



How strong are your bones?

34 million people in the U.S. are estimated to have low bone density. This can become **osteoporosis**, a disease that makes your bones brittle and thin. Many people don't know there's a problem until they break a bone.

You may need a bone density test.

- Talk to your health care provider.
- If you've had the test recently, you should ask when you need another.

If your bones are thinning or if you have osteoporosis, there is treatment available.

Osteoporosis is more common in women, especially women past menopause. But anyone can develop the disease. You may be at higher risk if:

- You have certain health conditions including arthritis, Lupus or some gastrointestinal diseases.
- You are taking certain medicines, like steroids.

Source: National Osteoporosis Foundation - www.nof.org



Depression is a serious illness. Treat it seriously.

Everyone feels sad and blue from time to time. But depression is different from just feeling down. It can affect your whole life.

Treating depression requires help from a health care provider. Medicine is often prescribed.

- Take your medicine exactly as you are told to.
- Ask your doctor about side effects you could expect.
- Tell your doctor about any side effects you feel.
- Be patient. Some medicines may not take effect for several weeks.
- You may have to try different medicines.

- Never stop taking your medicines without talking to your doctor first.
- You may also need to see a mental health care provider for talk therapy.

If you are diagnosed with depression while you're in the hospital, make sure you have a follow-up appointment with a health care provider within a week.

Most people with depression can feel better with treatment.

Source: National Institute of Mental Health - www.nimh.nih.gov

Blood & lab tests you need regularly if you're diabetic include:

- **Hemoglobin A1c test (HbA1c)** to show how well your blood sugar levels were controlled over the last few months.
- **Blood test for LDL cholesterol**, known as "bad" cholesterol. Type 2 diabetics can have high LDL levels. This can lead to heart disease.
- **Blood and urine tests for kidney function.** These tests measure if waste products are being correctly removed from your body through your kidneys.

Talk to your health care provider about how often you need each of these tests. Ask about other tests you may need to help you manage your diabetes.



Source: National Institute of Diabetes and Digestive and Kidney Diseases - www.diabetes.niddk.nih.gov

To check your benefits for tests or screenings or for help finding a health care provider, call **AccessTN Member Services at 1-866-636-0080**



1 Cameron Hill Circle
Chattanooga, Tennessee 37402-0001

bcbst.com

How can we help you?

At BlueCross BlueShield of Tennessee

Regular business hours are from 8 a.m. to 6 p.m. ET, Monday through Friday.

Member Services (for benefits information)	1-866-636-0080
TDD/TTY (for the hearing impaired)	1-866-591-2908
Email	accessn@bcbst.com
Website	bcbst.com
24/7 Nurseline*	1-866-904-7477
Health Information Library*	1-800-999-1658
Drug Benefit Appeal	1-888-343-4232 (fax number)
Care Management	1-800-225-8698
CareSmart® Disease Management	1-888-416-3025

At the State of Tennessee

Regular business hours are from 8 a.m. to 5 p.m. CT, Monday through Friday.

E-mail	cover.tennessee@tn.gov
Website	covertn.com
Appeals Coordinator	1-866-576-0029 or (615) 741-4517



BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association

*Services of independent companies serving AccessTN members.

This document has been classified as public information.

10-2774 (9/11)



The CareSmart FREE disease management programs empower AccessTN members to take control of their chronic conditions or diseases. **Call 1-888-416-3025** to enroll today.



Like us on Facebook!

Check out BlueCross BlueShield of Tennessee on Facebook for the latest health and wellness tips. Get a special health, nutrition or fitness tip posted to your wall each day. **We are listed on Facebook as BCBST.** This is the only official Facebook page for BlueCross BlueShield of Tennessee.

AccessTN Member Services:
1-866-636-0080
Monday-Friday, 8 a.m. to 6 p.m., Eastern time
TDD/TYY (for hearing impaired)
1-866-591-2908
e-mail: AccessTN@bcbst.com

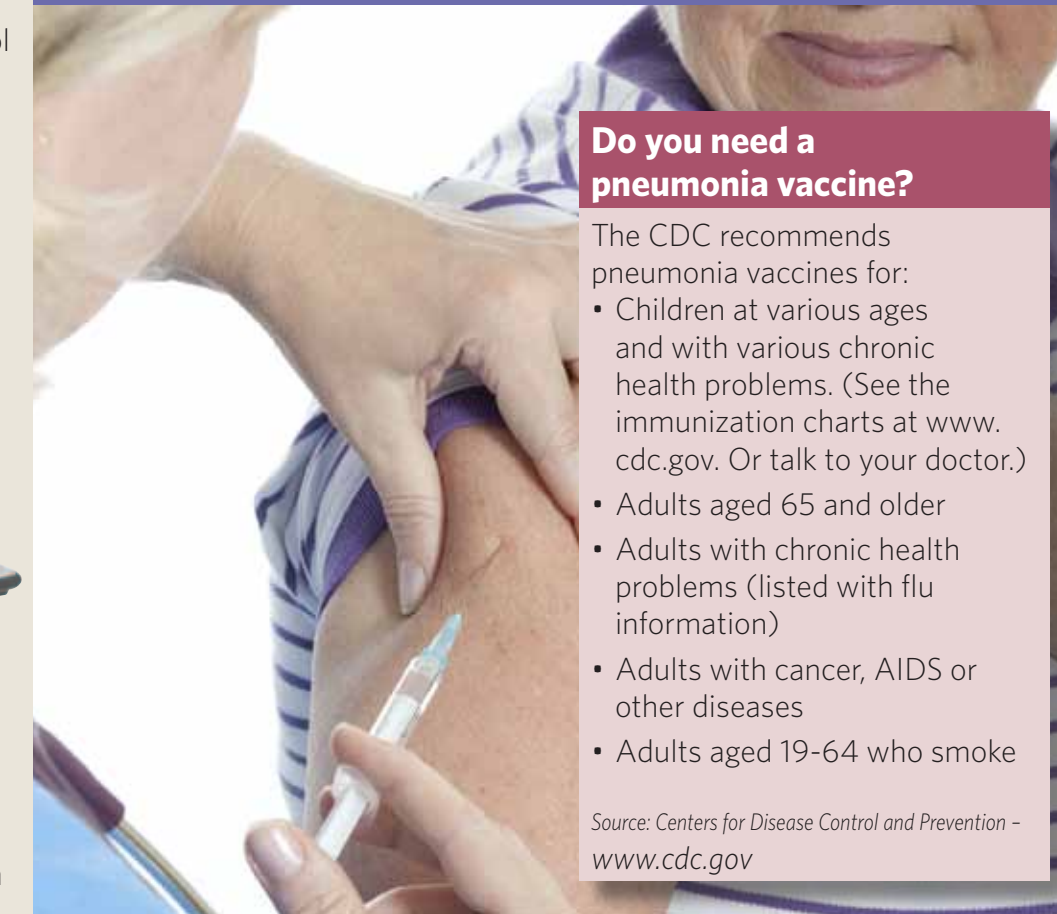
This information in this newsletter is not meant to take the place of your health care provider's advice.

ACHIEVING HEALTH

For AccessTN Members

Helping you maximize your health

3rd Quarter 2011



Do you need a pneumonia vaccine?

The CDC recommends pneumonia vaccines for:

- Children at various ages and with various chronic health problems. (See the immunization charts at www.cdc.gov. Or talk to your doctor.)
- Adults aged 65 and older
- Adults with chronic health problems (listed with flu information)
- Adults with cancer, AIDS or other diseases
- Adults aged 19-64 who smoke

Source: Centers for Disease Control and Prevention - www.cdc.gov

Flu vaccines: what's right for you?

The Centers for Disease Control and Prevention (CDC) recommends that **everyone 6 months and older get the flu vaccine this year.**

Some people are more likely to have complications from the flu. They might have to be hospitalized or could even die from the flu. This includes people with chronic health conditions, such as:

- Asthma
- Chronic obstructive pulmonary disease (COPD) or other lung diseases

- Diabetes
- Heart disease
- Kidney, blood or liver disorders
- Other chronic diseases

Others with a high risk of complications from the flu include:

- Pregnant women
- Children younger than 5, but especially children younger than 2 years old
- Adults aged 65 and older

Talk to your health care provider about the vaccines that are right for the health of you and your family

Chronic obstructive pulmonary disease (COPD): symptoms not to ignore

If you have COPD, some severe symptoms may require treatment in a hospital. Seek emergency care if:

- You're having a hard time catching your breath or talking.
- Your lips or fingernails turn blue or gray. (This is a sign of low oxygen level in your blood.)
- You're not mentally alert.
- Your heartbeat is very fast.
- Treatment for symptoms that are getting worse is not working.

Make sure that family, friends and coworkers know these symptoms and are prepared to help you get the care you need.

Source: National Heart Lung and Blood Institute - www.nhlbi.nih.gov



Upper respiratory infections, asthma and COPD

Colds and flu are upper respiratory infections (URIs). They can spell trouble to people with **asthma** and **chronic obstructive pulmonary disease (COPD)**.

With asthma and COPD, your airways may already be inflamed or swollen. If you get a URI, you are more likely to have serious complications.

Both **flu** and the **common cold** may include some or all of these symptoms:

- Fever and/or chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches

Snort. Sniffle. Sneeze. No antibiotics please.

Antibiotic drugs don't fight the viruses that cause colds and flu. Worse, taking antibiotics too often can mean they don't work when you really need them. This can lead to diseases spreading faster and harming more people.

For colds or the flu, drink fluids and get plenty of rest. That will usually make you feel better in a few days.

- Headaches
- Tiredness

Cold symptoms will be milder than flu symptoms.

Flu symptoms are generally worse than cold symptoms.

- Some people with flu may have vomiting and diarrhea, though this is more common in children than adults.
- Not everyone with flu will have a fever.

If you have asthma or COPD, talk to your doctor about URI prevention and treatment.

Source: Centers for Disease Control and Prevention - www.cdc.gov



If it doesn't, see your health care provider. The best care is the right care. Know when antibiotics work.

Source: Centers for Disease Control and Prevention - www.cdc.gov

Beta blockers treat coronary artery disease (CAD)

With CAD, an important part of treatment is taking your medicines as prescribed by your health care provider. One type of medicine used to treat CAD is called a beta blocker.

A beta blocker slows the heart and makes it beat with less contracting force. As a result, blood pressure drops and the heart works less hard.

Beta blockers may be prescribed for high blood pressure, chest pain and heart arrhythmias. You may need to take beta blockers for the rest of your life. They can help prevent a first heart attack or a repeat heart attack.

Like any medicine, beta blockers may have side effects. Report any side effects to your doctor.

Never stop taking your medicine or change your medicine dosage without talking to your health care provider first.

Beta blockers may have different names on your prescriptions. Ask your health care provider to explain all your medicines.

Source: National Heart, Lung and Blood Institute - www.nhlbi.nih.gov

About CAD

In the United States, CAD is the #1 cause of death for both men and women. Lifestyle changes, medicines, and medical procedures can help prevent or treat CAD and may reduce the risk of related health problems.

Source: National Heart, Lung and Blood Institute - www.nhlbi.nih.gov



Choose to take care of your congestive heart failure (CHF)

Congestive heart failure (CHF) is a serious medical condition. It should be treated by a health care provider. But you play a role in your own health. There are choices you can make to lead a longer, more comfortable life with CHF.

Choose to take all your medicines (for all your health problems) as prescribed: Discuss any side effects with your doctor.

Don't stop taking medicines or change your dosage without talking to your doctor.

Choose a heart healthy diet, including:

- A variety of fruits, vegetables and whole grains.

- Lean meats, poultry, beans and fat-free or low-fat milk or milk products.

- Foods low in saturated fat, trans fat, cholesterol and added sugars.
- Food low in sodium (salt). Too

much salt can cause extra fluid to build up in your body, making heart failure worse.

Choose to understand what and how much you should drink:

- Don't drink alcohol.
- Weigh yourself regularly to help control fluid build-up.
- Talk to your doctor about what fluids you need.

Choose other lifestyle improvements that include:

- Being physically active as directed by your doctor
- Stopping smoking
- Losing weight
- Getting enough rest
- Learning new ways to cope with stress

Talk to your health care provider about the choices you can make to manage your CHF.

Source: National Heart, Lung and Blood Institute - www.nhlbi.nih.gov

When eating become a habit

Sometimes we eat when we're not even hungry, following bad eating habits that pack on pounds.

Common reasons for eating when not hungry include:

- Opening up the cabinet and seeing your favorite snack food.
- Sitting at home watching television.
- Before or after a stressful meeting or situation.
- Not planning a healthy meal.
- Walking past a vending machine.
- Seeing a plate of doughnuts at a meeting.
- Passing by your favorite drive-through.
- Feeling bored or tired and thinking food might offer a pick-me-up.

Want help cutting out these habits?

- Write down everything you eat for a week.
- Circle every time you eat when you're not hungry.

The number of times you eat when you're not hungry may surprise you. Becoming aware of this can be a great first step toward building new, healthier habits.

Source: Centers for Disease Control and Prevention - www.cdc.gov



Attention deficit hyperactivity disorder (ADHD)

ADHD often starts in childhood. But the symptoms can continue in adults.

ADHD symptoms can include:

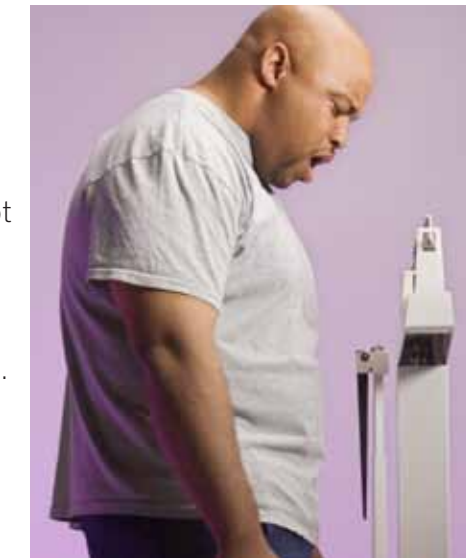
- Not being able to pay attention
- Not being able to control behavior
- Hyperactivity (over-activity)

No single test can diagnose ADHD. If you are concerned about

your child, talk first to his or her pediatrician. Adults can talk first with to their primary care provider. A mental health specialist is often needed to diagnose ADHD.

Treatment for ADHD may include medicines. Sometimes different medicines or dosages must be tried before finding one that works.

Source: National Institute of Mental Health - www.nimh.nih.gov



What do you know about pills for Type 2 Diabetes?

All people with Type 2 diabetes should take diabetes pills. T or F False. Some people need diabetes pills. Others need insulin. Some people need both. If you have Type 2 diabetes, you should follow a healthy eating and physical activity plan and control your weight. With diet and exercise, you may not need insulin or pills.

Diabetes pills can stop working. T or F

True. Diabetes pills can sometimes stop helping you control your blood sugar levels. You may need to try a different medicine or a different dose. See your health care provider regularly to help decide on the right medicines.

Diabetes pills won't help if you've had Type 2 diabetes for years. T or F

False. But if you have been taking a large dose of insulin to help control your blood sugar levels, diabetes pills may be **less likely** to help you. Again, talk to your health care provider about what medicines could help you.

Source: American Diabetes Association - www.diabetes.org