

California Area Indian Health Service PATIENT NEWSLETTER

Raising the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

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Director's Message

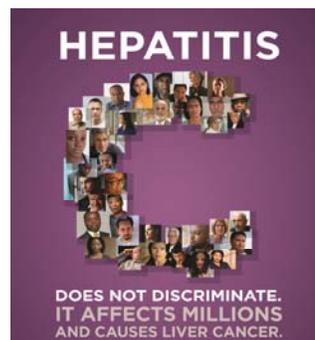
Hepatitis C Virus Screening & Treatment

In the United States, nearly 3 million persons are chronically infected with Hepatitis C virus (HCV), and up to 75 percent of patients do not realize they are infected. American Indians and Alaska Native (AI/AN) people have the highest rates of HCV as well as the highest rates of HCV-related deaths in the United States. HCV can lead to serious liver disease, liver cancer and even death if undiagnosed and untreated.

Your medical provider may test you for HCV even if there is no reason to think you may have the virus. It is nationally recommended to screen all persons born between 1945 and 1965 for HCV as data shows infection rates are highest in that age group.

Are you at risk? Take the five-minute online Hepatitis Risk Assessment developed by the Centers for Disease Control and Prevention (CDC) and get a personalized report. To begin, visit: <http://www.cdc.gov/hepatitis/riskassessment/>. Continued follow-up with your primary care provider after a positive screening test is very important. They can confirm that you have the virus and also assess the health of your liver to prioritize your treatment, either in the primary care clinic or with a specialist.

Only recently, there were limited medical options for HCV, but treatment breakthroughs have completely changed the landscape.



New treatments have a cure rate of over 90% with a simple treatment regimen. For most patients, one pill a day for 12 weeks will cure HCV. The treatment has almost no side effects.

Learn more about the disease by visiting <http://www.cdc.gov/nchhstp/newsroom/docs/factsheets/abc-viral-hepatitis.pdf>.

Additional resources are available here: <http://www.cdc.gov/hepatitis/RiskAssessment/HRAResources.htm>.





Safety on a Budget by Christine Brennan, MPH

During tough economic times, it may seem difficult to think about what's necessary to keep your family safe. Here's the good news: keeping your children safe doesn't have to be expensive.

There are plenty of free things you can do and low-cost safety devices that can help make your home safer, without breaking your budget.

Consider the following tips to help you get started:

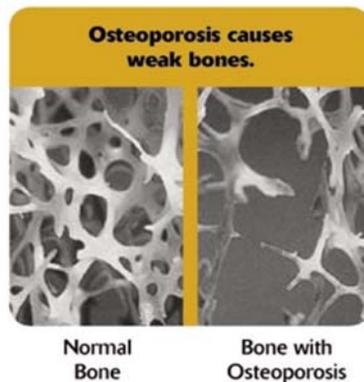
- Keep an eye on your children at all times. This is the best way to keep your child safe, and it doesn't cost a penny!
- Keep poisonous items, such as medications and cleaners, locked away and out of reach of children.
- Don't let children play on stairs, furniture, balconies, roofs, or in driveways, streets, or parking lots.
- Practice an escape plan with your family.
- Cook on back burners and keep handles facing away from front of stove so curious children won't pull hot contents down on themselves.
- Keep bathroom doors closed with a hook-and-eye latch above a child's reach to keep kids away from hazards in the bathroom.
- Tape any loose rugs firmly to the floor/carpet to avoid slips and slides of running toddlers.



Keeping your child safe is priceless!

Osteoporosis by Susan Ducore, RN, MSN, PHN

Calcium is essential for building strong, dense bones early in life and keeping bones strong and healthy later in life. About 99 percent of the calcium in our bodies is in our bones and teeth. Calcium also helps blood clot, nerves send messages, muscles contract, and other important body functions.



Each day, we lose calcium through our skin, nails, hair, sweat, urine and feces. Our bodies cannot produce calcium thus it's important to take in calcium through the foods we eat. When the body's calcium requirements are not met, the body looks to the bones for calcium. This may result in osteoporosis or "porous bone", a disease of the skeletal system characterized by low bone mass and deterioration of bone tissue. Osteoporosis leads to an increased risk of bone fractures typically in the wrist, hip, and spine. Although men and women of all ethnicities and ages may develop the disease, persons with the following characteristics may be at higher risk for osteoporosis:

- Female
- White/Caucasian
- Post menopausal women
- Elders
- Small in body size
- Eating a diet low in calcium
- Physically inactive

Food is known to contain the best source of calcium. The following are some food items that have been identified as good sources of calcium:

- Dairy products, such as low-fat and non-fat milk, yogurt and cheese
- Certain green leafy vegetables such as broccoli and bok choy
- Nuts such as almonds

Calcium-fortified foods and calcium supplements may be recommended for some persons. Some juices, breakfast foods, soymilk, cereals, snacks, breads and bottled water have added calcium. In addition to eating calcium rich foods and/or taking calcium supplements, weight-bearing physical activity are important to bone health. Weight-bearing physical activity, such as walking, jogging, playing tennis, stair climbing, weight lifting, and dancing, is essential to keeping bones healthy.

People who get plenty of calcium and exercise may still be at risk for bone loss and osteoporosis due to a variety of factors. Factors that are known to elevate such risk are vitamin D deficiency, family history, smoking, alcohol abuse, and certain medications and medical disorders known to cause bone loss.

If you fall into a category of increased risk or feel that you may be at risk due to other circumstances, please talk with your health care provider to determine the best approach to prevention and/or treatment. If a calcium supplement is called for, be sure to discuss with your medical provider or pharmacist the possible interactions between prescription or over-the-counter medications and calcium supplements.

Pregnancy and Oral Health by Steve Riggio, DDS

If you are pregnant or thinking about becoming pregnant, it is very important to pay particular attention to your teeth and gums. There are a couple of common myths about pregnancy and teeth: “You lose a tooth for every pregnancy you have” and “If you don’t get enough calcium during your pregnancy, your body takes it from your teeth”. Neither one is true. Tooth decay, not pregnancy, can cause tooth loss. The decay process results from dental plaque, which is made up of harmful bacteria. These bacteria use the starch and sugars in food to produce acid. This acid eventually causes destruction of tooth enamel. The more often we eat starchy or sugary foods, the greater number of acid attacks to the enamel.

Gums that become red and tender and likely to bleed is a condition called gingivitis. Many pregnant women experience gingivitis. It often appears in the first trimester and is the result of changing hormone levels. The increase in hormone levels exaggerates the way gum tissues react to irritants in the dental plaque. Untreated gingivitis can lead to serious gum disease called periodontitis. Recent evidence suggests that periodontitis is linked to premature birth and low birth weight. You can prevent gingivitis and periodontitis by keeping your gums and teeth clean.

If you are planning a pregnancy, schedule a dental checkup. Having your teeth cleaned and examined can reduce the risk of tooth decay and gingivitis. When you visit the dentist, please let your dentist know:

- If you have a high-risk pregnancy
- What month of the pregnancy you are in
- Any changes in your oral health
- If you are taking any medications
- If you have noticed any swelling, redness, bleeding or sores in your mouth



Taking care of your mouth is important, not just for your own sake, but also for the sake of your unborn baby.

Be Active Your Way by Beverly Calderon, RD, CDE



What do physical fitness and sports, high blood pressure education, women’s health, employee health, and better sleep all have in common? They all share physical activity as a supporting factor. Being physically

active on most days can help maintain a healthy weight, support good eating habits, control stress and blood pressure, and promote better sleep. Being physically fit means being able to function effectively throughout the day, being able to perform your usual activities, and have enough energy left over to handle any extra stress or any emergency that may arise. Physical fitness supports good body composition; too much body fat can reduce sports performance and negatively impact health.

Three key components of physical fitness are:

- Aerobic exercise; helps oxygen & nutrients reach cells and remove waste
- Strength training; helps build and maintain muscles
- Flexibility; includes stretching which helps joints

Simply stated, being active your way means striving to be as active as you can on most days. This is a central piece of balancing life and promoting wellness. The benefits include:

- Weight control
- Cardiovascular disease risk reduction
- Type 2 diabetes risk reduction
- Risk reduction of some cancers
- Increase bone and muscle strength
- Reduction of daily stress
- Improved mental health and mood
- Ability to do daily activities
- Healthy sleeping patterns
- Increase chances of living longer!



For more information, visit:

Just Move It, <http://www.justmoveit.org>

President’s Council of Physical Activity, <http://www.fitness.gov>

Why Do I Keep Hearing About Gluten? Part II of III by Amy Patterson, PhD



For some people, going “gluten free” isn’t just a choice, it’s medically necessary. This includes people who have Celiac Disease (CD). Celiac Disease is an autoimmune disorder. When

people with CD eat foods with gluten, it damages their small intestine by flattening the “villi,” the small finger-like projections in the lining of the intestine that help the body absorb nutrients from foods into the bloodstream. When the villi are damaged, they cannot absorb nutrients and the patient becomes malnourished.

Because it is an autoimmune disorder, CD affects the entire body, not just the gastrointestinal system, and can cause a variety of non-gastrointestinal symptoms. The so-called “classic symptoms” of CD are gastrointestinal and can include chronic, diarrhea, abdominal distention, loss of appetite, and impaired growth. These classic symptoms, however, are most commonly found in children under the age of two. Most CD patients do not present with “classic symptoms”. More often, patients have mild gastrointestinal symptoms such as pain, nausea, and gas, and a variety of other symptoms that are quite debilitating. These can include dermatitis (skin rash), infertility, limb numbness, anemia, joint pain, mouth sores, osteoporosis, fatigue, migraines, weight loss, and depression. Sometimes CD can be asymptomatic, which can make diagnosis very difficult.

About 1 in 100 people worldwide are estimated to have CD. It tends to run in families, and people with a parent, child, or sibling have a 1 in 10 risk of developing the disease. If someone in your immediate family has been diagnosed, you should be tested as well, and retested periodically even if the results are negative. In some cases, stressful events such as pregnancy, surgery, infections, or severe emotional distress can trigger the onset of the disease. It is estimated that over 80% of people with CD are undiagnosed, and as a result, are at great risk for long-term health complications including type 1 diabetes, multiple sclerosis, dermatitis and psoriasis, anemia, thyroid problems, lactose intolerance, osteoporosis, infertility and miscarriage, epilepsy, neuropathy, migraines, dementia, and intestinal cancers.

Children with undiagnosed CD may have stunted growth, and suffer from vitamin and mineral deficiencies as well as numerous behavioral and physical problems. The longer that someone goes with their CD undiagnosed or untreated, the higher their risk of developing secondary complications, so it is important to identify people who have CD as early as possible.

Unfortunately the average time between onset of symptoms and diagnosis is over four years. Some patients who complain of gastrointestinal symptoms are misdiagnosed and prescribed acid blockers or proton-pump inhibitors, which can mask some of the symptoms of CD.

Celiac disease is initially diagnosed by a blood test that detects the presence of certain antibodies, and confirmation is made by intestinal biopsy. For the biopsy, the doctor will do a procedure called an endoscopy to view the small intestine and take a small tissue sample for analysis. If there is evidence of damage, the celiac diagnosis is confirmed.

Right now, the only treatment for CD is to adopt a strict gluten-free diet. CD patients also need to be aware that gluten can be found in cosmetic items like lipstick, lip gloss, and lip balm, and if they do, should be avoided because of the risk of ingestion. It is not necessary to avoid other types of cosmetic products that might contain gluten, however, because gluten is not absorbed through the skin.

“Cross contact” is a big problem for CD patients. This occurs when gluten-free foods come in contact with gluten, often through shared utensils or a shared cooking/storage environment. Toasters, colanders, cutting boards, flour sifters, deep fryers, improperly washed containers, condiments that have been contaminated by utensils used on gluten-containing foods, bulk bins at grocery stores, and bakeries that offer gluten-containing products can all be sources of contamination. Wheat flour can actually stay airborne for many hours and contaminate preparation surfaces. Oats grown in fields that are grown side-by-side with wheat can also contain gluten.

When someone with CD does ingest gluten, they can become very sick. If you know someone with CD, be very careful not to serve them any foods containing gluten or food that might have been contaminated with gluten.

There are no medications to treat CD. The only treatment is to adhere to a strict, lifelong gluten-free diet. However, patients are often given vitamin and mineral supplements to help with nutritional deficiencies. Calcium, folate, iron, Vitamins B-12, D, K, and Zinc are often recommended, and patients with particularly bad damage to their intestines may be given them via injection. Patients who have dermatitis herpetiformis may be given medications to control the rash, but usually it clears up when a gluten-free diet is adopted.

Some doctors will recommend repeat endoscopy and biopsy after 3-5 years on a gluten-free diet, while others will do annual blood testing. There are a small number of CD patients who do not recover on a gluten-free diet because the damage to the small intestine is too great. These patients are usually treated with steroids and immune system suppressants.