



# Broadway Presbyterian Church

## Health Ministry Memorandum

November 2012

### A Message from Mary

#### Health Ministry Coordinator

#### Message from Mary

November finds me considering the many blessing I have to be thankful for. First I'd like to say a great big THANK YOU to everyone for their tireless effort and support that made our OctoberFest and Health Fair a wonderful success. As I watched all the agencies and health care providers interact with the attendees, I was blessed and grateful that we could host an event to provided needed information, resources, and contacts.

I'm also thankful for the privilege of serving as Broadway's Health Ministry Coordinator for the past 5 months. I've enjoyed meeting you, talking with you and providing education, resources and referrals.

I want to give you a little preview of a BIG event on the calendar for January 2013 – Life Line Screening. This is an opportunity for you to have some major health screening tests performed for a lower cost than in a hospital or clinic setting. The added bonus is Broadway will receive a donation for every registration processed. So consider what tests you would like to have and tell your family members, coffee cohorts, neighbors and friends. Early registration will begin in December and the Life Line screening event will be held on Saturday, January 12, 2013. Watch for more information.

#### Psalm 106:1

Praise the LORD. Give thanks to the LORD, for He is good; His love endures forever.

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## Crohn's and Colitis

### **November is Crohn's and Colitis Awareness Month**

**Crohn's disease and Ulcerative Colitis** are the two most common types of inflammatory bowel disease.

**Colitis** is inflammation (swelling) of the large intestine (the colon). It usually affects the lower section (the sigmoid colon) and the rectum but it can affect the entire colon. This disease can affect people of any age but most people are diagnosed before they are 30 years old. The cause of colitis is unknown but it is thought to be caused by the immune system over reacting to the normal bacteria that lives in the digestive tract. Other bacteria or viruses may also be involved. The main symptoms of colitis include stomach pain or cramps, diarrhea, and bleeding from the rectum. Sometimes there is a fever, lack of appetite, weight loss, and in severe cases, diarrhea stools multiple times a day. Tests used in diagnosing colitis include a colonoscopy, blood test to check for inflammation and infection, and a stool sample to look for infection, blood, and white blood cells. Treatment of mild colitis can include over the counter medication for diarrhea. Prescription medicines used to treat colitis include aminosalicylates, which are antibacterials, steroids for the inflammation, and medicines to help reduce the body's immune response to prevent or reduce symptoms and prevent flare ups.

**What can you do if you have Colitis:** Eat a balanced, healthy diet and if certain foods make symptoms worse, be sure to avoid them. If symptoms continue to be severe and medication does not help, surgery to remove the colon will provide a permanent cure and provide prevention from colon cancer. Living with colitis can be challenging. Needing to go to the bathroom many times a day and not knowing when a flare up will happen can be stressful. Be sure to seek support from family, friends or a counselor. Talking with other people living with colitis can be very helpful. The Crohn's and Colitis Foundation's website has information and support. Go to [www.cffa.org](http://www.cffa.org) for more information.

**Crohn's disease** is a life long inflammatory condition where parts of the bowel get swollen and have deep sores called ulcers. The most common areas that are affected are the area between the small and large intestine but any part of the digestive tract, from the mouth to the anus, can be involved. It is still not known what causes Crohn's but it is thought to be from the body's immune system responding abnormally to the normal bacteria in the digestive system. Other bacteria and viruses may also be involved. Crohn's disease runs in families and smoking increases the risk. Common symptoms of Crohn's are

## Crohn's and Colitis—continued

similar to colitis and include abdominal pain, diarrhea, sometimes with blood, and unwanted weight loss. Infections, hormone changes and smoking can cause symptoms of Crohn's to flare up. Many people will have mild symptoms or have long periods of time symptom free. Signs that Crohn's is getting worse include feeling faint, a fast, weak pulse, severe belly pain, fever or shaking chills, and vomiting over and over. If any of these symptoms are present, call the doctor RIGHT AWAY. Tests to diagnose Crohn's disease include barium x-ray of the intestine, colonoscopy or sigmoidoscopy—a thin, lighted tube is used to look inside the colon. While the doctor is looking with the scope, a biopsy of the colon tissue can be taken. A stool sample will be used to look for blood and infection. Treatment will depend on symptoms and how bad they are. The most common treatment for Crohn's disease is medicine. Mild symptoms of Crohn's disease may be treated with over-the-counter medicines to stop diarrhea. Talk with your doctor before you take them because they can cause side effects.

Prescription medicines to help control inflammation in the intestines and keep the disease from causing symptoms are used. When there are no symptoms, you are in remission. These medicines also help heal damaged tissue and can postpone the need for surgery. Alternative therapies to improve well-being have not been proven effective for Crohn's disease, but they may help you cope. These include massage therapy, supplements such as vitamins D and B12, and herbs like aloe and ginseng.

Crohn's disease makes it hard for your body to absorb nutrients from food. A meal plan that focuses on high-calorie, high-protein foods can help you get the nutrients you need. Eating this way may be easier if you have regular meals plus two or three snacks each day. Exercise and not smoking are additional things you can do to feel better. Smoking makes Crohn's disease worse so if you don't smoke, good. If you smoke, stop. There is free help available to stop smoking. Call the Illinois Tobacco Quitline at 1.866.QUIT.YES.

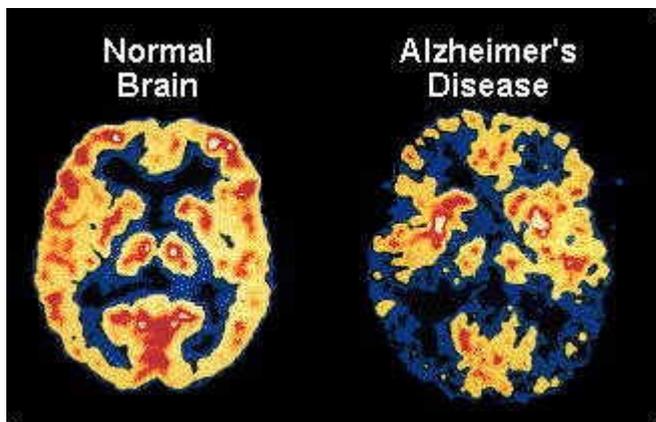
Having Crohn's disease can be stressful. The disease affects every part of your life including your ability to work. Find supportive family members and friends. Consider Palliative Care and support groups are available. In the Quad Cities there is a Crohn's support group at Trinity at Terrace Park, call Lisa at 563.386.3220 for more information.

## Alzheimer's Awareness

### **November is Alzheimer's Awareness Month**

**What is it Alzheimer's Disease:** Alzheimer's is a type of dementia that causes problems with memory, thinking and behavior. Symptoms usually develop slowly and get worse over time. Dementia is the loss of mental functions such as thinking, memory, and reasoning that is severe enough to interfere with a person's daily functioning. Dementia is not a disease itself, but rather a group of symptoms that are caused by various diseases or conditions. Symptoms can also include changes in personality, mood, and behavior. Dementia

develops when the parts of the brain that are involved with learning, memory, decision-making, and language are affected by one or more of a variety of infections or diseases.



Alzheimer's is the most common form of dementia.

**Who is affected:** Dementia is considered a late-life disease because it tends to develop mostly in elderly people. About 5% to 8% of all people over the age of 65 have some form of dementia, and this number doubles every five years above that age. It is estimated that as many as half of people in their 80s suffer from dementia.

**Recognizing Alzheimer's Disease:** Alzheimer's symptoms vary but right now 7 stages are recognized by Health Care providers. Stage 1 the person shows no memory impairment and no memory problems. Stage 2 the person shows very mild to no decline in thinking and memory. The person may express they are having difficulty remembering familiar words or finding everyday items. No symptoms of Alzheimer's are found with a medical exam

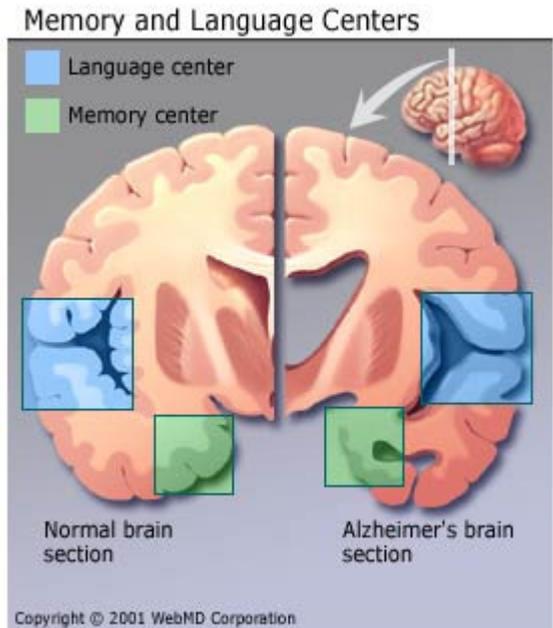
## Alzheimer's Awareness —continued

and family, friends and co-workers do not notice any changes. Stage 3 there is a mild decline in thinking and memory. During a medical exam, the person has difficulty finding the correct word. Concentrating or remembering correct names can be detected.

The person may also have more difficulty in social settings and getting work and other tasks completed. They might begin to lose valuable objects and have increasing difficulty planning and organizing their daily tasks. Stage 4 is characterized by moderate cognitive decline. The person will show very clear symptoms. They will be forgetful of recent activities and events. Challenging mental math, such as counting backward from 100 by sevens cannot be performed. They will

find routine, every day tasks like paying bills, managing finances or planning and preparing dinner for friends too difficult to accomplish. They won't be able to talk about their own personal history, such as where they were born, grew up, what their occupation was during their working years and they might become moody and withdraw in social or mentally challenging situations.

**Can it be treated?** Although current Alzheimer's treatments cannot stop Alzheimer's from progressing, they can temporarily slow the worsening of dementia symptoms and improve quality of life for those with Alzheimer's and their caregivers. Today, there is a worldwide effort to find better ways to treat the disease, delay its onset, and prevent it from developing. For more information, go to [Alz.org](http://Alz.org).



## Hospice and Palliative Care

### **HIGHLIGHTING HOSPICE AND PALLIATIVE CARE**

While I was a nursing student, I worked as a CNA at the Clarissa Cook Hospice House in Bettendorf, Iowa. My experience there taught me the value of Hospice and Palliative Care for patients with a life limiting illness or injury and their family members.

**The focus of HOSPICE** is caring when there is no cure available. Hospice care is often provided in the patient's home. It is also provided in freestanding Hospice centers, hospitals, nursing homes and other long term care facilities. Hospice is available to anyone of any age, religion, and ethnicity regardless of illness and is covered by Medicare, Medicaid, most private insurance plans, HMOs and managed care plans.

**Hospice care** is provided by a primary caregiver, usually a family member, with regular visits by hospice staff who are on call 24 hours a day, seven days a week. Care for the patient is centered on pain and symptom management. Hospice care also gives emotional, psychological, social, and spiritual support. Required prescription medications are provided along with medical supplies and equipment. They teach how to provide care for the loved one and coordinate special services such as speech and physical therapy when indicated.

**THE FOCUS OF PALLIATIVE CARE** is different than Hospice. It is NOT for patients who are dying. It is designed to improve life and provide comfort for people of all ages with serious, chronic or life threatening illnesses. These illnesses may include cancer, congestive heart failure, kidney failure, chronic obstructive pulmonary disease, AIDS and Alzheimer's disease among others. A typical palliative care team includes a physician, nurse, and social worker, It often also involves a chaplain or clergy member for spiritual support, a psychologist or psychiatrist, physical or occupational therapist, dietitian, and any other health care provider that can help meet the patient's needs.

Patients can begin palliative care as soon as they are diagnosed with a serious illness at the same time they continue to pursue a cure. Palliative care doesn't signal that a person's illness has no cure or that the patient has given up hope for a recovery.

## Hospice and Palliative Care—continued

Some patients recover and move out of palliative care. Others with chronic diseases, such as COPD, might move in and out of palliative care as necessary. If cure for a life-threatening disease is not attainable, palliative care can improve the quality of the patient's life and when death draws near, palliative care can be transitioned into hospice care.

The most beneficial aspect of palliative care is that it is designed to fit each patient's definition of quality of life. Palliative care is patient-centered care. The patient is asked what is important to them and to define their primary priorities. Based on this input and what family members provide, a plan of care is developed to meet the patient's goals and values. Pain is managed according to the patient's wishes. Some have a greater tolerance level, others wish to be as pain free as possible. Help is also provided for symptoms such as nausea, loss of appetite, fatigue, constipation, shortness of breath and difficulty sleeping.

**Palliative care is holistic.** It provides for the challenges an illness imposes on every aspect of living. This extends to family members and caregivers as well. This holistic approach makes palliative care very effective in improving quality of life. A study published in August 2010 in the *New England Journal of Medicine*, done by researchers at Massachusetts General Hospital found that advanced lung cancer patients who received early palliative care had lower rates of depression and better quality of life than patients who received only standard treatment. The study involved 151 patients who were randomly assigned either standard lung cancer care alone or standard cancer care along with palliative at the same time. The research also found the palliative care patients lived about 2.7 months longer. This may have been related to more effective treatment for depression, better symptom management, and/or less need for hospitalization. For any patient with a chronic illness, extra time is significant and precious. In the end, the study showed that suffering is actually bad for a person's health.

For more information and support go to: [www.nhpco.org](http://www.nhpco.org).



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**We're on the Web!**

[www.BroadwayQC.org](http://www.BroadwayQC.org)

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