

# Positive Outlook

**UPSTATE**  
MEDICAL UNIVERSITY

DAC Newsletter  
October 2012  
315 464 5533

Do not let what you cannot do interfere with what you can do.

–John Wooden–

## October is breast cancer awareness month

- Preventing and detecting breast cancer early will help save more lives.
- Understand the lifestyle factors that may affect your risk of breast cancer and what you can do to stay healthy.
- Breast exams, mammograms and other screenings increase the chances of detecting breast cancer early, when they are most likely to be curable.
- Talk to your medical provider about your risk factors and have regular mammograms
- Free mammograms are available if you can't afford one or if your insurance plan does not cover it

### Cancer Services Program of Onondaga County

Phone (315) 435-3653

Call **1-866-442-CANCER (2262)** to talk to someone 24 hours a day, 7 days a week who will connect you to a Cancer Services Program near you. The call is free.

Or, visit <http://www.health.ny.gov/diseases/cancer/services/partnerships/> to search by county.



### American Cancer Society recommendations for early breast cancer detection:

- ◆ Women age 40 and older should have a screening mammogram every year and should continue to do so for as long as they are in good health.
- ◆ Women in their 20s and 30s should have a clinical breast exam (CBE) as part of a periodic (regular) health exam by a health professional, at least every 3 years. After age 40, women should have a breast exam by a health professional every year.
- ◆ Breast self exam (BSE) is an option for women starting in their 20s. Women should be told about the benefits and limitations of BSE. Women should report any breast changes to their health professional right away.
- ◆ Women at high risk (greater than 20% lifetime risk) should get an MRI and a mammogram every year. Women at moderately increased risk (15% to 20% lifetime risk) should talk with their doctors about the benefits and limitations of adding MRI screening to their yearly mammogram. Yearly MRI screening is not recommended for women whose lifetime risk of breast cancer is less than 15%.

For more information visit: <http://www.cancer.org/Cancer/BreastCancer/DetailedGuide/breast-cancer-detection>

**CLINIC IS CLOSED MONDAY OCTOBER 8<sup>TH</sup> FOR COLUMBUS DAY!**

# Counselor's Corner

*There is no health without mental health.*

Dr. Michele Riba, professor of psychiatry, University of Michigan

The World Federation of Mental Health (WFMH) sponsors World Mental Health Day each October. Its mission over the past 62 years has been to increase awareness about mental health issues, and its agenda is summarized in what they call the Great Push for unity, visibility, rights and recovery.

This year they are specifically dedicating the day to mental health and chronic physical illness, and the need to continue to integrate the care of both.

There is good reason. Worldwide, non-communicable chronic diseases are the leading causes of death. Dr. Gouden Galae, coordinator of health promotions for the World Health Organization, notes that heart disease, diabetes, cancer and lung disease are responsible for 60 percent of deaths worldwide and 80 percent among the world's poorest people. It is also estimated by 2020 that obesity will be the No. 1 cause of death worldwide.

Prevention and management of these non-communicable diseases affects both mortality rates and quality of life. The financial burden is enormous — to governments, the health care industry, and families — and sufferers' ability to cope is affected by these diseases' emotional impact. Kathryn Powers, director of the Center for Mental Health Service, U.S. Substance Abuse Mental Health Services Administration, declared: "We know that many individuals with chronic medical conditions have untreated, co-morbid mental illnesses or substance use disorders, and this can complicate the recovery from both conditions."

Between 25 and 33 percent of people with these chronic medical conditions also struggle with depression. Whenever something happens that we feel we do not have control over, depression — a sense of helplessness — is a possibility. A vicious cycle begins as depression weakens the resolve for coping with physical symptoms. In turn, this creates a greater sense of despair. In fact, depression can triple the risk of non-adherence to medical treatment.

What can be done?

Primary care physicians need to screen their patients and provide information for medicine and psychotherapy. A 2007 survey of primary care doctors found that:

- 78 percent believed in a mind-body connection.
- 85 percent thought understanding the mind-body connection helped them in their diagnosis.
- 93 percent thought this understanding helped them manage their patients' illness.
- 84 percent saw the need to educate primary care doctors on the mind-body connection.

But the most essential piece of information is this: 62 percent of the patients who received a prescription for depression treatment had discussed the possibility of a mind-body connection with their primary care doctor. In other words: They spoke up. If you are coping with a chronic illness, talk to your primary care doctor. There is a good chance he or she will listen and help.

The ultimate key for coping with chronic illness, however, is resilience. Here are some suggestions:

1. Stay connected with family, friends and support groups. Our wellbeing is tied to who we spend time with.
2. Consider psychotherapy. Having a psychotherapist to help in the healing process can aid in the mind-body healing process.
3. Take care of yourself. Rest, exercise (if your physical limitations allow it), eat a proper diet, and have fun. Don't let yourself go. A positive outlook is easier to maintain when you are immersed in self-care.
4. Practice the principles of positive psychology, particularly those associated with acknowledging gratitude, counting your blessings, and resilience.
5. Maintain your daily routines. They provide a sense of stability when coping with the demands of illness.
6. Nourish your spirituality. Engage in yoga, meditation, prayer or any creative endeavor you are drawn to.

## APA Reference

Tomasulo, D. (2010). October 10: World Mental Health Day. *Psych Central*. Retrieved on October 1, 2012, from <http://psychcentral.com/blog/archives/2010/10/10/october-10-world-mental-health-day/>

# National Depression Screening Day

## What Is National Depression Screening Day?

National Depression Screening Day is an annual event held each October on the Thursday of Mental Illness Awareness Week. During this event, local clinicians in all 50 states volunteer their time to offer free educational and screening programs at health facilities, shopping malls, libraries, colleges, workplaces and senior centers. In addition to obtaining a free depression screening, participants can find out where and how to access help, counseling and treatment. The program was started in 1991 by Screening for Mental Health, Inc. (SMH), a non-profit organization.

## What Should I Expect During a Screening?

Screenings are free and completely confidential. The screening is an opportunity to learn more about anxiety and mood disorders, complete a brief screening questionnaire, and speak one-on-one with a mental health professional. If appropriate, you may be referred for a complete evaluation.

As part of the screening, you will have the opportunity to:

- Complete a written screening questionnaire,
- Discuss your results with a health professional,
- Receive a referral list of clinicians and treatment facilities in your area,
- Watch an educational video,
- Pick up some pamphlets and brochures, and
- Fill out a "friends and family questionnaire" for a loved one.



For more information please visit: <http://www.mentalhealthscreening.org/events/national-depression-screening-day.aspx>

Over the last 2 weeks, how often have you been bothered by any of the following problems?	"0" Not at All	"1" Several Days	"2" More than half the days	"3" Nearly Every day
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual.				
9. Thoughts that you would be better off dead, or of hurting yourself in some way				
<b>Totals</b>				
<b>If you checked off any problems, how difficult have these problems made it for you to</b>	<b>Not difficult at all</b>	<b>Somewhat difficult</b>	<b>Very difficult</b>	<b>Extremely difficult</b>
To do your work				
Take care of things at home				
Get along with other people				

### Scores:

"0" for "Not at All over the last 2 weeks"

"1" for "Several Days over the last 2 weeks"

"2" for "More than Half the Days over the last 2 weeks"

"3" for "Nearly Every Day over the last 2 weeks"

Add up the numbers. The higher the total number the more likely you suffer from depression and may need help overcoming it. Take your completed test with you to your next medical appointment and discuss it with your health care provider. Ask for a referral for a more thorough evaluation. Depression can affect your physical health. It can also be treated. You just need to ask for help.

Reference: Live your life well from Mental Health America: <http://www.liveyourlifewell.org/>

As of September 23, 2012 or soon after, health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about a health plan's benefits and coverage. The new regulation is designed to help you better understand and evaluate your health insurance choices.

The new forms include:

- A short, plain language Summary of Benefits and Coverage, or SBC
- A uniform glossary of terms commonly used in health insurance coverage, such as "deductible" and "copayment"

All insurance companies and group health plans must use the same standard SBC form to help you compare health plans. The SBC form also includes details, called "coverage examples," which are comparison tools that allow you to see what the plan would generally cover in two common medical situations. You have the right to receive the SBC when shopping for or enrolling in coverage or if you request a copy from your issuer or group health plan. You may also request a copy of the glossary of terms from your health insurance company or group health plan.

### What This Means for You

It's not easy for consumers to know what they are buying when shopping for insurance. The new rules are a joint effort among the Department of Health and Human Services, the Department of Labor, and the Department of the Treasury. The SBC is designed after the Nutrition Facts label required for packaged foods which helps you make healthy and informed decisions about your diet. The SBC's standardized and easy to understand information about health plan benefits and coverage allows you to more easily make "apples to apples" comparisons among your insurance options. The measure brings more openness to the insurance marketplace for the more than 180 million Americans with private health coverage.

### Some Important Details

- This provision applies to all health plans, whether you get coverage through your employer or purchase it yourself, beginning September 23, 2012.
- All health plans must provide an SBC to shoppers and enrollees at important points in the enrollment process, such as upon application and at renewal.
- The coverage examples give a general sense of how a plan would cover the normal delivery of a baby, and services to help a person control type 2 diabetes.
- If you don't speak English, you may be entitled to receive the SBC and uniform glossary in your native language upon request.

For More Information visit: <http://www.healthcare.gov/law/features/rights/sbc/index.html>



## THE BODY

The Complete HIV/AIDS Resource

Resource Center

### Aging With HIV



As we mark the fifth annual National HIV/AIDS and Aging Awareness Day this week, we've got a question: What does it really mean to be "aging with HIV"? What are the issues -- physical, mental and emotional -- that are unique to people living with HIV who are 50 or older? What steps can HIVers taken to live lives that are both happy and healthy, even as more candles appear on their birthday cake each year?

**Our brand-new Resource Center on Aging With HIV seeks to answer these questions.** Featuring a mountain of basic information, treatment/health advice, expert opinion and personal stories, this huge new section of our site is entirely devoted to the issues that matter most to HIV-positive people who are at or over the age of 50.

To check out the site visit:

<http://www.thebody.com/content/67810/aging-with-hiv-home.html?ic=700100>

A time to celebrate a nutritious vegetable – the pumpkin! Pumpkins are not just for decorating but are also a great addition to your menus – making pumpkin soup, muffins, pie and pumpkin seeds. Pumpkin seeds are a good source of omega 3's and magnesium.

**Did you know** that the pumpkins best suited for carving on Halloween are not necessarily the best for making pumpkin pie? There are 2 categories of pumpkin: canning and carving. For baking, look for “pie pumpkin” or “sweet pumpkin” which are sweeter and less watery than jack-o-lantern pumpkins. Store in a cool, dry place. Once a pumpkin is cut, it must be cooked that same day.

If you do buy a pumpkin to cook with, here are the preparation and serving suggestions:

- Remove stem and cut pumpkin in half.
- Remove seeds and stinky mess

Choose one of the cooking options:

- Boil or steam: Cut the pumpkin into large chunks, rinse them, place them in large pot with 1c. water, cover and boil for 20-30 minutes until tender, or steam for 12 minutes
- Oven: After cutting the pumpkin in half, rinse with cold water, place the cut side down on a large cookie sheet, and bake at 350 degrees for one hour until tender
- Microwave: cut pumpkin in half, place cut side down on microwave safe plate, microwave on high for 15 minutes until tender.
- Dice pumpkin, steam, and sprinkle nutmeg on it.
- Simple Pumpkin soup : Puree pumpkin and carrots, sliced onions, leeks, and chopped celery and parsley
- Roasted pumpkin seeds: Rinse seeds well, then spread on cookie sheet. Roast at 375 degrees for 20-30 minutes until dry and cool. Sprinkle on salt, if desired.

Source: *101 Foods That Could Save Your Life*, David Grotto, RD, LDN

### Tips on sweet treats for Halloween:

Remind kids that if they get hungry, they should make sure to eat foods that will help their bodies stay healthy and strong and give them the energy to enjoy the Halloween season. They can still fit in their treats in moderation. If parents become overly restrictive, it often sets up battles that will eventually lead to binging.

If parents don't want to give out candy– we suggest granola bars, stickers, pencils, or party favors.

Also, if there is a need for gluten free ideas check out [www.celiac.com](http://www.celiac.com) for tricks and treats.

Pumpkins not only make tasty fall treats, but they are also packed full of nutrients to keep our bodies healthy. These nutrients include fiber, potassium, selenium, and vitamin A. Pumpkin seeds are an excellent source of magnesium, which is vital for heart health.

### **Pumpkin Mini Muffins with Maple Cream Cheese Frosting**

Yield: 5 dozen

#### Ingredients:

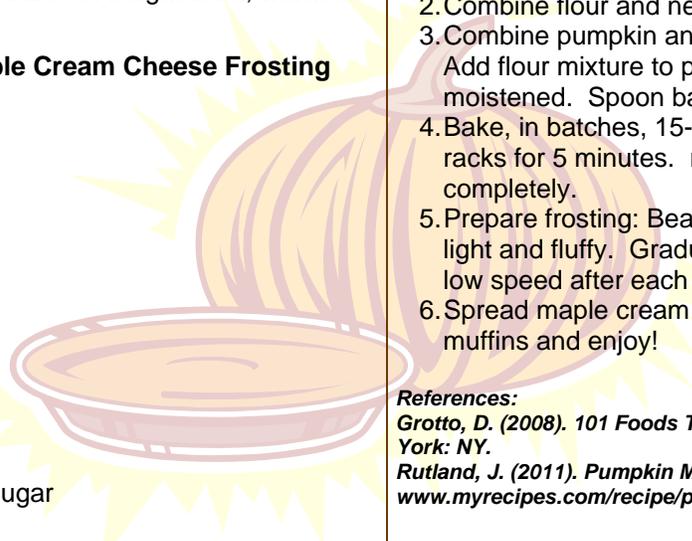
Paper baking cups  
 2 cups whole wheat pastry flour  
 1 ½ teaspoons baking soda  
 1 ½ teaspoons ground cinnamon  
 ¾ teaspoon salt  
 ½ teaspoon ground nutmeg  
 ½ teaspoon ground ginger  
 ½ teaspoon ground allspice  
 ½ teaspoon ground cloves  
 1 (15 oz) can pumpkin puree  
 ¾ cup firmly packed light brown sugar  
 ¾ cup granulated sugar  
 3 large eggs  
 ¾ cup vegetable oil

#### Directions:

1. Preheat oven to 350°. Place paper baking cups into miniature muffin pans.
2. Combine flour and next 7 ingredients in a medium bowl.
3. Combine pumpkin and next 4 ingredients in a large bowl. Add flour mixture to pumpkin mixture, stirring just until moistened. Spoon batter into cups, filling 2/3 full.
4. Bake, in batches, 15-17 minutes. Let cool in pans on wire racks for 5 minutes. remove from pans and let cool completely.
5. Prepare frosting: Beat first 3 ingredients in a large bowl until light and fluffy. Gradually add powdered sugar, beating at a low speed after each addition until well blended.
6. Spread maple cream cheese frosting over tops of cooled muffins and enjoy!

#### References:

Grotto, D. (2008). *101 Foods That Could Save Your Life*. Bantam Dell. New York: NY.  
 Rutland, J. (2011). *Pumpkin Mini Muffins*. Coastal Living. Available at <http://www.myrecipes.com/recipe/pumpkin-mini-muffins-50400000116071/>.



## Having trouble remembering to take those meds?

Here's a solution that just might work for you. Use your phone!

While not everyone has a "smart" phone there are a large number that do. I, myself, was caught up in the iphone craze and now carry a phone my 7 year old can make do all sorts of things while I struggle to make a phone call.

However...I have managed, with said 7 year olds help, to review some of the apps available on itunes. Apps not only include games but also "tools". I have this great list maker that I can add to anytime I think of things I need to get from the grocery store and cross off with the tap of a finger. I downloaded a Bill Minder that sends me reminders when my bills are due. Very helpful!!!

They also have some great Medicine reminder apps. Some are free and some cost a dollar or two but all and all there were many promising apps to choose from.

Some examples:

**Medi Reminder by Health5C.** This app is free. It allows you to track medications for yourself and for other members of your household. And once you set it up for a medication it will track how much medication you should have left and help you remember to call in those pesky prescriptions before you run out!

**Pillboxie.** This app costs \$.99 plus tax. Pillboxie is essentially a visual pillbox that you place images of your pills into. Very simple to use and password protected to keep your business your own.

This is only 2 examples of what is available on itunes. Many of these are compatible with the iphone, the ipod touch and the ipad.

And for all of the Android users...

**Pills on the Go.** There is both a free version of this app and an upgraded version that cost \$1.99. Set alerts for each time you are due to take your medicine and it will repeat until you have selected "snooze, skip or take." It tracks what you take and reminds you when you need a refill.

**Care4Today.** This is a mobile adherence app from the company Janssen that helps track your medical needs, including medication and appointment reminders. You personalize the messages you receive to remind you to take your medications.

**My Health Matters.** This mobile app from Merck & Co allows you to track symptoms, remind you to take medications and create reports you can share with your healthcare team.

The android apps were found using Google.

I highly suggest going online and looking at the many different options. Make sure to look at the reviews that are posted and try a few to see which will work best for you.

Being a better pill taker is only a phone alarm away!

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# October is Domestic Violence Awareness Month



## What is domestic violence?

Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.



## What are the key elements of domestic violence?

- Conduct perpetrated by adults or adolescents against their intimate (sex) partners in current or former dating, married or living together relationships of heterosexuals, gay men and lesbians
- A pattern of behaviors including physical, emotional or sexual abuse
- A combination of physical attacks, terrorist attacks and controlling tactics used by perpetrators that result in fear as well as physical and psychological harm to victims and their children
- A pattern of behavior, directed at achieving compliance from or control over the victim



## What is the difference between fighting and battering?

- Arguments, disagreements and differences of opinion are parts of normal relationships. What distinguishes an abusive relationship is an ongoing pattern of disproportionate control and coercion. The “fight” is not between people of equal power, but occurs within a relationship in which there is an imbalance of power and the use of abusive control tactics by one party



## Why does domestic violence happen?

Contrary to popular belief, domestic violence is not caused by stress, mental illness, alcohol or drugs. **The only true cause of domestic violence is the abuser's choice to act violently.**



## Why does someone stay in an abusive relationship?

There are many reasons a person may not be ready or able to leave. Some of these reasons include:

- fear of physical danger
- financial barriers
- belief that things will get better if they stick with the relationship
- fear of the unknown/failure
- societal/religious messages
- to keep the family intact
- they love the person and hope they'll change



## What are signs that I may be in an abusive relationship?

Does your partner . . .

- Hit, punch, slap, choke, or shove you?
- Destroy personal property, damage furniture or walls?
- Prevent you from seeing friends or family?
- Control all finances and/or force you to account for what you spend?
- Belittle you in public or private?
- Show extreme jealousy of others or make false accusations?
- Force you to have sex against your will?



These are all examples of abusive behavior. If any of these things are happening to you, call today and talk to someone about it:



- Vera House 24-hour Crisis & Support Line 315-468-3260
- TTY # 315-484-7263 (For the Deaf Community - regular business hours only)
- New York State Domestic Violence Hotline 1-800-942-6906 for programs outside of Onondaga County



This information was adapted from the Vera House website.



**The Designated AIDS Center now offers delivery of the Positive Outlook Newsletter via confidential e-mail. If you would like to receive the e-mail version of the Positive Outlook newsletter please complete a request card in the waiting room or call Melissa @ 315-464-7313.**



Follow us on [Twitter](#)  
@UpstateDAC



**For people who have Twitter accounts:  
If you are interested in Hepatitis C issues check out Hepatitis NY on Twitter.**

**NEW YORK STATE HCV HOTLINE: Call 1-800-522-5006.  
The AIDS Institute Viral Hepatitis Program [www.nyhealth.gov/hepatitis](http://www.nyhealth.gov/hepatitis).**

**The Designated AIDS Center offers on-site individual , group, and case management mental health services.  
All of our patients are eligible to receive services appropriate for their care.  
If you would like to receive mental health services  
please discuss with your doctor, nurse practitioner, physician assistant or social worker.**

## National Latino AIDS Awareness Day

October 15 is National Latino AIDS Awareness Day.

The Latino Commission on AIDS (LCOA), the Hispanic Federation and many other organizations organize this day. The NLAAD campaign works annually at building capacity for non-profit organizations and health departments in order to reach Latino/Hispanic communities, promote HIV testing, provide HIV prevention information and access to care.

For more information visit: <http://aids.gov/news-and-events/awareness-days/latino/>



### Consumer Advisory Board!

The DAC Consumer Advisory Board is looking for new members. Are you interested in working with a dynamic group of consumers? We need your input! The CAB is involved with issues that affect you. You can be an important voice within the DAC and the regional/statewide HIV community. If you want to know more about the CAB please speak with Missy or Kelley. To become a member please ask a staff person for an application.

**The next meeting of the CAB will be October 4, 2012.**



**HIV/AIDS Services:**  
ACR: 1-800-475-2430  
FACES: 1-866-95-FACES  
STAP, Southern Tier  
AIDS Program:  
1-800-333-0892  
NYS Dept. of Health:  
English: 800-541-2437  
Spanish: 800-233-7432  
Liberty Resources: 315-701-0293  
**Hotlines and Services:**  
CONTACT: 315-251-0600  
CPEP: 315-448-6555  
Vera House: 315-468-3260

### Prescription Reminder



If you want to know if your prescription is ready at your pharmacy, please call your pharmacy and not our office. Once you leave a message concerning prescription refills or renewals **please allow at least 4 hours** before calling to check on the status of your request. Most prescriptions requests are called into your pharmacy the same day. Messages received late in the day may not be called in till the following business day. Please call for prescription renewals several days before you will run out. This will help to avoid any medication interruption.