



ACHIEVING HEALTH

For AccessTN Members

1st Quarter 2011

Helping you maximize your health

CORONARY ARTERY DISEASE

Heart disease is the #1 killer of women. Can you stop it?

Coronary artery disease is commonly called heart disease. When asked, many women don't think they should worry about heart disease. They think it's a man's problem.

But each year, nearly the same number of women as men die from heart disease. It is the leading cause of death of women in the United States.

Are you at risk? Check off everything on this list that describes your health and the way you live:

- | | |
|--|--|
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Overweight or obese |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Poor diet |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Physical inactivity |
| <input type="checkbox"/> Cigarette smoking | <input type="checkbox"/> Alcohol use |

The more things you checked, the higher your risk of heart disease. Many women don't even know they have high cholesterol or high blood pressure. These conditions can have no warning signs. The first hint that you are headed for trouble may be a heart attack or stroke. Growing older increases your chance of heart

disease. But each year heart disease takes the lives of as many women aged 40 to 60 as does breast cancer.

A woman's best weapon against heart disease is to cut her risks by:

- Seeing a health care provider for preventive tests
- Following the health care provider's advice
- Not smoking and limiting or avoiding alcohol use
- Following a healthy diet and physical activity
- Keeping weight under control

If you think heart disease can't touch you because you are a woman, think again. Talk to your health care provider about preventing heart disease.

Sources: Centers for Disease Control and Prevention, http://www.cdc.gov/dhbsp/data_statistics/fact_sheets/fs_women_heart.htm; Women's Heart Foundation, http://www.womensheart.org/content/HeartAttack/heart_attack_symptoms_risks.asp

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





Is your bronchodilator working for you?

If you have chronic obstructive pulmonary disease (COPD), you may be using a bronchodilator. Bronchodilators relax the muscles around your airways to make breathing easier. Bronchodilators are a prescription medicine.

Most bronchodilators are taken using a device called an inhaler. The medicine goes right to your lungs. Not all inhalers are used the same way. Ask your health care team to teach you how to use your inhaler.

If your COPD is mild, you may use a short-acting inhaled bronchodilator. You use the medicine when you have symptoms like coughing, wheezing or shortness of breath. The medicine lasts about four to six hours.

If your COPD gets worse, you may need regular treatment

with short- and long-acting bronchodilators. Long-acting bronchodilators last about 12 hours or more and are used every day.

It is important not to ignore changes in your COPD:

- Is your wheezing, shortness of breath or coughing growing worse?
- Is it becoming hard to do everyday tasks such as walking or dressing?
- Do you feel you need your bronchodilator more often?

Your answers to these questions may mean it is time for a change in your COPD treatment, including your bronchodilator or other medicines. Talk to your health care provider to decide what is right for you.

Source: National Heart, Lung and Blood Institute
http://www.nhlbi.nih.gov/health/dci/Diseases/Copd/Copd_LivingWith.html
http://www.nhlbi.nih.gov/health/dci/Diseases/Copd/Copd_Treatments.html

Need FREE Help to Quit Smoking?

Call the Tennessee Tobacco QuitLine at 1-800-QUIT-NOW or 1-800-784-8669.

Hearing impaired Tennesseans call 1-877-559-3816.

Hours (Eastern Time):

- Monday through Friday, 8 a.m. to 11 p.m.
- Saturday, 9 a.m. to 6 p.m.
- Sunday, 11 a.m. to 5 p.m.

Counseling is available in English or Spanish. Find out more at: www.health.state.tn.us/tobaccoquitline.htm



The best cure for a cold? Don't get one.

Don't let a cold make your asthma or COPD worse. Take simple steps to help guard against colds:

- Wash hands often with soap and warm water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Stay away from people who are sick.

Source:
 American Lung Association: <http://www.lungusa.org/lung-disease/influenza/in-depth-resources/facts-about-the-common-cold.html>;

Treating a cold

The calendar may say spring, but it's still the season for colds. Colds can mean extra problems if you have asthma.

For most people with asthma, an attack may include:

- Coughing
- Shortness of breath
- Wheezing
- Chest tightness

A cold can include:

- Sneezing
- Stuffy or runny nose
- Sore throat
- Coughing
- Watery eyes
- Mild headache
- Mild body aches

Both an asthma attack and a cold can have the same result:

you have a hard time breathing. Worse, a cold can sometimes turn into an infection that can trigger asthma attacks.

Always take a cold seriously. Treat your cold right away with:

- Rest
- Drinking plenty of fluids
- Running a humidifier or cool mist vaporizer
- Avoid smoking, second-hand smoke, and other pollutants (airborne chemicals or irritants)
- Medicines, as directed

For people without asthma, colds may be treated with over-the-counter medicines. But if you have asthma, these drugs may not be safe. Check with your health care provider and

ask what medicines you can take if you have a cold. You may need a prescription drug.

A cold can last a few days or up to two weeks. See your health care provider if your cold symptoms seem to be getting worse instead of better. Seek help right away if you have severe trouble breathing.

With asthma, you should always be prepared. Make planning for a cold part of your asthma action plan.

Sources: American Lung Association: <http://www.lungusa.org/lung-disease/influenza/in-depth-resources/facts-about-the-common-cold.html>;
 Centers for Disease Control and Prevention: <http://www.cdc.gov/asthma/triggers.html>, <http://www.cdc.gov/getsmart/antibiotic-use/URI/colds.html>,
 Mayo Clinic: <http://www.mayoclinic.com/health/asthma/AS00024/NSECTIONGROUP=2>



Panic Disorder

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Panic disorder is a real illness that can be helped with treatment. The first step is realizing you have a problem.

Many of us have had a panic attack. We may have felt very afraid and not known the reason why. We may have broken out in a cold sweat or felt weak and sick when facing a stressful event, like delivering a talk in school or interviewing for a job.

But when panic attacks grow into panic disorder, the reaction is much worse. The panic attacks may feel like they come out of nowhere. They may even happen while sleeping. With panic disorder, people sometimes believe they are having heart attacks, losing their minds or are on the verge of death. They don't know when or where an attack will happen.

The person worries constantly and dreads the next attack.

In severe cases, people with panic disorder may not be able to work, live by themselves or leave their homes. Often they feel ashamed and try to hide their problem.

Tell your health care provider if you or a family member are having symptoms of panic disorder. Your panic may be related to depression, alcohol or drug abuse. You may be given medicines or sent to a mental health care professional for talk therapy.

The chances are very good that you can feel better. Don't wait to ask for help.

Source: National Institute of Mental Health:
<http://www.nimh.nih.gov/health/publications/anxiety-disorders/panic-disorder.shtml>

Reaching out can improve your outlook.

If you are depressed, you may feel very alone. While you may have admitted your feelings to your health care provider, you may be shutting other people out. Don't. As medicine or talk therapy begin to help you feel better, don't separate yourself from other people.

- Don't be ashamed. Depression is a serious medical issue.
- Tell a trusted friend or relative what you're going through.
- Remember what you once enjoyed with other people. Go to church, a sports event or the movies.
- Don't be too hard on yourself if your mood doesn't lift overnight.

Source: National Institute of Mental Health:
<http://www.nimh.nih.gov/health/publications/women-and-depression-discovering-hope/how-can-i-help-myself-if-i-am-depressed.shtml>



Can you stop Type 2 Diabetes?

When you have Type 2 Diabetes, your body doesn't use food in the right way. A form of sugar called glucose builds up in your blood. Normally, your body needs glucose for fuel. But with diabetes, glucose overflows into your urine and out of your body. The results of diabetes can include:

- kidney failure
- blindness
- heart disease
- stroke
- losing a limb

You may have pre-diabetes before you get Type 2 diabetes. This means your glucose (or sugar) levels are higher than normal, but not high enough to say you have diabetes.

One-fourth of U.S. adults over 20 years old may have pre-diabetes. Many of them don't know it. Many could have Type 2 diabetes within ten years.

You should talk to your health care provider about being tested for pre-diabetes. Your risk

factors include:

- Being severely overweight or obese
- Not being physically active
- Having a parent, brother or sister with diabetes
- Being African American, Alaska Native, American Indian, Asian American, Hispanic/Latino, or Pacific Islander
- Having had a baby weighing more than 9 pounds or were diagnosed with gestational diabetes—diabetes first found during pregnancy
- Having heart disease, high blood pressure or cholesterol problems

Even without these risks, you should be tested for pre-

diabetes if you are 45 or older. Your health care provider will decide how often you should be tested.

If you know you have pre-diabetes, you can:

- Lose weight
- Eat a more healthy diet
- Get more physical exercise
- Take diabetes drugs if directed by your health care provider

Get tested and get on board to stop or delay Type 2 diabetes. Talk to your health care provider soon.

Source: National Institute of Diabetes and Digestive and Kidney Diseases: <http://diabetes.niddk.nih.gov/dm/pubs/preventionprogram/index.htm#type>

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OBESITY

Losing takes one step at a time.

While many people made promises at the New Year to lose weight, spring is a good time to renew your battle of the bulge. Cold weather is behind us, and we can come out and work on becoming fit and healthy.

Always talk to your health care provider before starting any weight reduction plan. But do start with a plan. It helps to think in terms of small goals.

You may need to lose 50 pounds. It is easier to concentrate on losing five or ten pounds first. Instead of telling yourself you need to walk a mile, focus on taking the stairs down

a couple of floors at work. Do it one day, two days or more. One step at a time, build up to the larger goals.

A great place to find help with your plan is on-line at the National Diabetes Education Program (NDEP) "Small Steps, Big Rewards Game Plan." While the plan was made to help prevent diabetes, it offers good advice for anyone who is trying to lose weight. Visit the NDEP's website at ndep.nih.gov.

One pound at a time. One step at a time. You can do it.

Source: National Diabetes Education Program: <http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=71>



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CONGESTIVE HEART FAILURE

Understanding Heart Failure basics

Congestive Heart Failure, commonly called heart failure, is very common. It doesn't mean your heart has stopped. Over time your heart's pumping action can grow weaker.

With right-side heart failure, your heart can't pump enough blood to the lungs to pick up oxygen. With left-side heart failure, your heart can't pump enough oxygen-rich blood to the rest of the body. Heart failure patients often have both problems.

Right-side heart failure may cause fluid to build up in the feet, ankles, legs, liver, stomach and the veins in the neck. You may have shortness of breath and feel tired.



The leading causes of heart failure are diseases that damage the heart. These include coronary artery disease, high blood pressure and diabetes.

Currently, heart failure has no cure. But medicines and changes in the way you eat and live can give you a longer and more active life.

Source: National Heart Lung and Blood Institute: http://www.nhlbi.nih.gov/health/dci/Diseases/Hf/HF_WhatIs.html

The **Pap test**, also called a Pap smear, checks for the earliest signs of cervical cancer. If caught early, the chance of preventing or curing cervical cancer is high. The cervix is the lower part of your uterus (womb).

Pap test guidelines for most women:

- Have a Pap test **starting at age 21**, then every 2 years.
- If you are **30 years old and older** and have had 3 normal Pap tests for 3 years in a row, talk to your doctor about spacing out Pap tests to every 3 years.
- If you are **over 65 years old**, ask your doctor if you can stop having Pap tests.

Talk to your health care provider about your family or medical history. Some women should have more frequent Pap tests.

A **mammogram** is an x-ray picture of the breast. Mammograms can be used to check for breast cancer in women who have no signs or symptoms of the disease. This type of mammogram is called a screening mammogram.

Mammogram guidelines for most women:

- Women **age 40 and older** should have mammograms every 1 to 2 years.
- Women **under age 40** should talk with their health care



providers about whether and how often to have mammograms.

Sources: The National Women's Health Information Center: <http://www.womenshealth.gov/faq/pap-test.cfm#pap04>; National Cancer Institute: <http://www.cancer.gov/cancertopics/factsheet/Detection/Pap-test> <http://www.cancer.gov/cancertopics/factsheet/Detection/mammograms>

MEN'S HEALTH

The **prostate** is a gland in the male reproductive system.

Problems with the prostate may include:

- Prostate cancer
- Benign prostatic hyperplasia (BPH), often called an enlarged prostate
- Prostatitis, an infection

These problems can have similar symptoms. Talk to your health care provider if you:

- Have problems urinating
- Need to urinate often, especially at night
- Have pain or burning during urination
- Have difficulty getting or keeping an erection
- Have blood in the urine or semen
- Often have pain in the lower back, hips, or upper thighs



Most men who get prostate cancer are over age 65. African American men have a higher risk of prostate cancer. Your chance of having prostate cancer is also higher if a close relative (like your father or brother) has had prostate cancer.

Screening for prostate cancer includes:

- A blood test called a PSA

- A physical examination by your health care provider

Prostate cancer may have no early symptoms. But catching any cancer early is important. Talk with your health care provider often about your prostate health.

National Cancer Institute: <http://www.cancer.gov/cancertopics/factsheet/Detection/early-prostate>



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