Healthy People Newsletter
August 2019

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National Health Observances

August | 2019

Children’s Eye Health and Safety Month

Dental Implant Month

Immunization Awareness Month

Psoriasis Action Month

Spinal Muscular Atrophy Awareness Month

Health Unit Coordinator Week | 23-29

Opioid Misuse Prevention Day | 30
Back to School

THE IMPORTANCE OF IMMUNIZATIONS

The end of summer is here! While many parents are thrilled to have their kids head back to school, this time of year can also be a little bittersweet. Summer is the season of kicking back, hanging out in nature, relaxed schedules, flexible bedtime routines, no reading logs to sign, lunches to pack or homework scolding to do!

In preparation for a new school year, there are always lots of things to do such as buying school supplies, clothes, shoes, lunch boxes, backpacks and more. One often overlooked, back to school errand is immunizations!

Don’t worry if you haven’t scheduled your immunizations, but it is important to check them off your list so the school nurse isn’t hounding you as you approach the end of the first semester. One simple trick is to combine all of your pediatrician needs into one. Make an appointment for September or October so your kids can receive any needed immunizations, a yearly physical, and a flu shot.

WHICH IMMUNIZATIONS DO MY KIDS NEED?

If your child is 4-6 years old, they need the following vaccines:

» **DTaP**: Protects against tetanus, diphtheria, and pertussis.

» **IPV**: Protects against polio.

» **MMR**: Protects against measles, mumps, and rubella. This should be your child’s second dose, as the first dose would’ve been given when they were 12-15 months old.

» **Varicella**: Protects against chickenpox.

» **Yearly flu shot**: Prevents the flu! As long as your child is 6 months or older, he/she should get this every fall. Ideally, no later than October.

If your child is 7-17 years old, they need the following vaccine.

» **HPV**: Protects against human papillomavirus infections that can cause cancer. A series of two shots (6-12 months apart) that children should complete by the time they are 13 years old.

» **Tdap**: Protects against tetanus, diphtheria, and pertussis. This is a booster shot that protects against the same thing as the DTaP listed above for younger children, as the effectiveness wears off as they age. Get this when your child is 11-12 years old.
» **Meningococcal conjugate vaccine:** Protects against meningitis and bloodstream infections. Get one shot at age 11-12 and a second shot at age 16.

» **Yearly flu shot:** Prevent the flu! Get this every fall, ideally no later than October.

**WHY DO WE NEED TO BE IMMUNIZED AT ALL?**

There are so many diseases that are still a threat, even in the United States. People are always traveling to countries where a lot of preventable diseases are active and they can carry them back to the U.S. Those who are not immunized are the most likely to be affected by this and will continue to spread it to others. This puts everyone around us at higher risk. Newborns, elderly, and those who are immunosuppressed may not recover from these diseases like those who are healthier. It’s important to do your part and protect your community. If we all continue to vaccinate, we can actually erase the existence of these diseases—which is exactly what happened with smallpox. Vaccines are safe and effective and continue to be recommended by the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention. Oh, and from your pediatrician!

**THE TRUTH ABOUT VACCINES**

» Vaccines have eliminated smallpox and are close to eliminating polio.

» Vaccines prevent more than 2.5 million deaths each year.

» Widespread use of the measles vaccine has led to a more than 99% reduction in measles cases.

» Rotavirus and pneumonia kill nearly 3 million children every year. Vaccines can stop that.

» Since the introduction of Meningococcal conjugate vaccine in 1988, there has been a 99% reduction in bacterial meningitis.
The Opioid Epidemic

KNOW THE NUMBERS

Opioid overdoses have increased almost six times since 1999 and taken the lives of over 47,000 loved ones during 2017. More than 115 people die in the U.S. every day from an opioid overdose. Maybe you’ve lost a loved one to an overdose or maybe you have struggled with addiction yourself. Either way, it’s important to understand the facts of prescription drug overdose and to seek a valuable support system.

Opioids (also known as narcotics) are a class of drug used to reduce pain from an injury or surgery and are given as a prescription from your doctor. Examples of prescription opioids are vicodin, codeine, oxycodone, oxycontin, dilaudid, and percocet. In the late 1990s, doctors believed these medications were not highly addictive when compared to morphine, which is what they were typically using to control pain. Thus, they prescribed them more frequently to their patients. Sadly, it has become more and more apparent how wrong they were as ‘the opioid epidemic’ has snowballed out of control.

When used appropriately and in the short-term, opioid prescriptions are safe, effective, and necessary for patients. But as the use continues, tolerance increases and it gets harder and harder to achieve the same “high.” This leads to taking more of the prescribed medication. When patients aren’t able to refill any additional prescriptions from their doctor, they often rely on illegal ways of obtaining the medication and can turn to illegal opioids, like heroin.

Heroin is an illegal opioid and is highly addictive. It can be smoked or snorted but is most commonly injected, which increases the spread of HIV, hepatitis, and other bacterial infections. Between 2010 and 2017, deaths from heroin overdoses increased by almost 400%. About 80% of people who use heroin first started with prescription opioid abuse.

Synthetic (man-made) fentanyl is also an opioid—a highly potent one—and is used to treat severe pain. It is often made and used illegally, mixed with heroin or cocaine and causes many overdose deaths each year.

Opioids bind to opiate receptors in our body and block the pain signals that are sent from our brain to our body. They also release large amounts of dopamine, which is known as the “feel-good hormone,” as it is associated with high levels of pleasure. This is what most often begins the misuse and abuse cycle of many types of opioids.
THE DRUG ABUSE DICTIONARY

1. **Tolerance** to a drug/medication means it takes more frequent doses or higher doses to achieve the same result.

2. Drug/medication **dependence** is when our neurons adapt and begin to function normally with the medication. Without it, we experience withdrawal symptoms, including anxiety, agitation, muscle cramps, high blood pressure, nausea, trouble sleeping, sweats, etc. In those with a chronic (long-term) dependence, it is safer to get off medications in a healthcare facility where they can be closely monitored for safety.

3. Drug/medication **addiction** is considered a chronic disease where we behave on impulses despite the consequences. There is a lack of control when obtaining the drugs that are “needed”. Symptoms of withdrawal are similar to those listed above, but more severe. They’re extremely uncomfortable and make quitting feel impossible to the person going through it.

In addition to the “high” that people experience, opioids can also cause sleepiness, constipation, slowed breathing, nausea, and confusion. With overdoses, someone’s breathing can slow to a dangerous level causing hypoxia, which means they are not getting sufficient oxygen or blood flow to their brain. This can cause brain damage or death.

If you or someone you love is suffering from opioid dependence or addiction, it is not hopeless! There are medications and many types of therapy that can help you or your loved one through this. Commit to quitting and discuss options with your doctor. Get support from your friends and family, as well as others who are going through the same thing.

![Overdose Death Rates Involving Opioids, by Type, United States, 2000-2017](source://cdc.gov)
Psoriasis

THE MANY TYPES AND PAINFUL SYMPTOMS

WHAT IS PSORIASIS?

Psoriasis is a chronic skin disease that causes red, scaly patches to appear on the skin. The life cycle of the skin cells in people with psoriasis is sped up, and the skin cells build rapidly on the surface of the skin. This causes red, patchy areas that can be painful, burning, or itchy. Unfortunately, researchers are not entirely clear why some people get psoriasis, but genetics can play a role as well as immune response and environmental factors. Psoriasis is not contagious and there is no known cure. It can affect people of all ages but is rare in infants and is most commonly diagnosed between the ages of 15-35 years old.

SEVEN TYPES OF PSORIASIS

1. **Plaque psoriasis:** This is the most common type, affecting 8 out of every 10 people who are diagnosed with psoriasis. It appears as dry, red “plaques” covered with silvery scales (dead skin cells) and is most often seen on the scalp, elbows, knees, and lower back. It can be painful and itchy, as well as crack and bleed. Treatment typically can be found in creams, medications, or phototherapy.

2. **Guttate psoriasis:** This is the second most common type of psoriasis. It is seen more in young adults or children and appears as small, pink dots most often on your arms, legs, trunk, or scalp. It is usually triggered by a bacterial infection, such as strep throat. Most of the time, the spots will go away without treatment.

3. **Psoriatic arthritis:** In addition to the red, scaly patches described with plaque psoriasis, this type of psoriasis also attacks the joints. It causes stiff, swollen, and painful joints and leads to progressive joint damage. Almost 90% of people diagnosed with this type will also see changes in their nails.

4. **Nail psoriasis:** Psoriasis can affect the fingernails causing discoloration, brittleness, and painful separation from the nail-bed. Topical treatments or steroid injections may help with this. About 55% of people with plaque psoriasis will also have nail psoriasis.

5. **Inverse psoriasis:** This is characterized by very red, smooth, shiny skin. It is often seen in areas of friction or heat, such as the groin, armpit, or underneath breasts. Fungal infections may trigger inverse psoriasis.
6. **Pustular psoriasis:** This is often seen on the hands and feet and appears as tiny pus-filled blisters, as well as red and tender skin. It may also cover most of your body and is then considered “generalized pustular psoriasis.” If it is generalized, you might also experience fever, chills, or diarrhea. This type of psoriasis is uncommon.

7. **Erythrodermic psoriasis:** This type of psoriasis is the least common and is usually seen in those who have uncontrolled plaque psoriasis. It is very serious and you should see your doctor right away. It is characterized by a fiery redness covering most of your body and is very painful and itchy, causing the skin to peel off.

Treatments for psoriasis include topical creams/ointments, medications (by mouth or injected), or light therapy. The goal is to slow down the rate that skin cells are being produced. You may also try diet changes, moisturizers, and frequent baths to help ease the pain and itching that accompanies psoriasis.

Being diagnosed with psoriasis increases your chance of being diagnosed with multiple other diseases, such as diabetes, Parkinson’s, high blood pressure, cardiovascular disease, and other autoimmune diseases. Psoriasis can also take a toll on your emotional state, causing depression or low self-esteem, especially if there are visible spots on your face or hands. Please reach out to a support group or your loved ones so they can help you cope with flare-ups. And educate those around you that it is not contagious!

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**WHAT TRIGGERS PSORIASIS?**

- Stress
- Smoking
- Heavy alcohol use
- Certain medications, including lithium which is used for bipolar, beta blockers which are used for high blood pressure, antimalarial drugs, and iodides
- Infections, such as strep throat
- An injury to the skin, such as a cut or severe sunburn
- Vitamin D deficiency
- Allergies
- Weather
Grab Your Glasses

DOES YOUR CHILD NEED GLASSES, TOO?

August is Children’s Eye Health and Safety Month. While we all might take our children to yearly doctor appointments and dental cleanings, we often overlook having their eyes checked! Starting at the age of 3, pediatricians typically perform an eye exam during well-child visits. If they’re concerned at all, they should refer you to an ophthalmologist for a more in-depth eye exam.

WHAT ARE POSSIBLE SIGNS SOMETHING IS WRONG?

» A family history of vision problems as a child
» Disinterest in reading or focusing on things in the distance
» Holding books or toys very close to their face
» Wandering or crossed eyes
» Squinting or angling their head when looking at something or watching TV

WHAT ARE POSSIBLE DIAGNOSES?

» Farsighted or Nearsighted: An ophthalmologist might find that your child has trouble seeing, either close up or far away. If they can’t see close up, they are considered farsighted. If they can’t see far away, they are considered nearsighted. They will just need a pair of glasses to correct their vision.

» Astigmatism: An astigmatism is very common and often accompanies farsightedness or nearsightedness. It is when the cornea is irregularly shaped. Glasses can also correct an astigmatism.

» Strabismus: Strabismus is also known as crossed eyes. One eye may be turned inward, outward, upward, or downward. This can cause a loss of vision in the affected eye or amblyopia (lazy eye). Treatment for this might include glasses, prisms, eye-patch therapy, botox injections, or surgery.

» Amblyopia: Amblyopia is when one eye is considered “lazy.” One eye moves normally and the other follows “lazily” behind or doesn’t follow at all. Treatment might include glasses, eye-patch therapy, eye drops, or surgery.

» Ptosis: Ptosis is the drooping of the upper eyelid due to a weakness in that muscle. Your child may be born with this or acquire it as they age. It can cause amblyopia or vision loss and if significant, will need surgery to correct.
• **Color Blindness:** Color blindness is when you can’t see certain colors at all or can’t tell the difference between certain colors. The cone cells that distinguish color are absent or don’t work. Typically we are born with this and, males are more affected than females. There is no treatment although certain glasses might help.

• **Glaucoma:** It is rare to see glaucoma in children. Glaucoma consists of a high pressure in the eye that can damage the optic nerve, resulting in loss of vision. Signs and symptoms include tearing, frequent blinking, eye redness, sensitivity to light, and cloudiness of the cornea. Surgery is usually needed to treat glaucoma.

• **Cataract:** Also rare in children are cataracts. These are a cloudiness or opacification of the normally-clear lens of the eye. You might notice a white spot on the pupil or misalignment of the eyes. This often causes amblyopia. Surgery is usually needed, as well as glasses, bifocals, and/or eye-patching.

Follow your gut and reach out to a specialist if you think something is going on with your child’s vision. Your pediatrician is a great resource for spotting any initial problems, and a specialist can take a deeper dive into what might be bothering your little one. The earlier the treatment is started, the more successful it will be.

**POSSIBLE DIAGNOSES FROM AN OPHTHALMOLOGIST**

• Farsightedness or Hyperopia (can’t see close up)
• Nearsightedness or Myopia (can’t see far away)
• Astigmatism (irregularly shaped cornea)
• Strabismus (crossed eyes)
• Amblyopia (lazy eye)
• Ptosis (drooping of the eyelid)
• Color blindness (can’t see or differentiate between colors)
• Glaucoma (high pressure in the eye)
• Cataract (cloudiness of the eye)
IF WE ALL DID THE THINGS WE ARE CAPABLE OF, WE WOULD ASTOUND OURSELVES.

- THOMAS EDISON