

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.*



Beverly Miller, M.H.A., M.B.A.

Winter 2017
Volume 9, Issue 1

Director's Message:

Strategies for Identifying and Addressing Depression in American Indian Youth

Inside This Issue...

Director's Message	P.1
Taking Charge of Your Cardiovascular Health: A Guide to Common Conditions	P.2
What are the warning signs that a teen might be suicidal?	P.3
Anxiety: When to Seek Medical Help	P.4

This year the Indian Health Service (IHS) will begin collecting baseline health information on depression screening rates in youth's ages 12 to 17 years. The IHS recommends that Federal, Tribal, and Urban Indian health care programs screen youths for depression beginning at age 12 years old and continue screening yearly.

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports:

- » 1 in 9 adolescents will have a major depressive episode within the prior year;
- » There is a twofold increase in mood disorders in youths ages 13-14 years and 17-18 years; and
- » In 2013-2014, 2.7 million of the 24.9 million youths suffered from a major depressive disorder

For the past five years, the IHS, the California Area Office (CAO), and Tribal and Urban healthcare partners invested millions to provide intensive residential treatment for substance use disorders in youths. In addition to substance use disorders, about 70% of

these youths are diagnosed with a co-occurring disorder and depression is the most common.

What can be done to address depression in our youths?

- » Identify depression early by screening youths ages 12-17 year;
- » Identify early signs of mood changes and emotions which last longer than 1-2 days;
- » Watch for changes in school friends in school activities; and
- » Watch for non-appropriate changes in mental affect or outbursts of anger.

Parents, teachers, and all others who work with youths should report early changes in behavior and inappropriate responses to situational stress. By obtaining education and accurate information about the mental health status of American Indian youth, we can decrease substance use disorders and improve the mental health status of our American Indian communities. Contact your Tribal or Urban Indian healthcare programs to identify mental health services. "It takes a community" to raise our children.





Taking Charge of Your Cardiovascular Health: A Guide to Common Conditions

by Amy Patterson, PhD

Almost 800,000 people in the U.S. die from heart disease, stroke, and other cardiovascular diseases every year. That's about one of every three deaths in America, more than all forms of cancer combined. But many people are confused by the terminology used by medical professionals to refer to various types of cardiovascular disease, and sensational media coverage of celebrity deaths often contributes to the confusion. This article explains some of the more common medical conditions related to the cardiovascular system.

What is “cardiovascular disease”?

What is “heart disease”?

These two terms are often used interchangeably but they are slightly different. “Cardiovascular disease” (CVD) refers to conditions involving narrowed or blocked blood vessels, which can lead to a heart attack, chest pain (angina) or stroke. The term “heart disease” also refers to CVD, but can also be used to describe any disease that specifically affects the heart, particularly the heart muscle, valves or rhythm. It also includes heart conditions that a patient is born with (or “congenital” conditions). If you have been told you have cardiovascular disease or heart disease, this means you have a higher risk of heart attack and stroke, and should ask your doctor which lifestyle and diet modifications and medications can help you manage these risks.

What is a heart attack?

During a heart attack, blood stops flowing to the heart. Because blood carries oxygen, and the muscles of the heart depend on oxygen to function, when the blood supply is cut off, the heart muscle begins to die. If enough muscle dies, the heart loses the ability to pump.

Heart attacks usually occur because of coronary artery disease (also sometimes called coronary heart disease) which is a form of cardiovascular disease. This is a condition in which a waxy substance called “plaque” builds up inside the arteries that bring blood to the heart. The build up of plaque is called atherosclerosis or “hard arteries,” and usually happens over the course of many years. Poor diet, lack of exercise, and smoking are all risk factors for atherosclerosis. A heart attack can happen when a piece of plaque breaks open inside the artery and blood begins to clot around it. If the blood clot gets too large, it can block or restrict the flow of blood through the artery. Another, less common type of heart attack happens when a coronary artery has a spasm (tightening) that cuts off blood flow.

Not all heart attacks are equal. When a coronary artery is completely blocked off a large portion of the heart cannot receive blood the heart muscle begins to die. This is often called a “massive” heart attack and has a high risk of death. There are also milder heart attacks, sometimes called “mini” heart attacks, in which the flow of blood is restricted but not entirely blocked, which causes less damage to the heart. These kinds of heart attacks are less often fatal, but still do permanent damage to the heart.

A heart attack is also sometimes referred to as a “Myocardial Infarction” or MI. The first part of this term is Latin: “myo” means muscle, “cardia” means heart. An “infarction” is the medical term for the obstruction of the blood supply to an organ or region of tissue, usually from a blood clot, which causes the death of tissue or muscle.

Is a heart attack the same thing as “cardiac arrest”?

No, “cardiac arrest” is not the same as a heart attack. The heart relies on a series of electrical impulses to cause it to contract (beat) and pump blood. Cardiac arrest happens when the electrical system malfunctions and the heart suddenly stops beating. Most cases of cardiac arrest occur in people who have coronary artery disease, which reduces blood flow to the heart and can make it hard for it to conduct electrical impulses. A heart attack can also trigger cardiac arrest, but so can an enlarged heart, congenital heart defects, and other problems with the heart's electrical system. Cardiac arrest happens when these conditions cause a severe irregular heartbeat (arrhythmia) called ventricular fibrillation, in which rapid erratic electrical impulses cause the heart's ventricles to quiver uselessly instead of pumping blood. The symptoms of cardiac arrest are more severe than a typical heart attack, and include collapse, loss of consciousness, lack of pulse, and lack of breathing. Cardiac arrest may be reversed if CPR (cardiopulmonary resuscitation) is performed and a defibrillator is used to shock the heart and restore a normal heart rhythm within a few minutes.



Is a heart attack the same thing as “heart failure”?

No, “heart failure” does not mean someone’s heart has stopped or is about to stop. Heart failure, also called Congestive Heart Failure or CHF, is a condition in which the heart muscle has been weakened and can’t pump enough blood to meet the body’s needs. Because it can’t pump effectively, blood and fluid can back up in the lungs causing shortness of breath and fatigue, and can back up in the feet, ankles and legs, causing edema.

The most common causes of heart failure are coronary artery disease, high blood pressure, and diabetes. Heart failure is more common in men, people who are 65 years old or older, African Americans, people who are overweight, and people who have had a heart attack. Heart failure can be managed with medication and lifestyle changes, but can also be a risk factor for a future heart attack.

What is angina?

Angina, also called angina pectoris, is chest pain caused by reduced blood flow to the heart muscle. Angina most commonly caused by coronary artery disease. There are other causes of angina as well, including anemia and coronary spasms. Patients with angina usually describe it as a feeling squeezing, pressure, heaviness, tightness or pain in their chest. Doctors typically classify angina as either “stable” (pain that increases with movement), or “unstable” (pain that increases at rest, or a new pattern of pain), and the unstable form is more dangerous and a risk factor for a future heart attack.

Heart failure and angina are not emergency conditions, but are strong risk factors for heart attacks. Anyone with these conditions should be closely monitored and should let their doctors know if their symptoms get worse.

What is a stroke?

Like a heart attack, a stroke is a blockage of blood flow, but in this case to an area of the brain, causing brain cells to be deprived of oxygen and begin to die. A stroke is sometimes also called a cerebrovascular accident, CVA, or “brain attack.” When brain cells die the abilities controlled by that area of the brain such as memory and muscle control are lost.

Stroke symptoms include sudden weakness, paralysis or numbness of the face, arms, or legs, trouble speaking or understanding speech, and trouble seeing.

There are two types of stroke. An ischemic stroke, the most common, happens when a blood vessel that goes to the brain gets blocked, usually from a blood clot. A hemorrhagic stroke happens when a blood vessel within the brain bursts. The pressure from the leaked blood damages brain cells.

What is a “mini stroke”?

A mini-stroke is also called a transient ischemic attack, or TIA. In a TIA, the blood flow to a portion of the brain is blocked only for a short time. Thus, damage to the brain cells isn’t permanent. Like ischemic strokes, TIAs are usually caused by blood clots. While TIAs are not full-blown strokes, they are associated with an increased risk of having a stroke in the future.

What are the warning signs that a teen might be suicidal?

by CDR Wendy Blocker, MSN



Warning signs of teen suicide might include:

» Talking or writing about suicide — for example, making statements such as “I’m going to kill myself,” or “I won’t be a problem for you much longer”

- » Withdrawing from social contact
- » Having mood swings
- » Increasing use of alcohol or drugs
- » Feeling trapped or hopeless about a situation
- » Changing normal routine, including eating or sleeping patterns
- » Doing risky or self-destructive things
- » Giving away belongings when there is no other logical explanation for why this is being done

- » Developing personality changes or being severely anxious or agitated when experiencing some of the warning signs listed above.

If you think your teen is in immediate danger, call 911, your local emergency number or a suicide hotline number — such as the National Suicide Prevention Lifeline at 800-273-TALK (800-273-8255) in the United States.

What can be done to prevent teen suicide?

- » **Address depression or anxiety.** Don’t wait for your teen to come to you, if they are sad, anxious or appears to be struggling — ask what’s wrong, offer help.
- » **Pay attention.** If your teen is thinking about suicide, he or she is likely displaying warning signs. Listen to what your child is saying and watch how he or she is acting. Never shrug off threats of suicide as teen melodrama.

(Continued on page 4)

(Continued from page 3)

- » **Discourage isolation.** Encourage your teen to spend time with supportive friends and family.
- » **Encourage a healthy lifestyle.** Help your teen eat well, exercise and get regular sleep.
- » **Safely store firearms, alcohol and medications.** Access to means can play a role if a teen is already suicidal.
- » **Support the treatment plan.** If your teen is undergoing treatment, remind him or her that it might

take time to feel better. Help your teen follow their doctor's recommendations.

- » Encourage your teen to participate in activities that will help him or her rebuild confidence.

Teen suicide is preventable. If you've worried about your teen, talk to him or her and seek help right away.



Anxiety: When to Seek Medical Help

by Christine Brennan, MPH

Everyone experiences instances of anxiety or stress throughout life, for example during stressful times at work, during exams at school, or before big life events. Occasional anxiety is a normal response to stressful situations. For some people though, anxiety can be a daily occurrence lasting for weeks or months that can have a negative impact on a person's well-being, happiness, and overall health. Anxiety disorders are the most common mental health condition in the United States. Eighteen percent of the general population suffers from an anxiety disorder. Unfortunately, many of those who could benefit from treatment don't seek help. Only about one-third of those suffering with an anxiety disorder receive treatment to reduce or end their anxiety symptoms.

The most common types of anxiety disorders are:

- » **Generalized Anxiety Disorder (GAD):** Characterized by persistent and excessive worry about any number of items. People with GAD often expect the worst, even when there is no cause for concern. Symptoms include restlessness, tiring easily, difficulty concentrating, irritability and tension, constant worry, and sleep problems.
- » **Panic Disorder:** Characterized by sudden spontaneous panic attacks. People with panic disorder often have a constant fear of and preoccupation with having another panic attack. Symptoms include sudden attacks of intense fear causing heart palpitations, trembling, pounding and accelerated heart rate, and sensations of shortness of breath or choking,

- » **Social Anxiety Disorder:** Characterized by the extreme fear of being judged by others or of humiliating or embarrassing themselves. Symptoms include feeling anxious when around other people, feeling afraid that others are judging or laughing at you, constant worry about upcoming social events, avoiding social events, and difficulty making or keeping friends.
- » **Specific Phobias:** Characterized by a strong, irrational fear of specific situations or things. Common phobias include animals, insects, germs, heights, flying, and dental or medical treatments.



Symptoms of an anxiety disorder can interfere with daily life and can lead to depression. If you are suffering from any of the symptoms listed above for an extended period of time, see your doctor. There are behavioral therapies and/or medications that can stop or greatly reduce the anxiety symptoms which will improve your quality of life.

For more information, please visit: National Institute of Mental Health: <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml> and Anxiety and Depression Association of America: <https://www.adaa.org/>



Indian Health Service/California Area Office
650 Capitol Mall, Suite 7 100, Sacramento, CA 95814
Phone: (916) 930-3927 | <http://www.ihs.gov/california>

