.

Additional research is needed before doctors can recommend fish oil capsules, but there are many good reasons for everybody to eat more fish. People with arthritis and heart disease are the most likely to benefit. (Annals of Internal Medicine, 106: 1987)

AIDS EPIDEMIC HITS WOMEN

The fastest growing group of AIDS patients in the U.S. is women. In New York City, AIDS is already the leading cause of death for women aged 25 to 29.

Seventy percent of the women are black or Hispanic. Fifty percent of the cases are due to contaminated needles used by drug users. Eleven percent of the cases are due to blood transfusions. Twenty nine percent are associated with heterosexual contact.

AIDS TEST NOT VERY GOOD

The AIDS test sometimes produces false positive results.

The trouble with testing large groups of people is that there will be many innocent people whose lives might be ruined by the stigma of having a positive AIDS test when they do not in fact have AIDS.

Imagine testing 100,000 people, among whom the prevalence of AIDS is .01 percent. Among the 100,000 people there are 10 that are infected.

Now imagine that the test in this population gives a false positive rate of 0.005 percent. That doesn't sound like much. This means, however, 5 more people who are NOT infected have a positive AIDS test.

Therefore there will be 10 infected and 5 innocents who will worry that they MIGHT be infected. It might be difficult to distinguish between the two groups of people.

What this means is that the probability of real infection with a positive test, given the above numbers, is 67 percent. That makes the test very inaccurate for a low risk population, such as the general public.

How many engagements will be ended, how many jobs lost, how many insurance policies canceled? How many fetuses will be aborted and how many couples will remain childless because of false positive AIDS tests? (Reference: The New England Journal of Medicine, July 23, 1987)

JUNE

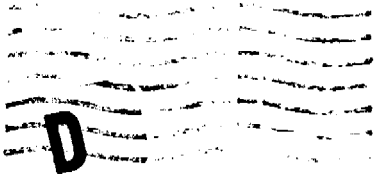
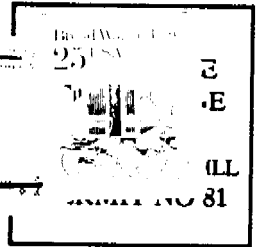
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LIFELINE

Lifeline is an automatic telephone dialing system for the elderly or handicapped who might need help but cannot reach the phone. Delnor-Community hospital has Lifeline available.

You wear a small personal help button on a chain around your neck or on a strap around your wrist. Whenever you need help, any time of the day or night, you just press the button to send a call for help through your phone to the emergency response center. Lifeline works even if your phone is off the hook or during a power failure.

At the emergency response center trained personnel are available 24 hours a day. When your signal is received, they will begin by calling your home to see what help you need.

If they are unable to reach you by phone, they will call a "Responder" to come to your home to check on you. A Responder is a friend, neighbor, or a relative you have chosen to be called in case of emergency.

When the Responder arrives at your home, he or she presses the reset button on the front of the home unit. This signals the Emergency Center that help has arrived. They will then call to see what the situation is and what sort of help is needed. They will send an ambulance if indicated.

The Lifeline dialing device will automatically call for help even if you cannot use the help button. The home unit includes a timer. The timer is reset every time you use the phone. If you become unconscious, or are otherwise unable to reset the timer, Lifeline automatically calls and starts the emergency response for you.

Lifeline offers peace of mind and independence to the user, and provides respite and reassurance for family and caregivers. For those who wish to learn more about Lifeline, call the telephone operator at Delnor Hospital: (312) 584-3300, or Community Hospital: (312) 232-0771.

HANDICAPPED PARKING

A doctor must verify the impairment of an applicant for handicapped parking privileges. The legal definition of the handicapped for this purpose is: "Every natural person who is unable to walk 200 feet or more unassisted by another person or without the aid of a walker, crutches, braces, prosthetic device, or a wheelchair or without great difficulty or discomfort due to the following impairments: neurologic, orthopedic, respiratory, cardiac, arthritic disorder, blindness, or the loss of function or absence of a limb or limbs."



DIVING ADVICE

Here is a tip for this summer's water enthusiasts: make your first dive feet-first into an unknown pool, stream, or lake. That way, if the water is shallower than you think, you won't break your neck.

FREE blood pressures are available at my office. The nurse will take any one's blood pressure at any time as a community service. No appointment is necessary.



HEALTH HOTLINE

June 1988

Richard R. Grayson, M.D.
Internal Medicine
Senior FAA Aviation Medical Examiner

Phone: (312) 377-7073
Box 167; 103 W. Main Street
St. Charles, Illinois 60174



HOW TO STOP SMOKING

When you try to stop smoking, you frequently feel the urge to smoke so much that you cannot remember any important reasons you wanted to stop in the first place. Here is a list of incentives:

Improved ability to breathe
Regained sense of smell and sense of taste

Money saved
Less sleep required
Increased energy
Fresh breath

Odor-free environment

No burn-holes
Reduced risk of death by fire by 50 percent
No tobacco stains on teeth or fingers

Decreased danger of passive smoking to family and co-workers

More employable

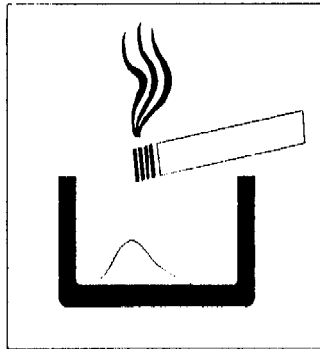
Better insurance risk; cheaper premiums
Improved coronary and skin circulation
Decreased heart rate

Reduced carbon monoxide blood levels
Reduced perspiration

Improved exercise tolerance
Improved ability to perform physical work
Extra time

Decreased social pressure in public places or at work

(Reference: American Journal of Family Practice; vol. 37 no. 4)



COCKROACHES SPREAD DISEASE

Cockroaches can obtain, harbor, and transfer disease-causing germs to the environment or foodstuffs of humans. The evidence that cockroaches can cause disease in humans is circumstantial, not scientific, however.

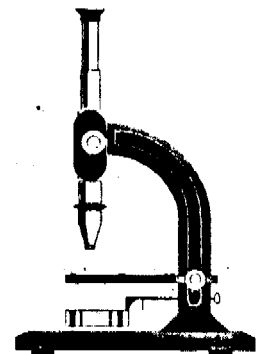
Outbreaks of dysentery caused by Salmonella have been associated with cockroaches. The insects retain the bacteria in their intestinal tracts and then defecate on food of humans.

An epidemic of infectious hepatitis at a housing project was halted with the advent of pest control. The epidemic reappeared when insecticide treatments to the dwellings stopped.

Polio virus, amebae, hookworms, roundworms, tapeworms, whipworms, and pinworms have been isolated from cockroaches.

Allergies to dust containing deteriorated bodies of cockroaches cause eczema, eye swelling, asthma, and hay fever in sensitive individuals.

The insect transmission theory for the spread of AIDS is a volatile issue. The good news: there is no evidence that any insects, including cockroaches, can spread AIDS. (Reference: Infections in Medicine; Vol. 4 No. 8.)



MAMMOGRAM LIMITATIONS: Mammograms (X-Ray pictures of the breasts) will fail to detect up to 15 percent of breast cancers. Mammograms cannot always reveal the cause of a lump. In many cases only a biopsy is accurate in diagnosing the nature of a mass. "A suspicious breast lump requires a biopsy, not X-Rays." The guidelines of the American Cancer Society for routine screening mammograms are: (1.) Baseline mammogram, age 35 to 40. (2.) Regular mammograms for all women every 1 to 2 years, ages 40 to 49. (3.) Annual mammograms for women 50 and above. (Reference: Risk Management Committee, The Doctors Company; April, 1988.)

HEALTH HOTLINE

June 1988



Richard R. Grayson, M.D.
Internal Medicine
Senior FAA Aviation Medical Examiner

Phone: (312) 377-7073
Box 167; 103 W. Main Street
St. Charles, Illinois 60174

HOW TO STOP SMOKING

When you try to stop smoking, you frequently feel the urge to smoke so much that you cannot remember any important reasons you wanted to stop in the first place. Here is a list of incentives:

Improved ability to breathe

Regained sense of
smell and sense of
taste

Money saved

Less sleep required

Increased energy

Fresh breath

Odor-free environ-
ment

No burn-holes

Reduced risk of death
by fire by 50 percent

No tobacco stains on
teeth or fingers

Decreased danger of passive smoking to family
and co-workers

More employable

Better insurance risk; cheaper premiums

Improved coronary and skin circulation

Decreased heart rate

Reduced carbon monoxide blood levels

Reduced perspiration

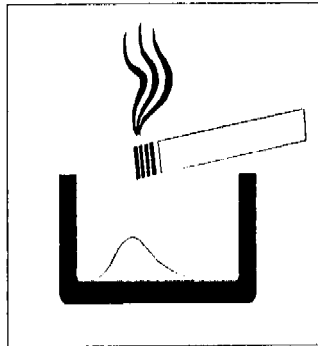
Improved exercise tolerance

Improved ability to perform physical work

Extra time

Decreased social pressure in public places or at
work

(Reference: American Journal of Family Prac-
tice; vol. 37 no. 4)



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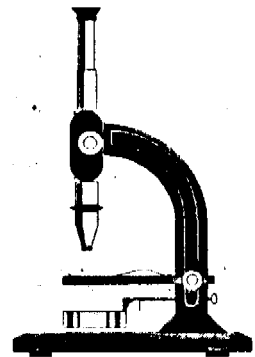
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JUNE

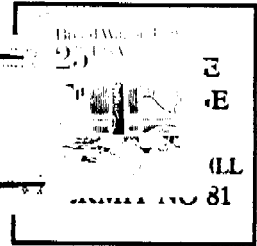
HEALTH HOTLINE

1988

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LIFELINE

Lifeline is an automatic telephone dialing system for the elderly or handicapped who might need help but cannot reach the phone. Delnor-Community hospital has Lifeline available.

You wear a small personal help button on a chain around your neck or on a strap around your wrist. Whenever you need help, any time of the day or night, you just press the button to send a call for help through your phone to the emergency response center. Lifeline works even if your phone is off the hook or during a power failure.

At the emergency response center trained personnel are available 24 hours a day. When your signal is received, they will begin by calling your home to see what help you need.

If they are unable to reach you by phone, they will call a "Responder" to come to your home to check on you. A Responder is a friend, neighbor, or a relative you have chosen to be called in case of emergency.

When the Responder arrives at your home, he or she presses the reset button on the front of the home unit. This signals the Emergency Center that help has arrived. They will then call to see what the situation is and what sort of help is needed. They will send an ambulance if indicated.

The Lifeline dialing device will automatically call for help even if you cannot use the help button. The home unit includes a timer. The timer is reset every time you use the phone. If you become unconscious, or are otherwise unable to reset the timer, Lifeline automatically calls and starts the emergency response for you.

HANDICAPPED PARKING

A doctor must verify the impairment of an applicant for handicapped parking privileges. The legal definition of the handicapped for this purpose is:

"Every natural person who is unable to walk 200 feet or more unassisted by another person or without the aid of a walker, crutches, braces, prosthetic device, or a wheelchair or without great difficulty or discomfort due to the following impairments: neurologic, orthopedic, respiratory, cardiac, arthritic disorder, blindness, or the loss of function or absence of a limb or limbs."

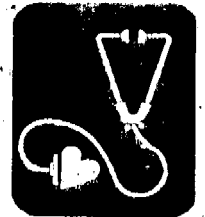
Lifeline offers peace of mind and independence to the user, and provides respite and reassurance for family and caregivers. For those who wish to learn more about Lifeline, call the telephone operator at Delnor Hospital: (312) 584-3300, or Community Hospital: (312) 232-0771.



DIVING ADVICE

Here is a tip for this summer's water enthusiasts: make your first dive feet-first into an unknown pool, stream, or lake. That way, if the water is shallower than you think, you won't break your neck.

FREE blood pressures are available at my office. The nurse will take any one's blood pressure at any time as a community service. No appointment is necessary.



Health Hotline

by Richard R. Grayson, M.D. Fall - Winter 1990

New Hospital Shapes Up

Delnor-Community to Move

You can monitor the progress of your new local healthcare center by taking frequent drives just west of Geneva.

Those steel girders arising on a 67-acre tract of land at the corner of Randall and Keslinger Roads will soon be the home of a complete medical complex featuring the new Delnor-Community Hospital, a professional office building, all emergency and therapeutic services, and an older-adult housing and care center.

The hospital building itself will be a modern, sophisticated structure that



The future hospital at Randall and Keslinger roads

will replace the hospital buildings now located in Geneva and St. Charles. The new Colonial style building will feature terra-cotta brick, white concrete columns and accents, a glass wall of emerald green windows, and even an outdoor nursery viewing window.

Expanded emergency, outpatient, and diagnostic areas will improve community healthcare service. The hospital should be ready for occupancy in late 1991.

The professional office building will be located just southeast of the main hospital building.

DIET TIPS FOR THE HUNGRY

If no one sees you eat it, it has no calories.

If you drink a diet soda after eating a candy bar, they cancel each other out.

When eating with some one else, calories don't count if you eat the same amount.

Food for medicinal purposes never counts, such as: hot chocolate, brandy, toast, and Sarah Lee cheese cake.

Movie-related foods such as milk duds, popcorn with butter, and junior mints, don't count because they are simply part of the entire entertainment experience.

Meet the Office Staff

June Grayson: Grew up in Iowa. R.N. degree from Iowa Lutheran Hospital, Des Moines, Iowa. Met husband Richard at Cook County Hospital, Chicago, Illinois, when studying to be a nurse anesthetist and he was an intern. Three daughters, one son, one daughter-in-law, three sons-in-law,



June Grayson,
R.N.

and nine grandchildren. Is organist, pianist, photographer, free-lance writer, and office manager.

Liz Griffith: Reared in Bureau and Princeton, Illi-



Liz Griffith,
R.N.



Beth James,
M.T.

nois. R. N. degree from St. Luke's Hospital, Chicago. Liz and husband have two daughters, one son, one son-in-law, and two granddaughters. Likes office nursing, especially getting to know the patients. Likes to travel with friends and is active in her



Linda Hanneman,
M.L.T.



Sandy Webb,
R.N.

church. Hobbies are reading and gardening.

Beth James: Born and reared in Texas. Graduated as a ASCP registered medical technologist (M.T.) from Wesley Memorial Hospital, Chicago. Beth and husband have three daughters and one son-in-law. Likes the challenge of using the new automated Abbott Vision laboratory machine and getting to know the patients. Likes camping, travel, antiques, gardening, reading, and all spectator sports.

Linda Hanneman: Born

Continued on Page 2

Three Score and Ten?

Life Begins at Seventy

Between the ages of 70 and 83 Commodore Vanderbilt added about 100 millions of his fortune.

Kant at 74 wrote his Anthropology, Metaphysics of Ethics, and Strife of the Faculties.

Lamarck at 78 completed his great zoological work, The Natural History of the Invertebrates.

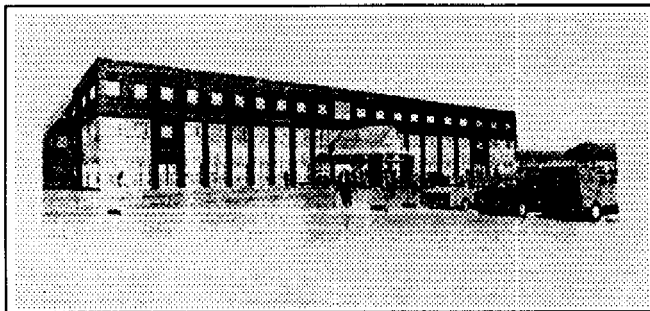
Oliver Wendell Holmes at 79 wrote Over the Teacups.

Cato at 80 began the study of Greek.

Goethe at 80 completed Faust.

Tennyson at 83 wrote "Crossing the Bar."

Titian at 98 painted his historic picture of the Battle of Lepanto.



30 doctors from 17 different practices will locate at the new professional office building adjacent to the new hospital

The new four-story building at Randall and Keslinger roads in Geneva is an 80 by 200 foot structure that includes 40 office suites. The 74,000 square foot edifice features a three-story office area, a two-story open lobby, and a lower level with an east side garden wall.

When construction is completed in September of 1991, the professional office building will accom-

modate physician offices and several Delnor-Community services. The Cardiac Out-patient Rehabilitation and Educational program, out-patient physical therapy, Home Health Services, Back To Work, For Better Health, Data Processing, and Public Relations department will be located in the new building.

Egg-Eaters Beware

Don't eat raw or partially cooked eggs; there is a risk of Salmonella dysentery.

Even if eggs are refrigerated, the bacteria are not destroyed, and the danger persists.

Health officials also counsel that quantities of eggs should not be pooled before cooking--such as mixing up a large batch of scrambled eggs for a family that might eat in shifts.

According to the Illinois Department of Health, the risk of contracting Salmonella if one eats a raw egg one at a time is 1 in 10,000. If 500 eggs are pooled for a restaurant breakfast shift, the risk increases to 1 in 20.

An outbreak of Salmonella associated with eggs just occurred in a Chicago hotel.

Meet The Office Staff

From Page 1.

and reared on the northwest side in Chicago. Has her associates degree in Applied Sciences (Medical Laboratory Technician) from Harper College and Northwest Community Hospital.

Linda and husband have daughter age 12 and son age 9. Has done both hospital and office laboratory work but likes a doctor's office best because of the variety of duties. Enjoys gardening and shopping in her spare time.

Sandy Webb: Born in Sherman Hospital and has

lived in Elgin, Illinois, ever since. Has R. N. degree from Elgin Community College. She and husband have a four-year old son. Sandy liked working in orthopedics at St. Joseph's Hospital. She has a special interest in nutrition and health and would like to teach in that field someday. Her husband is in construction, which is helpful, because they are rehabilitating an old Victorian home. She likes to refinish furniture and collect antiques, as well as biking and gardening.

Check-Up Guidelines

Cancer-related check-up guidelines for the asymptomatic patient were first published by the American Cancer Society in 1980.

A check-up should be performed every 3 years on those aged 20 to 40 and every year for those aged 40 and over. The examination should include examination of the skin, thyroid, testes, mouth, ovaries, and lymph nodes.

In particular, starting with women aged 20 to 40, breast examination should be done every 3 years, breast self-examination every month, and a baseline mammography done between the ages of 35 and 40.

For women aged 40 and over, an annual breast examination by a clinician, breast self examination monthly, and a mammogram every 1 to 2 years for those aged 40 to 49 and every year for those aged 50 and over. For uterine cancer detection, a pelvic examination is recommended every 3 years with a Pap test at least every 3 years after two initial negative tests 1 year apart starting at age 20.

For prostate, colon, and rectal cancer, a digital rectal examination and a stool blood test should be performed every year after the age of 40.