

In The Know...

Spring 2008
Volume 3 Issue 1

Welcome

Welcome to our Spring Edition of our Newsletter! We are continuing our effort to deliver you an issue containing helpful and interesting health information. If there is a topic that you would like to see covered in the future, please let us know and we will be happy to include that for you.



This newsletter will be published on our web site, www.bpaco.com and can also be received via e-mail. If you, or someone you know, would like to receive new issues, please sign up on our website.

If you have any questions or comments regarding this newsletter, please contact us at newsletter@bpaco.com

Benefit Plan Administrators would like to remind everyone to provide updated contact and coverage information promptly. Ensuring that your information is up-to-date will allow us to quickly process your claims. Occasionally we will send out forms requesting further information. Please fill out these forms and return them to us promptly. We use the information from these forms and letters to determine eligibility and benefit coverage when processing claims. If we do not have this information, we must deny any applicable claims until the information is received.

Inside This Issue

- 1 Welcome
- 2 March is Colorectal Awareness Month
- 3 April is National Autism Awareness Month
- 4 May is National Arthritis Month
- 5 Taking a Kids Temperature has Highs and Lows
- 6 More Advanced Cancer seen in Uninsured Americans
- 7 Eat Your Brownies, er, Veggies

March is Colorectal Cancer Awareness Month

<http://www.ppha.com/Newsletters/2008/March/Top10Colon.htm>

This March marks the ninth annual National Colorectal Cancer Awareness Month. It's a time to focus on the prevention and early detection of colon cancer and rectal cancer.

Although talking to a loved one about getting screened for this disease may be awkward for some, it's important. Colorectal cancer is the second leading cause of cancer death in the U.S. for men and women combined.

More than 90 percent of people diagnosed with colon cancer are age 50 and older. Researchers estimate that one-third of colorectal cancer deaths could be prevented if everyone age 50 or older received regular colon cancer screenings. So if you're due, please schedule an appointment.

Top 10 Colon Cancer Prevention Tips

1. Go to a doctor if you have any colon cancer symptoms.

Usually, colon cancer doesn't have any symptoms. However, in the later stages, symptoms may include thin stools, cramping, unexplained weight loss, and bloody stools.

2. If you're 50 or older, schedule a colon cancer screening.

Then actually go to the appointment. More than 90 percent of people diagnosed with colon cancer are 50 or older and the average age of diagnosis is 64. Research indicates that by age 50, one in four people has polyps (colon cancer precursors).

3. Eat a balanced diet.

Diets high in fat and cholesterol (especially from animal sources) have been linked to increased colon cancer risk. High-fiber diets, however, have shown a protective effect.

4. Maintain a healthy weight.

All other things equal, obese men seem to be more at risk for colon cancer than obese women. Also, certain body types seem to influence risk more than others. Studies indicate that extra fat in the waist (an apple shape) increases colon cancer risk more than extra fat in the thighs or hips (a pear shape).

5. Maintain an active lifestyle.

Research indicates that exercising can reduce colon cancer risk by as much as 40 percent. Exercise also tends to reduce the incidence of other risk factors for colon cancer, like obesity and diabetes.

6. Consider genetic counseling.

People who carry genetic mutations linked to hereditary colon cancer are the most likely to develop the disease. If someone in your family has FAP or HNPCC, or if you're of Ashkenazi Jewish descent, you should seriously consider adding genetic counseling to your colon cancer prevention plan.

7. Learn your family medical history.

Did you know your family medical history can impact your chances of developing colon cancer? When discussing colon cancer prevention with your doctor, remember to mention if family members have had polyps or colon cancer. Other cancers (such as stomach, liver, and bone) may also be relevant.

8. Talk to a doctor about your personal medical history.

As you may have guessed, discussing your own medical history is extremely important when it comes to colon cancer prevention. Sometimes we feel like doctors aren't interested in what we have to say, so we try to answer their questions as quickly and succinctly as possible. But it's alright - and advisable - to talk about your health history. Of particular concern are polyps, certain cancers, and chronic inflammation of the bowel - all of which can increase the risk of developing colon cancer.

9. Don't smoke.

Yes, it's a risk factor for colon cancer too. Smoking increases your risk for two main reasons. First, inhaled or swallowed tobacco smoke transports carcinogens to the colon. Second, tobacco use appears to increase polyp size.

10. Reduce radiation exposure.

Is radiation really relevant to colon cancer prevention? The short answer is yes. According to the U.S. Department of Health and Human Services, colon cancer has been caused by doses of about 1,000 millisieverts.

April is National Autism Awareness Month

<http://www.autism-society.org/site/PageServe>

What is Autism Awareness Month?

National Autism Awareness Month was established in 1972 by the Autism Society of America (ASA). The observance provides an opportunity for the ASA, its State chapters, and others in the autism community to educate the public about this disorder. The high rate of autism among all races, ethnicities, and social groups points to a greater need for education, particularly with regard to the early diagnosis of this complex developmental disorder.

What is autism?

Autism, also called autistic disorder, is the result of a neurological disorder that typically appears in early childhood, usually before age 3. Autism prevents children and adolescents from interacting normally with other people and affects almost every aspect of social and psychological development. While children with autism share some common signs, autism is a disorder that affects each individual differently and varies in intensity from mild to severe.

How common is autism?

Studies estimate that as many as 1 in 500 to 1 in 166 children have autism or a related condition (U.S. Department of Health and Human Services, 2005). Autism is the second most common serious developmental disability after mental retardation/intellectual impairment, but it is still less common than other conditions that affect child development, such as speech and language impairments, learning disabilities, and attention-deficit/hyperactive disorder (U.S. Department of Health and Human Services, 2005).

Where can I get more information?

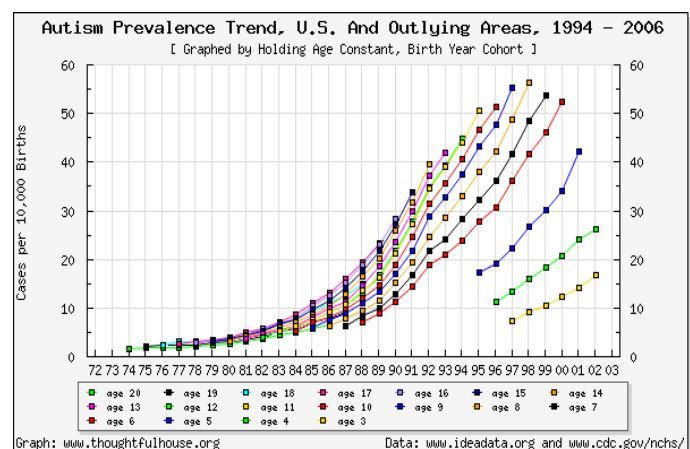
For more information on autism, call or write to the Autism Society of America (ASA) at 800-328-8476 or 7910 Woodmont Avenue, Suite 300, Bethesda, Maryland 20814-3067.

Autism Facts

- ◆ 1 in 150 births(1)
- ◆ 1 to 1.5 million Americans(2)
- ◆ Fastest-growing developmental disability
- ◆ 10 - 17 % annual growth

Growth comparison during the 1990s:

- ◆ U.S. population increase: 13%
- ◆ Disabilities increase: 16%
- ◆ Autism increase: 172%
- ◆ \$90 billion annual cost
- ◆ 90% of costs are in adult services
- ◆ Cost of lifelong care can be reduced by 2/3 with early diagnosis and intervention
- ◆ In 10 years, the annual cost will be \$200-400 billion



May is National Arthritis Month

<http://arthritis.about.com/cs/orgs/a/mayarthmonth.htm>

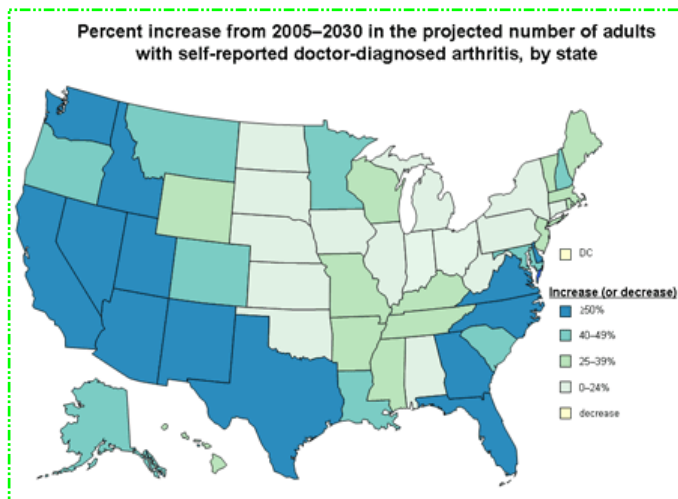
The goal is to increase awareness of arthritis. Better understanding can benefit both patients with arthritis and people who are not afflicted with the disease.

Arthritis is often misunderstood, largely due to misconceptions, misinformation, and old wives tales which persist. Unless the difficulties and limitations imposed by arthritis affect you or a family member directly, your exposure to the disease may be minimal.

Arthritis is a complicated disease because there are many different types of arthritis, various symptom patterns, and numerous treatment options. Severe forms of arthritis can be disabling and can affect many aspects of daily living.

Managing Arthritis

Arthritis is life-altering. Since there is no cure for arthritis, managing the disease is vital. There are many positive approaches to the management of arthritis. Use the month of May to make choices and take action so you can better live and cope with arthritis. Start with the 8 Best Things to Do for Arthritis:



Educate yourself and become knowledgeable about your condition. Learn what helps and what hurts. Motivate yourself to remain active by focusing on what you can do as opposed to what you cannot do.

Participate in life and fight off depression and isolation.

Medicate and follow a treatment plan that will relieve symptoms and allow the highest quality of life.

Communicate your need for patience, understanding, and support from those around you. Meditate to give the body and mind needed relief

from the stress of arthritis.

Eliminate stress whenever possible so it does not further compound the stress of the disease.

Concentrate on setting realistic goals, positive thinking, remaining active, and actions which make living with arthritis more bearable.

Staying Active With Arthritis

Each year during National Arthritis Month, the Arthritis Foundation encourages people with arthritis to stay active. Walking, exercise, and avoiding a sedentary lifestyle are important.

Try to move your joints gently through their full range of motion every day.

Gradually build up endurance exercises to 20 to 30 minutes per day, at least three times a week.

After exercising, cool down for 5-10 minutes to let your heart slow down and allow your muscles to relax.

If you are having a flare up of symptoms, do not skip exercises completely. Inactivity leads to stiff and weak muscles. A balance between rest and activity is best, even during a flare.

Taking a kid's temperature has highs, lows

ATLANTA, Georgia (CNN) -- It's the middle of the night, and the sound of a wailing young child pierces the air. Her body feels as if it's on fire when you touch her forehead. What do you do next? The reality of dealing with a feverish child can send some parents into a panic. "I think every mom goes through that," says Heather Kelly, a mother of two young girls from Atlanta, Georgia. "Taking your kid's temperature can really make your life crazy, especially at 2 in the morning."

HIGHLIGHTS

- Fever is a sign that something potentially harmful is going on
- Call a doctor if a baby under 3 months old has a temperature over 100.4 degrees
- If a kid is running around, he's probably not sick enough to need medical intervention

Dr. Jennifer Shu with the American Academy of Pediatrics sympathizes with parents such as Heather, but notes that you can't ignore a fever. "Sometimes, parents don't understand that the fever itself isn't harmful, but it could be a sign that there is an illness that could be causing the child some discomfort," she says.

Shu, an Atlanta-based pediatrician, frequently asks the parents of her small patients whether they have a thermometer in their home medicine cabinet. She says you don't need to spend a lot of money or buy a fancy model to get results. "Because children are so active, you want a thermometer that is fast," Shu suggests.

Compared with old mercury thermometers, which are no longer recommended or sold in the United States, newer designs are easy to use and simpler to read. Pharmacies offer everything from pacifier thermometers to models that fit just inside the ear canal.

To get the most accurate reading, Shu advises, pick a thermometer that's appropriate for the child's age. "Under 3 months, the best way to take a temperature is using a rectal thermometer," Shu says. "Between 3 months and 3 years, you can do a rectal thermometer, or some people like to do an under-the-arm, or axillary, thermometer." Shu suggests that over the age of 3, children should be able to hold an oral thermometer under their tongue.

A normal, average temperature is considered to be 98.6, but Shu says that it's not unusual for temperatures to fluctuate a degree or two during the day. She advises parents to call a doctor if a baby under 3 months old has a temperature over 100.4 degrees when taken rectally and if a child of any age has a fever higher than 104 degrees.

Parents may be tempted to reach for over-the-counter medicine such as ibuprofen or acetaminophen to lower a child's temperature. Shu reminds parents: "Fever-reducing medicines aren't going to make the illness go away any faster, but they can make the child feel more comfortable." She tells parents to push fluids to help cool the child from the inside out. A lukewarm bath may also help in reducing a fever, but don't make the bath too cold.

A child's demeanor may help parents determine what action to take. "If your child is up and running around, then he's probably not sick enough to have any intervention no matter what the temperature," Shu says. She concludes, "if you can't pin him down to get a temperature of any kind, then chances are he's not quite sick enough. It's OK to wait for him to calm down to take his temperature."



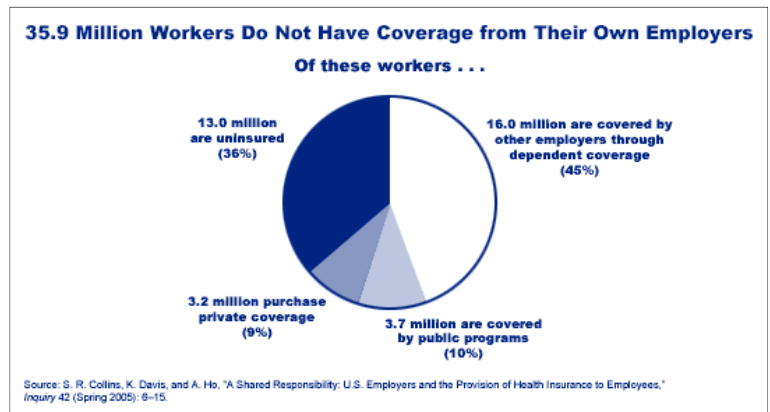
More Advanced Cancer Seen in Uninsured Americans

By Will Dunham Mon Feb 18, 1:30 AM ET

http://news.yahoo.com/s/nm/20080218/hl_nm/cancer_usa_dc

Uninsured Americans and those in a government health program for the poor are far more likely to have advanced diseases when diagnosed with cancer than those with private coverage, researchers said on Sunday. A major factor seems to be that many of these people are not getting routine screenings for various types of cancer that could detect the disease in its early stages when it is most treatable and least deadly, according to the researchers.

Led by Dr. Michael Halpern of the American Cancer Society, the team examined data on 3.7 million Americans diagnosed with 12 common types of cancer between 1998 and 2004. The uninsured were 2.1 times as likely and those covered by Medicaid 80 percent more likely to have advanced-stage cancer at the time of their first cancer diagnoses compared with those with private health insurance. The study published in the medical journal *Lancet Oncology* also showed blacks and to a lesser extent Hispanics, regardless of insurance status, were more likely than whites to have advanced cancer when first diagnosed.



The government estimates there are 47 million people without health insurance in a country of about 300 million people. Health care is a prominent issue in the U.S. presidential campaign. "We consistently found across a wide variety of cancers that uninsured individuals and those covered by Medicaid were more likely to be diagnosed with advanced disease," Halpern said in a telephone interview. "And this was especially true for the cancers that could be diagnosed early by screening, like colorectal cancer, or have symptoms early in disease like bladder cancer," Halpern added.

The increased risk for later-stage diagnosis also was seen in diseases such as breast and lung cancer as well as the skin cancer melanoma. Many cancers respond well to treatment when caught in their earliest stages, before cancer cells have spread from one part of the body to other parts. More advanced cancer is much harder to treat and much more likely to kill.

The nationwide findings confirmed similar results of more limited studies looking at particular regions of the country dating from the 1990s. The data used in the new study came from a database containing information on about three-quarters of people diagnosed with cancer in the United States. Medicaid is a state-federal program that helps pay for health care for low-income people, the disabled and some others. Individual states determine who is eligible and what services are covered. Regarding racial and ethnic disparities, Halpern said explanations may include problems in patient-doctor communication and health literacy, as well as less trust of the medical care system among blacks and Hispanics.

Eat Your Brownies, er, Veggies

<http://bitten.blogs.nytimes.com/2008/02/11/eat-your-brownies-er-veggies/>

I sincerely hope that the moronic idea of hiding food that kids don't like in foods they do — see "The Sneaky Chef" and "Deceptively Delicious" — is a passing phase. (The funniest thing about these two books is that the public uproar wasn't over their approach to cooking but over which author had the idea first.) This does a real disservice to kids and — not that this is my bailiwick — is evidence that today's parents will do anything to avoid a confrontation.

My kids, both grown and better than okay, ate pretty much what I cooked — which included a fair number of vegetables (and lots of squid, according to my older daughter), which is what I ate also, and they're now among the healthiest and most adventurous eaters I know.

Is "Eat your vegetables" such a bad command? Generations of eaters have grown up on those very words and most of us came around to realize that spinach and broccoli are actually pretty good, especially if you put some olive oil and maybe a little lemon and garlic in there.

Of course it helps if you know how to cook. If you don't I suppose hiding turnips in brownies is a better alternative than serving brownies sans turnips for a snack, but it's deceptive. And ten years down the road, when the kid is going out for a soda and a smoke and tells mom he's really on the way to the local Veggieburger for a seaweed salad — well, you get the idea.

Speaking of seaweed salad, that's something my kids started to love when they were about 2.

Simple Seaweed Salad

Yield 4 servings

Time 20 minutes

Mark Bittman

From "How to Cook Everything Vegetarian"

Summary

The easiest way to produce this is to buy a small package of mixed seaweeds and proceed from there. But once you get more familiar with seaweed, you can use wakame, kelp, hijiki, or others, alone or in any combination you like.

Ingredients

1 ounce assorted dried seaweeds or wakame

1/4 cup minced shallot, scallion, or red onion

2 tablespoons soy sauce, or to taste

1 tablespoon rice wine or other light vinegar, or to taste

1 tablespoon mirin or 1 teaspoon sugar, or to taste

1/2 tablespoon dark sesame oil, or to taste

Pinch cayenne, or to taste

Salt, if necessary

1 tablespoon toasted sesame seeds, optional

Method

1. Rinse the seaweed once and soak it in at least 10 times its volume of water. When tender, about 5 minutes later, drain and gently squeeze the mixture to remove excess water. Pick through the seaweed to sort out any hard bits (there may be none) and chop or cut up (you may find it easier to use scissors) if the pieces are large. Put in a bowl.
2. Toss with the shallot, soy sauce, vinegar, mirin, sesame oil, cayenne, and salt. Taste and add salt or other seasonings as necessary. Serve garnished with the sesame seeds.