

# Healthy Streets



## How Stress Affects Your **Brain and Body**

All of us are stressed at one time or another, but not all stress is bad, like when a person races to get to work on time. Without that pressure we might not do what's necessary to beat the clock. The term for positive stress is **eustress**. "We wouldn't survive without eustress," said Dr. Elisabeth Hager, a psychiatrist with Beacon Health Options. (A psychiatrist is a medical doctor who treats people with different kinds of emotional and mental problems.)

*(Continued on page 6)*

### IN THIS ISSUE:

- > AFFINITY DESIGNS P. 2
- > TOOTH DECAY P. 4
- > STRESS P. 6
- > VISION LOSS P. 8
- > WARNING SIGNS OF A HEART ATTACK P. 10
- > RHEUMATOID ARTHRITIS P. 11
- > COPD P. 12

# Affinity Designs Its Retail Attitude



**Affinity is renovating its chain of stores** to reflect our fresh, innovative approach to engaging members, potential members and the community we serve. The first of our locations with our new signature style opened in February at 1684 Pitkin Ave., Brooklyn. “We’ve really seen a remarkable reaction from the public,” said DeWitt Smith, Affinity’s Senior Vice President for Sales.

The next one has opened on the first floor of Affinity’s new Corporate Office in the Metro Center at 1776 Eastchester Road in the Bronx. Now work is planned for the Brooklyn store at 857 Flatbush Ave. and then the Bronx site at 305 East Fordham Road. At East Fordham Road, we will be tripling the size of our space. Within the next 24 to 36 months all stores will be revitalized to reflect the distinct Affinity brand.

“We have come up with a strategy for expanding, closing and revitalizing our retail stores,” said Victor Hayghe, Affinity’s Assistant Vice President for Facilities and Administrative Services. Based on how the Pitkin Avenue office is received, future store designs will be tweaked as needed.

## THE SIGNATURE SITE

Two years of planning and work went into developing the 1,800 square foot Pitkin Avenue store. And it shows. Say good-bye to that regimented office look. In its place is a bright, airy space with separate areas designed for offering the more than 36 different Affinity Health Plans.

Even before entering, the concept begins. Outside, the glass façade opens the store to passers-by, revealing the interior’s clean, urbane look. Above it is the Affinity Health Plan logo with its distinctive burst of red, and clear, raised lettering that is illuminated at night.

Inside, the design clearly differentiates the store’s work spaces. “The front area is like a self-help center,” said Hayghe. A myriad of brochures are neatly displayed at eye level and within easy grasp.

Along the same wall is a bank of four computer stations for public use. People can come in and use them to look up the New York State of Health information and review their Affinity account. They also can log on for employment assistance, food stamps and housing help. A floor-to-ceiling frosted panel separates the front area from a more private business space. There, an Affinity agent can take visitors through their account or explain Affinity products in detail. A small waiting

area and children's space completes the store's public side.

**THE STORE'S GOALS**

The new Affinity stores are meant to do more than dazzle. Smith explained their main objectives:

- Create a modern, high-touch experience for consumers who choose to visit us in person, as opposed to contacting us online or on the phone.
- Give customers who visit the stores a clear understanding of the products they buy.

➤ Finally, have an efficient way to help members when problems or questions arise. A dedicated customer phone near the back of the store puts members in a priority queue. No waiting exists after the phone is picked up. "It's designed so that a member is expedited to the right people," Smith said.

Here in the store's comfortable setting consumers can talk to representatives about their own or their family's health goals. In turn, the representatives can engage the consumer in an in-depth discussion. Smith added that with the health plans, computers and access to

other important services, Affinity can offer the consumer a way to a healthier, more fulfilling life.

With the Metro Center store open, it's on to the remaining 15. Affinity is intent on sending a clear message with its look, products and service. "Consistency—that is our aim," Smith said, "because it creates a familiarity and a brand promise that consumers can rely on." ■

“ The new Affinity stores are meant to do more than dazzle. ”





# Two Main Causes for Tooth Decay in Children

As the saying goes, “an ounce of prevention is worth a pound of cure,” and that is certainly true when it comes to your child’s teeth. Unfortunately, in America **more than one-fourth of children between the ages of two and five years old have tooth decay. It is worse for pre-teens and teenagers between the ages of 12 and 15.** Almost half of them have tooth decay. In lower-income families, two-thirds of adolescents between the ages of 12 and 19 have had tooth decay, writes the [Centers for Disease Control](#) (CDC) in Atlanta.

The building blocks for cavities start in the early stages of life. It is passed to babies by either the primary caregiver or by the mother and sometimes the father. **“Most people don’t know that it is something that can be transmitted,”** said Dr. Lee Perry, NYS Director of DentaQuest. The cause of tooth decay is bacteria called *Streptococcus mutans*. These germs exist in everybody’s mouth, and they are very catchy. “Tooth decay is a communicable disease,” said Dr. Perry.

This disease is passed on to babies by doing such things as tasting food using a spoon, and then feeding a baby with that spoon. Another way is to put a pacifier in your mouth before giving it to a baby. Even kissing passes it on. Anything that passes small bits saliva from the main caregiver’s mouth to the baby’s mouth spreads the germs. What’s more, the worse an adult’s teeth are, the more likely they will spread their germs to a baby or toddler. “And the child carries it on through life,” he explained.

Sugar is the other building block for tooth decay. “It ferments in the mouth and increases the probability of tooth decay,” said Dr. Perry. He went on to emphasize that without sugar and the germ *Streptococcus mutans*, you can’t have dental decay.

Once a tooth is decayed or damaged, it must be fixed, and “the repair is never as good as the original,” Dr. Perry pointed out. The best way to handle the forces that cause tooth decay is to control it every day.

Begin by taking your child to a dentist at a very early age. Dr. Perry said that **a baby should visit the dentist shortly after their first tooth erupts and certainly no later than one year old.** At that first visit, the dentist can look at the baby’s tooth and bone structure and give advice on teething problems. “It starts them off with good habits,” he said.

This advice is highly recommended to all parents and primary caregivers. “But a lot of parents don’t avail themselves of it,” said Dr. Perry. “Even conscientious parents don’t bring a child in until they are four or five years old,” he added. Unfortunately, in all too many cases when a child has a first visit with a dentist it is because there is a problem. “If a visit to the dentist is only done when the child has a toothache, then their first visit can be a horrific experience,” Dr. Perry said. A painful first meeting is a memory that can last through childhood and longer, making subsequent dental visits difficult. Dr. Perry said that it is critical to have tots visit at a very young age before cavities start. Then the dentist can make the visit much more enjoyable. “It is most important to get them comfortable,” he said.

“Dental care is really setting up good habits for a lifetime,” Dr. Perry said. The ones most responsible for that are parents and primary caregivers. Below are some rules to follow:

- At night, do not give your baby or toddler a bottle filled with milk or juice. A bottle left in a sleeping baby’s mouth can cause serious tooth decay.
- Cut down on sweets.
- Keep your mouth clean.
- A parent should take their children to see a dentist regularly, about every 6 months.

Let your children see you brushing and flossing your teeth. “Kids watch their parents,” Dr. Perry noted. They also imitate them. “That gets them into good habits,” he said. Flossing is kind of a hard thing for a child to learn, he acknowledged. “But like with anything else you have to practice,” he said.

For those parents who have babies or children who suck their thumbs or fingers, the doctor cautioned not to become too worried over it disfiguring their teeth. “It depends on how frequent and how vigorously they do this,” he said. “I tell a lot of parents that what they should look out for is a tongue thrust. That can be disfiguring,” Dr. Perry said. As with vigorous thumb sucking, tongue thrusting puts a lot of pressure on the front teeth, and eventually they can be forced out of alignment. The results are teeth that can only be made straight by an orthodontist, a dentist who specializes in straightening teeth.

When caring for your teeth, the most important things to do is to brush, floss, limit sweets and see your dentist regularly. “If you can do that,” Dr. Perry said, “usually it is pretty simple for the rest of your life.”

Affinity Health Plan provides its members’ children with dental care through a contract with DentaQuest. You can reach them by calling 1-866-731-8004 (TTY: 1-800-662-1220).

*Dr. Lee Perry is the NYS Dental Director for DentaQuest. He served as the Medicaid Dental Director for the NYS Department of Health from 2005 until his retirement in 2013. He also served as the Associate Medicaid Dental Director for NYS Department of Health. Dr. Perry began his career in dentistry for the NYS Department of Health in 1993. ■*

# How Stress Affects Your **Brain and Body**

(Continued from page 1)

“The human body is designed to accept stress,” she explained. The problem comes when people are overwhelmed by stress and suffer too much *distress*.

What gets people through stressful times are the resources they have at their disposal. “Resources are an important protective feature,” Dr. Hager said. They are the brain’s ability to manage and cope through difficult times.

To understand stress, we have to go back to prehistoric times. Dr. Hager pointed out that life-threatening danger, such as the type a saber-toothed tiger would present, helped the body develop the “fight or flight” response. That’s when the hormones epinephrine and cortisol send chemical signals to the brain that prepare people to face the challenge of either fighting or running for their lives. Depending on the circumstances, this “fight or flight” stress response can be good or bad for the body.

In the case of the flight response, the blood goes to the [skeletal muscles](#) and gives us the ability to run away.

Conversely, with the fight response, there is “increased vigilance,” the doctor said. An example would be when an important test has to be taken. Running away is out of the question. Instead of the blood rushing to the body to prepare for action, the blood flows to the organs, such as the heart and brain. “This response is intended to help people focus and survive,” Dr. Hager said.

## HOW CHRONIC STRESS DEVELOPS

This survival mechanism has its limitations. “If a person undergoes stress for a long, protracted period, it becomes chronic,” Dr. Hager said. A person who is living from paycheck to paycheck or someone with a continually sick child who can’t be taken to the hospital because of work demands, are two examples of a chronically stressful situation. “That is when the flow of epinephrine and cortisol increase to the organs. The fight response leaves the person in a heightened state of vigilance, which takes a toll similar to running an endless marathon,” she explained.

With chronic stress, these hormones are continually being pumped out in a sort of overdrive. Sweat, high blood pressure, agitation, anxiety, and depression is the result. Below are other problems that stress causes:

- Stress can also contribute to a wide array of physical problems, like high blood pressure, which can lead to stroke and heart attacks. Stress can also bring about ulcers, stomach disorders, and autoimmune disorders.
- Stress can alter the brain causing subtle but profound results. The brain has [myelin](#), which surrounds the [neurons](#), also called nerve cells, in the [white matter of the brain](#). The white matter makes up a network of fibers that interconnect neurons in areas throughout the brain and creates a communication network. Too much cortisol causes the myelin to thicken and stiffen. “The memory then becomes less sharp. People can forget names and have trouble finding words,” Dr. Hager noted.
- Research also shows that the stress from sexual abuse and neglect can contribute to personality disorders that have [maladaptive](#)

ways of responding to life situations. “Some people have such intense neediness that they will sacrifice themselves for a relationship. Still others will develop learned helplessness, where they feel that they can’t do anything to help themselves. Some people will become risk averse and won’t take chances,” she said.

The decision to see a psychiatrist depends on the severity of the distress and a person’s ability to deal with it. Such stressors as divorce, being a longtime caregiver, assault, and even the suicide of a friend, are all handled differently by each individual. “All human beings have a stress response,” the doctor indicated. “Some respond more robustly. Some can be temperamental or high strung, while others are laid back,” she added.

When the stress makes a person physically ill, with high blood pressure, stomach problems or fluttering in the chest, for example, seeing a psychiatrist can help. Smoking, drinking, using drugs, sleeping poorly or having nightmares, while in or after a stressful situation, are reasons to see a psychiatrist.

Treatment for the stress varies, depending on how badly it has affected a person:

- Talk therapy, which allows a person to release pent up feelings, can reduce negative thoughts and goes a long way in relieving stress.
- Drug therapy can be used along with talk therapy to reduce a person’s stress level.

## HOW TO CONTROL STRESS

Managing stress begins very early in life. “Our experience as a child can determine how we handle stress,” said Dr. Hager, cautioning that

“What gets people through stressful times are the resources they have at their disposal.”

“this is being said not to blame the parents.” She went on to say that if a child is raised in a stable environment, with food on the table, where there is a lot of touching, holding, and affection, those children tend to have lower stress responses. Such calming, positive atmospheres teach children at an early age how to lower stress by themselves. It is a long-term resource that stabilizes a person during stressful times.

Anyone can develop their own resources for handling stress. Therefore, if a person did not grow up in a secure environment, all is not lost. “We can all take action to improve our situations,” Dr. Hager said, adding, “There are lots of things a person can do.” Here are some tips to follow:

- **Connect with your friends and family.** Feeling less alone reduces stress. Reaching out to friends allows people to share the emotionally stressful load and gain perspective on their situation.
- **Try “mindful meditation.”** Be aware of yourself and your surroundings. Remind yourself that you are safe and coping with the situation.
- **Take a few deep breaths.** This activates the [vagus nerves](#), which in turn lowers blood pressure and respiratory rate. It can have a calming effect.
- **Exercise.** Walking or jogging around the neighborhood is free. Swimming, basketball, or kick boxing can bring a sense of empowerment and will reduce stress. “Exercise releases the brain’s internal opioids that make people feel better,” said Dr. Hager. “Just 20 to 30 minutes a day could keep a person calm.”
- **Remember some stress is not bad.** Getting through a stressful event can develop a person’s resiliency and sense of mastery.

Of equal importance, while going through a stressful situation, Dr. Hager says to stay optimistic. “You will find a way. Stay positive and don’t go through it alone. Find a friend.”

*Dr. Elisabeth Hager is psychiatrist who works for Beacon Health Options. She has a private practice and specializes in geriatric psychiatry and addiction medicine. Beacon Health Options provides mental health services for the members of Affinity Health Plan. ■*





# Understanding the leading cause of **vision loss in older adults**

The main reason for vision loss among people who are 50 years old and older is age-related macular degeneration (AMD), reports the [National Eye Institute \(NEI\)](#). Slowly, almost imperceptibly, AMD harms the eyes' ability to use central vision and to see clearly. In other words, objects that are looked at directly become blurry. Those diagnosed with AMD will not go completely blind, but their vision becomes so poor that reading, watching TV, seeing a face and walking outside without help will be close to impossible.

Many things increase a person's chance of getting this common eye condition. Of those risks, aging is the biggest one. "The older you get the more common it is," said Dr. Howard Levin, an optometrist in Linthicum, Maryland.

These are other AMD risk factors:

- Smoking
- High blood pressure
- Race (It's seen more often in Caucasians than in African-Americans or Hispanics/Latinos.)
- Heredity

Why do two controllable risk factors - smoking and high blood pressure - cause AMD? It is because the flow of blood from the vessels to the eye becomes blocked, according to Dr. Levin. "Anytime blood vessels are restricted you don't get a good exchange of nutrients to the eye," he said. Without a healthy flow of blood to the eye, it becomes damaged. "That is why smoking is a risk; it constricts your blood vessels. High blood pressure also constricts blood vessels."

Interestingly enough, Dr. Levin pointed out that AMD was once very rare. "People just didn't live that long," he said adding, "as the population ages, you see these things that affect people at an older age."

AMD harms the macula, a small spot near the center of the retina. The macula is the part of the eye needed for sharp, central vision. It lets people see objects that are straight in front of them. When an optometrist or ophthalmologist looks at the back of the eye, they are looking for a yellow or white substance called drusen. Small drusen appear as a part of aging. But many large drusen show that there is a chance of getting AMD, reports the National Eye Institute, which is a part of the National Institutes of Health.

**About 1.8 million Americans who are age 40 or older have AMD,** the [Centers for Disease Control and Prevention](#) (CDC) in Atlanta stated. An additional **7.3 million people have large drusen and are at risk of getting AMD.** By the year 2020, 2.95 million people will have AMD, reports the CDC.

AMD takes two forms - dry and wet. Dry AMD is when drusen appear. It is the most common form and appears in the early stage of the disease. Vision loss "is very slow," Dr. Levin said. "You don't know it." The treatment, he said is to "watch it over the years."

The disease can go on to become wet AMD, which is the more serious form. With wet AMD, the NEI explains that abnormal blood vessels grow underneath the retina, which can leak fluids and blood causing vision loss. "It can be very devastating," said Dr. Levin. "You can really lose your sight fast."

No cure exists for AMD. Research is being done to stop it from getting worse. "The major goal is to keep the disease at bay," he said.

There are several ways to slow AMD:

**Get your eyes checked:** "It is widely encouraged for seniors," said Dr. Levin. He strongly recommends a dilated eye exam, where eye drops are used to see the inside and back of the eye. "With a dilated exam, you can see if a person is getting the precursor to AMD, which is drusen." Either an optometrist or ophthalmologist can perform the exam. An ophthalmologist is an eye doctor with a medical degree, who can provide all forms of vision care services including surgery. An optometrist does not hold a medical degree, but a doctor of optometry (OD) degree. An optometrist can do testing, diagnosis, treatment, and vision care management.

The NEI recommends an eye exam:

- from age 40 to age 54, every one to three years
- from age 55 to 64, every one to two years
- after age 65, every six to 12 months

**Take vitamins and eat your vegetables:**

For intermediate or advanced AMD, studies have showed that vitamins and food that have certain vitamins can slow the disease. "It's eating all the good things your mother told you to eat when you were little, and you didn't," Dr. Levin said.

The NEI suggests taking the following vitamins:

- 500 milligrams (mg) of vitamin C
- 400 international units of vitamin E
- 80 mg zinc as zinc oxide (25 mg in AREDS2)
- 2 mg copper as cupric oxide
- 15 mg beta-carotene, or 10 mg lutein and 2 mg zeaxanthin

A trial showed that a combination of vitamin C, vitamin E, beta-carotene, zinc, and copper can reduce the risk of late AMD by 25 percent," reports the NEI. The Institute also warns against smoking while taking the vitamins. Beta-carotene has been linked to an added risk of lung cancer in smokers.

**For advanced AMD:** Doctors can try eye injections to slow the growth of abnormal blood vessels. They also can try laser treatments to close off abnormal blood vessels and laser surgery to destroy eye vessels.

Low vision services are available for those with AMD. Don't delay in asking for help. Make an appointment with your eye doctor today.

Below is a list of resources for the blind and people with low vision:

- [The New York City Mayor's Office for People with Disabilities](#)
- [The Lighthouse for the Blind](#)
- [Helen Keller Services for the Blind](#)
- [National Eye Institute](#)

*Dr. Levin is the Clinical Director of Superior Vision Benefit Management, Inc. in Linthicum, Maryland. He has been in private practice since 1972 in Baltimore, Maryland. Dr. Levin has received several awards for his work within the community, including the Maryland Optometrist of the Year award in 2003. He has served as the president of the Maryland Optometric Association. ■*



# Know the Warning Signs of a Heart Attack

**Heart disease claims one in every four lives in America each year.** In numbers that is 610,000 people. It has cut across race and gender to become this country's leading cause of death among men and women. **It's responsible for 25.1 percent of the deaths among Whites and 24.5 percent among African Americans. For Asians and Pacific Islanders it claims 23.2 percent, and for Hispanics it's 20.8 percent. For American Indians and Alaska Natives it accounts for 18 percent of the deaths,** writes the [Centers for Disease Control and Prevention in Atlanta](#) (CDC).

Having a poor diet, drinking alcohol to excess, smoking, being overweight or obese, physical inactivity and even excessive stress can put people at risk for this disease. Diabetes, high blood pressure, high LDL cholesterol, and having a family history of heart disease are additional risk factors. About half or 49 percent of all Americans have at least one or more risk.

A CDC study points out that many people don't know what to look out for when a person is having a heart attack since nearly 47 percent of them happen outside of the hospital. **Call 9-1-1 immediately if a person is having what appears to be a heart attack.** A person's chances of surviving a heart attack are increased if emergency treatment is given as quickly as possible.

Some of the common symptoms are pain or discomfort in the chest, shortness of breath, nausea, lightheadedness, and cold sweats. Other warning signs include upper body pain or discomfort in the arms, back, neck, jaw, or upper stomach.

"A woman having a heart attack can be different than a man having a heart attack," said Patricia Harris, a nurse, and the senior manager for clinical operations at Affinity Health Plan. A former emergency room nurse, Harris said that in her experience, men display the classic symptoms of chest pain and arm pain. "For a woman it could be vomiting. It could be a headache," she said. [The National Institute of Health](#) (NIH) bears her out: "Women are somewhat more likely to have shortness of breath, nausea and vomiting, unusual tiredness (sometimes for days), and pain in the back, shoulders, and jaw." But there also can be no symptoms. Almost two-thirds of the women who die of a sudden heart attack have no symptoms before their attack. For men the numbers are higher. Between 70 and 89 percent of sudden cardiac events occur in men. Half of the men who die suddenly showed no earlier symptoms, the CDC reports.

Keeping your heart healthy is "not rocket science," said Harris. Below are tips to protect your heart:

- See your doctor for a checkup. If you are overweight ask for dieting advice.
- Start eating right (more than 2 in 3 adults are considered to be overweight or obese, a [NIH study](#) reports.)
- Exercise (it helps with losing weight, sleeping and lowering stress)
- Learn to manage stress
- Get proper sleep
- Stop smoking (if you don't smoke, don't start)
- Limit alcohol use
- Take your medications as your doctor prescribed

"All of this is basic," said Harris, "but they are the things that go a long, long way."

For more information on heart disease visit the [American Heart Association](#). ■

# New Hope for Rheumatoid Arthritis Sufferers

Powerful advances in the treatment of rheumatoid arthritis (RA) have changed the outlook for this chronic, debilitating illness. While no cure exists, a new class of medications, known as biologics, can do a lot to slow the progress of this disease.

According to Dr. Linda Shookster, a specialist in rheumatology, biologics are more effective for treating pain and swelling and preventing the deformed joints that can occur with RA.

Biologics are made from biological or genetic materials. Simply put, they work by blocking the substances that destroy cartilage, which is the flexible connective tissue between the joints. Cartilage destruction can eventually disfigure the joints.

"It can take as little as six to twelve months for bone to start to be eaten away," Dr. Shookster said. This time is critical. If a specialist is not seen early, destruction of bone and cartilage can occur. Once that happens, the damage is permanent. "Hence, it is important to see a rheumatologist early on," she stressed.

For biologics to work, a patient must faithfully take the medication as prescribed. Not doing so defeats the goal of reducing pain and preventing deformities.

Still, some patients are stubborn and the reasons for not taking their medicine are long:

- a friend may have told them that he or she is doing fine without medication
- denial and disbelief about having lifelong illness
- a general dislike for all medication
- the feeling that taking a pill shows weakness
- the bottle is not kept in a handy place
- forgetfulness

Dr. Shookster mentioned many of these excuses and gave one more: some patients refuse medication after reading the pharmacy printout. "They have read possible side effects on it that are so rare, you couldn't possibly think of them happening. But reading all the possible outcomes scares some people off," she said.

Also, some patients try to treat themselves with over-the-counter pills such as Glucosamine. "They just don't work," said Dr. Shookster. The doctor explained that drug store and health food pills don't stand up to this problem. "They are just not strong enough," she said.

The best way to fight this chronic inflammatory disease is to start taking the medicine and keep on taking it. Also, consult your doctor if the side effects are too difficult to handle.

At least 1.3 million adults in the United States have this progressively chronic disease, according to the American College of Rheumatology. Of those with this form of arthritis, 75 percent are women. People usually develop RA between their late thirties and sixties. However, RA can present itself at any age, even in infants.

RA's cause is unknown. Evidence suggests that inheritance plays a part. What doctors do know is that it is an autoimmune disease, which means that certain cells of the immune system work improperly and attack healthy tissues. The target of this attack is the synovium, the tissue that lines the joint. Molecules within the system break down the joints' protective lining, causing the joints to become inflamed. From there the disease progresses and attacks the cartilage. It can cause permanent bone loss, which is the cause of deformities and loss of function.

Diagnosing RA can be difficult, especially during the first six months, because no definitive test exists. At the beginning, the time when catching

the disease is critical, the symptoms may be subtle and hard to detect. Sore achy joints and stiffness in the morning are among the first signs. A mild fever, making it seem more the flu, may also occur. Only a series of laboratory tests, X-rays, and a thorough history and physical examination can make a diagnosis of RA. Once the diagnosis is confirmed, seeing a rheumatologist is critical.

A percentage of RA patients experience a lessening of the swelling and pain over time. Biologics can certainly reduce symptoms in at least half of RA patients. "They have changed the course of this disease," said Dr. Shookster. She also said that the effect of lowering the dosage of the medication during remissions is being studied by researchers.

Other factors that play a part in managing the disease are keeping your weight down and staying active. "Being overweight puts a strain on the joints and bones," the doctor said. That is why weight loss is essential. In addition to burning calories, "exercise and physical therapy help to build strength," she said. But she cautions, "it shouldn't be done when the inflammation is active."

RA is a tough disease, and Dr. Shookster admits "it's really hard to exercise when you're in pain." Here, again, it's taking the medicine that counts. With biologics the pain can be eased, making exercise easier.

For more information on Rheumatoid Arthritis visit [rheumatology.org](http://rheumatology.org) or [CDC.gov](http://CDC.gov).

*Dr. Linda Shookster is a rheumatologist and has been treating patients with rheumatic conditions for about 25 years. A graduate of Columbia University College of Physicians and Surgeons, she works for Medalliance Medical Health Services in the Bronx and is on staff at Montefiore Medical Center in New Rochelle, NY. ■*



# Ways to Breathe Better with COPD

Chronic Obstructive Pulmonary Disease (COPD) is a progressive lung disease that makes breathing hard. About 24 million people in the United States have this disease, as stated by the [COPD Foundation](#). Emphysema, chronic bronchitis, and poorly controlled severe asthma fall under the medical term COPD. Progressive means that disease will slowly get worse.

“Smoking is by far the leading cause of COPD,” said Dr. Stanley Goldstein, an allergist and pulmonary specialist. Being exposed to second-hand smoke is another major cause. “Mostly if a child grows up in a household where there is smoke,” he said.

Other COPD causes:

- Breathing air pollution over time
- Fumes from chemicals
- Dust from work environments (like coal dust)
- Genetics (having it in your family history)

COPD is now the third leading cause of death in the United States, after heart disease and cancer, says the [Centers for Disease Control and Prevention](#). Also, the [American Lung Association](#) (ALA) says that women have higher rates of COPD and higher death rates due to it. “It’s because women have caught up to men in smoking,” Dr. Goldstein said. The ALA adds that many women are misdiagnosed with asthma. In both sexes, of those who have the disease, about half of the people don’t know they have it, says the COPD Foundation. One reason is because the signs start out mild and are not easy to spot.

COPD signs:

- Coughing
- Shortness of breath
- Being tired
- Having phlegm when coughing
- Wheezing when breathing
- Many chest colds

COPD often leads to other illnesses that also must be treated. They include depression, heart problems, bone loss and loss in muscle tone.

No cure exists for COPD. However, by being proactive and taking charge of the situation, you’ll have a better chance to live a long life. “Medicine has advanced in slowing the progression of this illness,” Dr. Goldstein said. Through the use of anti-inflammatory drugs, swelling in the airways of the lungs is reduced, which helps with chest and throat problems. Here are some measures that a person with COPD can take:

**Get screened.** Do it before a major loss of lung function occurs, especially if you smoke.

**Stop smoking.** “Continued smoking causes a greater loss of lung function,” Dr. Goldstein pointed out. If a person stops early enough, then the healthy part of their lungs could take them through a normal life span. He said that even with major loss of lung function, a person will live much longer and more comfortably by quitting. Also, avoid second-hand smoke. It is as bad as smoking.

**Fill all prescriptions right away, and take the medicine as prescribed.** Medications can increase and maintain lung function. These also will decrease flare ups from COPD. It is very important to fill all prescriptions right after a hospital stay. Severe exacerbation is the term used by doctors to describe either a hospital stay or an ER visit for COPD. The more exacerbations, the worse the lung function becomes.

**Talk to your doctor.** “Studies have found that a significant number of people don’t even tell their primary care doctor that their symptoms are worsening. They sort of work their way through it,” Dr. Goldstein said. “It is very important your health care provider know, so that it either can be treated or medications can be changed,” he added.

**Stay physically active.** “Physical activity will increase your tolerance, decrease shortness of breath and help to put off depression,” Dr. Goldstein explained. Pulmonary rehabilitation is a special exercise program with a lung therapist to help build lung function and strength. It can show a person how to exercise, teach breathing

techniques, how to build muscle tone and strength, and give support and counseling. “Exercise also fights depression, which is very important for a person with COPD,” he said.

**Get rest.** Sleep, long restful hours of sleep, is difficult for COPD sufferers. It is common for sufferers to be awakened by coughing, breathing difficulties, chest pain, and frequent nighttime urination. Many sufferers’ report sleeplessness and tiredness. [The National Sleep Foundation](#) recommends discussing treatment options with your doctor, along with the use of a continuous positive airway pressure (CPAP), a device that greatly assists with nighttime breathing.

**Don’t use irritants.** Aerosol sprays and cleaning chemicals can inflame the airways. Do not use hair sprays. Also, when cleaning, Dr. Goldstein suggests using just a damp cloth to wipe away dust.

**Other measures that can improve the life span of a COPD sufferer:**

- Get a flu shot and a [pneumococcal vaccine](#).
- Stay away from people with respiratory infections.
- Don’t go out on day when the pollution is bad or on days when it is freezing. The cold air can cause labored breathing in a person with COPD.
- Have [goals](#) and [a plan of action](#).

In the end, taking care of COPD “is a team effort between patient, doctors, nurses and pharmacist,” said Dr. Goldstein. But the person with COPD has to be proactive. Take your meds; keep your doctor informed. The upshot will be that you can save your breath.

*Dr. Stanley Goldstein is board certified in adult and pediatric allergy, asthma and immunology, and pediatric pulmonology. In practice for 39 years, he received his medical degree from New York Medical College. Dr. Goldstein has a practice in Rockville Center, Long Island, and is affiliated with Long Island Jewish Medical Center and Mercy Medical Center. Dr. Goldstein’s practice accepts Affinity Health Plan. ■*

Affinity Health Plan  
Metro Center Atrium  
1776 Eastchester Road  
Bronx, NY 10461

<b>President and CEO</b>	Glenn MacFarlane
<b>Editorial Advisory Board</b>	Abenaa Udochi Denise Pesich
<b>Editor</b>	Ulysee Huling
<b>Writer</b>	Victoria Everett
<b>Art Director</b>	Billy Pennant
<b>Designers</b>	Jeffrey Jordan La Shae V. Ortiz

*Affinity Healthy Streets* is published quarterly by Affinity Health Plan. All rights reserved. No material in this issue may be reproduced without written permission from Affinity Health Plan. *Affinity Healthy Streets* is meant to supplement, not replace, advice and care from health care professionals. It does not encourage the self-management of medical conditions. Please consult your health care provider for any medical condition you may have.

©2015 by Affinity Health Plan.

## Spring Fling Family Fun Day

On May 9, 2015, Affinity Health Plan held its 14<sup>th</sup> Annual Spring Fling Family Fun Day at St. Albans Park, Jamaica, NY. The event was presented by Councilman I. Daneek Miller and Senator Leroy Comrie of Brooklyn, NY. Dr. Bob Lee, Community Affairs Director for WBLS Radio and one of the most recognized radio personalities in the country, served as the master of ceremony at this event.



Photography by: Billy Pennant