

Health Briefs

Introduction

ConnectCare has compiled this collection of health-related news items from *The Harvard Health Letter* and *The University of California, Berkeley Wellness Letter*. These briefs are not meant to be a definitive reference, but rather to provide a brief oversight of current healthcare research. We will distribute this newsletter periodically throughout the year. As always, your best resource for health information is your healthcare provider. If you wish to receive additional information about a topic, you may contact us at (989) 839-3370 or via e-mail peggy.cameron@connectcare.com and nikkolette.garno@connectcare.com

7 reasons why you may need a medication check-up

A medication regimen isn't something you can set and forget. You and your doctor need to keep tabs on what you're taking and how it's affecting your health. Sometimes things change between visits, and adjustments need to be made. It's up to you to schedule an appointment. Here are seven reasons why that may need to happen.

- 1) You take a lot of pills: It's estimated that more than a third of older adults take five or more prescription medications, over-the-counter drugs, or dietary supplements. If your regimen is too complicated or confusing it increases the risk that you will forget to take your medicine or have take too much of particular medicine and have a dangerous reaction.
- 2) You're experiencing side effects: You might think to call your doctor about an obvious side effect, such as nausea or drowsiness. They may actually indicate that the dose of your medications needs adjustment.
- 3) You're self-prescribing: When you take over-the-counter drugs without consulting your doctor, you may be risking an adverse interaction with your other medications.
- 4) You just got out of the hospital: If you received new medications during your stay; its important to see how they're working and if they need to be adjusted.
- 5) You're seeing other doctors: Patients often assume that their doctors all know what the other ones are doing, but they all don't share the same computers. A cardiologist might change a blood pressure regimen, and the primary care physician may not know about it.
- 6) You don't need the drug anymore: If you're self-prescribing at the drug store or if your doctor has given you a prescription with refills but hasn't provided clear instructions about how long to take it, you may be taking a pill unnecessarily.
- 7) Your symptoms aren't controlled: Your doctor may start you on the lowest medication dose possible. But if you are still having symptoms, they dose may need to be increased.

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Briefer Briefs

To provide a method of obtaining interpreter services for Mid-Michigan Health Network (MHN) customers who are hearing-impaired or speak a language other than English, MHN provides telecommunications (TDD) devices or telephone typewriter (TTY) services for deaf, hard of hearing, or speech impaired enrollees. A separate phone number (989) 839-1689 option three is available for enrollees to call for either of these services. In the event that interpreter services are needed at MHN's office, a laptop is available to provide sign language via Video Remote Interpreting, V.O.I.C.E may be contacted at (989) 497-7111, Monday through Friday, 8 a.m., to 4:30 p.m., or after 4:30 p.m. at (989) 284-5182 to arrange a face-to-face interpreter, or communication boards may be signed out for use with the enrollee. MHN also provides language assistance services for all enrollees who speak a language other than English. Language Services Associates (LSA) may be contacted at (866) 406-0021 account code 2831 to provide translation services using a dual handset for communication.

Did You Know?

ConnectCare maintains a website that provides enrollees with access to look up physicians, hospitals and healthcare service providers online. Just go to www.connectcare.com and on the home page, click on the *Find a Doctor* link for physicians and practitioners, or the *Find A Facility* link to find hospitals, durable medical equipment providers and other services that are in network for your health plan.

It is the intent of ConnectCare to protect the integrity, availability and confidentiality of health information. If you would like information on ConnectCare use and release of health information, rights regarding medical information, change of notices, complaints and uses of other medical information go www.connectcare.com,



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What's that chest pain?

Sometimes it's hard to tell the difference between a heart attack, heartburn, and lung problems. Many kinds of health problems can cause chest discomfort, with symptoms so intense that you rush to the hospital. You may worry that chest pain is due to a heart attack, which occurs when blood flow to the heart is blocked, typically by a blood clot and narrowed arteries. Classic symptoms include pressure or squeezing in the chest, lightheadedness, and pain in the shoulder, arm, neck, jaw, or back.

Chest pain may stem from a number of conditions; here are the most common.

- **Stable angina:** Occurs when clogged arteries slowly reduce the amount of oxygen-rich blood reaching your heart. It causes pain similar of a heart attack but does not cause the death of heart muscle cells.
- **Pericarditis:** An infection, injury, cancer treatment, or medication reaction may inflame the pericardium which is the protective sac around your heart. Pain is typically sharp and stabbing, located in the center or left side of your chest.
- **Heartburn:** Sometimes stomach acid can back up into your esophagus. Symptoms can include a fiery, tingly, tight, or stabbing pain in your chest.
- **Pulmonary embolism:** This is a blood clot that forms somewhere in your body and travels to a lung. It can be deadly and symptoms include chest pain or discomfort that worsens on taking a deep breath, difficulty breathing, coughing up blood, a fast heart rate, sudden lightheadedness, or fainting.
- **Other lung problems:** Sharp, stabbing chest pain may occur in your lungs if you have pneumonia, bronchitis, asthma, or pneumothorax.
- **Panic attack:** Sharp chest pain along with shortness of breath, palpitations, and dizziness can occur if you experience a sudden wave of anxiety. It usually doesn't last long.
- **Costochondritis:** An overuse injury from sports or heavy lifting may inflame the chest wall between your ribs and the breastbone.

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Do B vitamins boost energy?

The claim that B vitamins are the solution for low energy remains popular—but is just as misleading today as it always has been. B-complex supplements often provide several hundred or even thousands of times the daily recommended daily allowance of various B vitamins. And many supplements labeled “high-energy” are just B vitamins. Energy drinks and shots also tend to contain high doses of B vitamins. It's true that B vitamins are involved in energy production, but the vitamins aren't the source of energy. B-vitamins help convert dietary energy ATP (adenosine triphosphate), the form of energy that your body uses, in a series of complex chemical reactions. B vitamins also are not stimulants like caffeine.

Your body only needs a certain amount of B vitamins. Very high doses of B vitamins can cause potential negative effect. A recent study in *the Journal of Bone and Mineral Research*, raised concern that high doses of B6 might increase hip fractures. Another recent study, in the *Journal of Clinical Oncology* linked long-term use of high dose vitamin B6 or B12 supplements to an increase in lung cancer for men but not women and especially in men who smoked.

So why might you feel a kick of energy after having an “energy drink”? It's not from the B vitamins, but from the sugar or caffeine or herbal stimulants that these products often contain. It is easy enough to get enough B vitamins if your diet includes green leafy vegetables, grains, legumes, mushrooms, and other plant food.

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