

# HEALTHY LIFESTYLE

Volume 2, Issue 5  
May 2011

May is Older American Month and Better Sleep Month  
&  
Lupus Awareness Month and Neuropathy Week 2<sup>nd</sup> week in May

## In this issue

Older American  
Month

Better Sleep Month

Lupus Awareness

Neuropathy Week  
2<sup>nd</sup> week in May

The Colorado Department of Human Services, Aging and Adult Services Division is encouraging all Coloradans to live healthier lives. Healthy living can prevent diseases and certain disabilities, and it can ensure that today's older persons, as well as future generations, not only live longer, but better.

### Older American Month

The theme of this year's celebration-*Older Americans: Connecting the Community*-pays homage to the many ways in which older adults bring inspiration and continuity to the fabric of our communities. It also highlights the many ways technology is helping older Americans live longer, healthier and more engaged lives. Learn more at [www.OlderAmericansMonth.org](http://www.OlderAmericansMonth.org).

### Better Sleep Month

Some experts view America's profile as a sleep-deprived nation as an epidemic. Far too many of us are not getting enough sleep or "bad" sleep. It is a public health issue that is linked to a host of chronic diseases, learning disabilities, and psychological effects in individuals. Sleepiness is a major cause of auto accidents—with as many as 1.9 million drivers' admitting to having had a car crash or a near miss due to drowsiness last year. Want to learn more about sleep Apnea go to <http://www.lungusa.org/>.

### Lupus

If you or a family member has been diagnosed with or are being evaluated for lupus, you will want to know as much as you can about the disease. "Understanding Lupus" will provide you with a guide to lupus so that you can better understand what lupus is. Learn more at <http://www.lupus.org/>.

### Neuropathy

Peripheral neuropathy has always been present, but has not received much attention. Its extent and importance have not yet been adequately recognized. It is apt to be misdiagnosed, or thought to be merely a side effect of another disease like diabetes, cancer or kidney failure. The development of new therapies has unfortunately been slow and under funded. Learn more about Neuropathy at <http://www.neuropathy.org/>.

We are interested in your thoughts about our Healthy Lifestyle Campaign. Please contact Viola McNeace, Aging and Adult Services, via e-mail [Viola.Mcneace@state.co.us](mailto:Viola.Mcneace@state.co.us) or phone 303-866-2836. All proclamations can be found on our website. Check out our website <http://www.coloradoaging.com/>.



## Older Americans Month 2011

### Older Americans: Connecting the Community

Every May since 1963, people in towns and cities across the country have come together to celebrate the enormous contributions of older Americans borne of wisdom, experience, and the will to realize their dreams and speak their minds. Older Americans Month is our chance to show our appreciation and support our seniors as they continue to enrich and strengthen our communities. Aging & Adult Services is joining the festivities with special activities and events.

The theme of this year's celebration *Older Americans: Connecting the Community* pays homage to the many ways in which older adults bring inspiration and continuity to the fabric of our communities. Their shared histories, diverse experiences, and wealth of knowledge have made our culture, economy, and local character what they are today. The theme also highlights the many ways technology is helping older Americans live longer, healthier and more engaged lives.

In fact, older Americans are more active in community life than ever before, thanks in part to advances in health care, education, technology, and financial stability over the last several decades that have greatly increased their vitality and standard of living. Older adults are out and about giving back and making a difference in their community.

Our seniors are mentoring the leaders of tomorrow, taking to heart the need for intergenerational learning to guide and inspire young minds. They offer a take on times gone by not discussed in any history class—a unique perspective that sheds new light on contemporary issues.

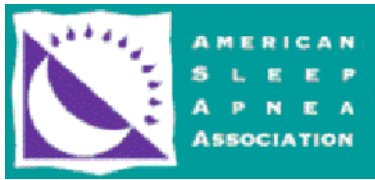
Older Americans step up to help one another as well. Across the country, seniors connect with other seniors by delivering meals, helping with home repair, assisting with shopping, and offering companionship, counseling, and care. Their efforts remind us that when older adults are active and engaged in their communities, everyone benefits.

Help us celebrate Older Americans Month! Join your neighbors not only to recognize what older citizens bring to our communities, but also to help them continue playing a vital role in weaving a unique and lasting community fabric.

Contact your local Area Agency on Aging to find out about volunteer opportunities with programs that provide services for seniors to improve health literacy, increase access to quality health services, deliver food and nutrition services, provide financial and housing counseling, sponsor social and civic activities, and more. We think you will discover that when you help seniors thrive in your community, you gain far more than you give.

U.S. Administration on Aging





## Education Bulletin

*The ASAA is a non-profit organization dedicated to reducing injury, disability and death from sleep apnea and to enhancing the well-being of those affected by this common disease.*

### **BEING EVALUATED FOR SLEEP APNEA**

If you suspect that you have sleep apnea and need to see a doctor about your symptoms, we suggest that you first check your insurance policy before making any appointments. You may be required to get a referral to a sleep specialist from your primary care physician and/or you may be required to go to a certain testing facility. In some cases, your primary care physician orders the tests and receives the results for you. Keep in mind that you may be tested in a sleep center, laboratory or in your own home. Some insurance policies require specific consultation or procedures. You could undergo a “split-night” study in the sleep lab. (During a split-night study, the first half of the night is the testing phase. If the study shows you have sleep apnea, during the second half of the night you begin treatment for sleep apnea.)

Doctors who know sleep medicine may be pulmonologists (specializing in lungs), neurologists (the brain), otolaryngologists (the ears, nose, and throat), psychiatry (mental health), or primary care physicians such as internists or family practitioners. Their expertise in the field of sleep may come from having trained with other sleep specialists and/or having studied sleep medicine through a residency program, continuing medical education (CME) courses, and scientific meetings. Some have taken additional tests and are “certified” by the American Board of Sleep Medicine (ABSM). In any case, a sleep doctor may hold one of many degrees that meet the requirements of the ABSM: an MD, DO, MB (the European equivalent of an MD), a PhD, or a PsyD in a health-related field. In addition, some dentists have studied sleep apnea and, when appropriate, treat sleep apnea patients by fitting them with an oral appliance. You should ask any doctor or dentist about his/her credentials and experience. You should also be satisfied with the explanations and how it will be diagnosed and treated in your particular case.

If you are not given a list of doctors and sleep testing facilities, you can find a specialist referral from a few different sources. There is no one complete list of all such facilities, and as a non-profit organization, the American Sleep Apnea Association (ASAA) does not endorse or recommend any company, product, or health care provider. However, there is a list of physicians, sleep centers, and laboratories accredited by the American Academy of Sleep Medicine that pay their AASM membership dues. (The AASM, formerly known as the American Sleep Disorders Association or ASDA, is the professional society in the field of sleep medicine that accredits such facilities; accreditation implies adherence to a certain set of standards.) The most up-to-date list of accredited member sleep centers and laboratories appears on the AASM's website: [www.aasmnet.org](http://www.aasmnet.org). You can request a list from the ASAA as well. Remember that other centers are in the process of being accredited, have chosen not to be accredited, or do not qualify for accreditation.

You can also check with local hospitals, home health care companies, and health care professionals to find a testing facility. Neighbors, friends, and family members may have further suggestions.

## American Sleep Apnea Association Education Bulletin

Some insurance policies specifically exclude coverage for the diagnosis and/or treatment of sleep disorders and some do not cover durable medical equipment (the most common form of treatment for sleep apnea is considered durable medical equipment or DME). These are points to consider when examining your policy and whenever thinking about changing your policy (such as during your employer's open enrollment). Depending upon where you live and the provider you see, the diagnosis and treatment of sleep apnea can be a significant expense, usually over \$1000, but, even without insurance coverage, when you consider the possible consequences and costs of untreated sleep apnea, being diagnosed and treated properly could be well-worth the price.

The sleep study uses several devices to record activity during sleep. These generally include an electroencephalogram (EEG) to measure brain waves and an electroculogram (EOG) to measure eye and chin movement, both to monitor the different stages of sleep; an electrocardiogram (EKG) to measure heart rate and rhythm; chest bands to measure breathing movements; and additional monitors to sense oxygen and carbon dioxide levels in the blood as well as monitors to record leg movement. None of the devices is painful and there are no needles involved.

If your sleep study is negative (i.e., if the results show that you do not have sleep apnea) but you still have symptoms of a sleep disorder, such as falling asleep easily and/or sometimes inappropriately even after obtaining enough sleep at night, you may need to be tested again. You may also need to be tested with more sophisticated equipment, equipment that is not always used in every sleep study. For more information, talk to your doctor or sleep specialist.

For more information on the difference between a home study and an in-laboratory study, you can order the reprint from the April-May 1997 issue of the newsletter: "Home Tests or In-Laboratory Studies" by sending \$2 per reprint with your request and mailing address to the ASAA. You may also want to order the reprint "Understanding a Sleep Study" (also \$2) to learn more about what information is gathered in a sleep study and what the findings mean.

Sleep apnea also occurs in children. For more information on pediatric sleep apnea, you may want to read "Having Your Child Evaluated for Obstructive Sleep Apnea."



# Understanding Lupus

If you or a family member has been diagnosed with or are being evaluated for possible lupus, you will want to know as much as you can about the disease. "Understanding Lupus" will provide you with a guide to lupus so that you can better understand what lupus is. To learn more about lupus, go to <http://www.lupus.org/> for live links to the information below.

## **What is Lupus?**

This section will provide you with an overview of what lupus is and is not. How does lupus affect the body and how prevalent is lupus in the United States.

## **What Causes Lupus?**

No one knows what causes lupus. Scientists think that people are born with the genes to develop lupus and that something brings on or "triggers" the disease and symptoms. However, a combination of genetics (heredity), environment, and hormones is involved.

## **Forms of Lupus**

There are generally four recognized forms or types of lupus: Cutaneous (skin) Lupus Erythematosus, Systemic Lupus Erythematosus, Drug-induced Erythematosus and Neonatal Lupus. This section will discuss in more detail the different forms of lupus and how they can affect you.

## **What are the Symptoms of Lupus?**

Symptoms of lupus vary widely depending on the individual case and the form of lupus present. Most people with lupus do not experience all of these symptoms. The section only serves to alert people to clues that might indicate the presence of lupus in an undiagnosed person.

## **What Kind of Doctors Treat Lupus?**

The type of doctor or doctors that you may have treating your lupus will depend on the form of lupus you have and how the lupus is specifically affecting you. It is not uncommon for a person with lupus to have a group or team of doctors working together to help develop the best treatment plan for you.

## **What are the Risks for Developing Lupus?**

Many risk factors contribute to the development of lupus. This section will provide an overview on various risk factors that may contribute to the development of lupus.

## **Prognosis and Hopeful Future**

We now know more about lupus than ever before. Dedicated researchers are on the brink of significant breakthroughs in the underlying science of the immune system, while public awareness and understanding continue to grow. Improvements in diagnosis, a greater understanding of how medications can work together to control symptoms, and increased knowledge of the effects of the disease have allowed better management of lupus over time. Today people with lupus are leading healthier lives and living longer than at any time in history.

## **Check out our new interactive "Could you have lupus?" symptom checklist!**

This interactive tool was designed to help you better understand the many ways that lupus can affect your body. Each highlighted section features a text box which provides a brief description of how lupus can damage a particular organ or system, from the brain to the blood vessels. You will also be able to go further into the Website for more detailed information. Included is a set of health questions for you to answer that will help your doctor know if you may be at risk for lupus.

## **The History of Lupus Erythematosus**

Take a short walk into the history of lupus from its initial scientific observations and declaration as a disease through the advancements in its therapeutic treatments. How did lupus get its name? When were the first symptoms identified? Who were the leading medical scientists working to define and develop treatments for this disease?

## **Sign up to receive LFA's free newsletter**

Stay in touch with the LFA's latest news, by signing up to receive this e-newsletter.

## **Ask the Experts**

Check out the LFA "Ask the Expert" archives and learn more about lupus on a variety of topics including skin issues, pregnancy, pediatric lupus, kidney disease, women and men's issues, medications and more. Our panel of nationally-renowned lupus medical experts provides insight, support and answers into the puzzling and often times frustrating issues of lupus. We invite you to submit your own questions into the LFA through our website.

## **LFA Approved Publications**

The Lupus Foundation of America Patient Education Committee has reviewed and approved a number publications and other materials for use in educating individuals and families about lupus and its health effects.

## **How Lupus Affects the Body**

### **The Cardiopulmonary System**

For those with lupus it is very important to know the differences between cardiopulmonary complications and non-lupus related problems. How lupus can affect the heart, lungs, blood and circulatory system will be covered in this section.

### **The Gastrointestinal System**

People with lupus may be affected by problems in any area of the GI system, including surrounding organs such as the stomach, liver, pancreas, bile ducts, and the gallbladder. This section will provide you with an overview on how lupus can impact the gastrointestinal system.

### **The Musculoskeletal System**

More than 90 percent of people with SLE will experience joint and/or muscle pain at some time during the course of their illness. This section will discuss how lupus can affect the muscles, joints, tendons, and bones in those with lupus.

### **The Nervous System**

Although nervous system involvement in systemic lupus erythematosus (SLE) is unclear and controversial, people with lupus do often experience signs associated with the body's nervous system. In this section you can learn how lupus can affect the three main areas of the nervous system: the Central Nervous System, the Peripheral Nervous System and the Autonomic Nervous System as well as a discussion on memory involvement and lupus headaches and treatments.

### **The Renal (Kidney) System**

It is estimated that as many as 40 percent of all people with lupus, and as many as two-thirds of all children with lupus, will develop kidney complications that require medical evaluation and treatment. This section will explain how lupus can affect the kidneys, laboratory testing to assess if the health of your kidneys (urinalysis, blood tests and kidney biopsies), treatments and other lupus related kidney disorders.

### **The Skin**

Approximately two-thirds of people with lupus will develop some type of skin disease or cutaneous lupus. In this section you will learn about the forms of skin lupus (Discoid Lupus, Subacute Cutaneous Lupus and Acute Cutaneous Lupus), treatments for cutaneous lupus as well as other skin problems that can occur when you have lupus. Several other conditions that can also occur when you have lupus will also be discussed.

### **Oral Disease in Lupus**

Approximately 95% of lupus patients suffer from some form of oral involvement. Disregarding the importance of proper dental care can be a painful and costly error that in some cases may actually be dangerous. This section discusses the oral and dental issues that can occur with lupus as well as a Lupus Guide to Dental.

### **Antiphospholipid Antibodies**

Antiphospholipid Antibodies (APLS) were first discovered in people who had lupus, it was later learned there are many people who produce these antibodies who do not have systemic lupus. This section will discuss APLS, its impact on those with lupus and its treatment.

## **Blood Disorders**

Blood is made up of many different parts, but those that are most often affected by lupus are the red blood cells, the white blood cells and the platelets. Those with lupus may experience anemia (low red cell count), Thrombocytopenia (low platelet count), Leukopenia and Neutropenia (low white cell count) and blood clots. Learn how this may impact you and the treatments used.

## **Lupus and Overlap Disease**

Lupus can occur in combination with other connective tissue or autoimmune diseases. When this occurs it is often called overlapping disease. This section will discuss the theory behind overlapping disease and how they affect those with lupus.

## **Sjogren's syndrome and Lupus**

It is not uncommon for those with lupus to also have another chronic autoimmune disorder called Sjogren's Syndrome. Sjogren's syndrome causes the glands that produce tears and saliva to not function correctly. This section will tell you more about Sjogren's Syndrome and how it can affect those with lupus.

## **Vasculitis**

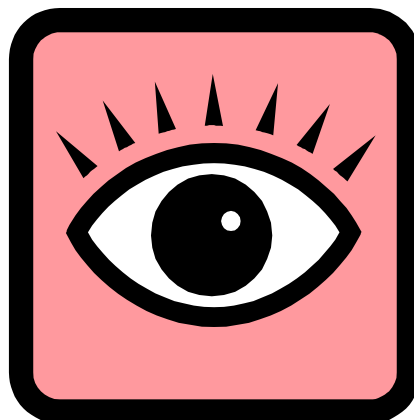
Vasculitis is an inflammation of the blood vessels caused by lupus. This section discusses how vasculitis can affect the organs, blood vessels and the nervous system. An overview of the diagnosis and treatment of vasculitis are covered.

## **Osteoporosis**

It is estimated that as many as 25% of pre-menopausal women with lupus may have osteopenia, or low bone mineral density (BMD), an early sign of osteoporosis. The use of corticosteroid medication often prescribed to treat SLE can trigger significant bone loss. In addition, pain and fatigue caused by the disease can result in inactivity, further increasing osteoporosis risk. A discussion on lupus and osteoporosis as well as some management strategies are discussed in this section.

## **The Eyes**

Eye disease occurs in approximately 20 percent of patients with SLE. In some cases, eye problems are related to the inflammatory process of lupus itself. In other cases problems may be due to drug treatment (corticosteroids or antimalarials) or may be a separate problem (glaucoma or retinal detachment).



## **ABOUT peripheral NEUROPATHY: FACTS**

Peripheral neuropathy is a disorder of the peripheral nerves—the motor, sensory and autonomic nerves that connect the spinal cord to muscles, skin and internal organs. It usually affects the hands and feet, causing weakness, numbness, tingling and pain. Peripheral neuropathy's course is variable; it can come and go, slowly progressing over many years, or it can become severe and debilitating. However, if diagnosed early, peripheral neuropathy can often be controlled.

### **Why Have We Heard So Little About Peripheral Neuropathy? Is It A New Disease?**

Peripheral neuropathy is common. It is estimated that upwards of 20 million Americans suffer from this illness. It can occur at any age, but is more common among older adults. A 1999 survey found that 8-9% of Medicare recipients have peripheral neuropathy as their primary or secondary diagnosis. The annual cost to Medicare exceeds \$3.5 billion.

Peripheral neuropathy has always been present, but has not received much attention. Its extent and importance have not yet been adequately recognized. It is apt to be misdiagnosed, or thought to be merely a side effect of another disease like diabetes, cancer or kidney failure. The development of new therapies has unfortunately been slow and under funded.

### **What Causes Peripheral Neuropathy?**

There are many causes of neuropathy. Approximately 30% of neuropathies are "idiopathic," or of an unknown cause. In another 30% of cases, the cause is diabetes. Other neuropathy causes include autoimmune disorders, tumors, heredity, nutritional imbalances, infections or toxins.

### **Can Peripheral Neuropathy Be Cured?**

Some types of peripheral neuropathy can be cured, however, most cannot. However, many can be helped. Therapy is directed at treating the underlying disease and at improving the symptoms with the right medications. An experienced neurologist can help patients feel more comfortable, and their quality of life can be greatly improved. It is extremely important to get to an experienced neurologist as soon as you notice the symptoms before the disease has a chance to cause too much permanent damage.

#### **LAKESWOOD**

Mr. Jim Williams  
Tel: 303-954-9914  
Email: [jimwil@comcast.net](mailto:jimwil@comcast.net)  
Group Name: Lakewood PN Support Group  
Meeting Place: Lutheran Church of the Resurrection  
Address: 7100 W Mississippi Ave, Lakewood CO, 80226  
Meeting Schedule: 4th Saturday of the month, from 3:30PM-5PM

#### **COLORADO SPRINGS**

Ms. Jacque Bauer, M. Ed.  
Tel: 602-350-1719  
Email: [bjine5@qwest.net](mailto:bjine5@qwest.net)  
Group Name: Colorado Springs Neuropathy Support Group  
Meeting Place: Broadmoor Community Church  
Address: 315 Lake Avenue, Colorado Springs, CO 80906  
Meeting Schedule: 3rd Tuesday of Each Month beginning 1/19/10  
Time: 6:30 pm until 7:30ish pm

#### **DENVER**

Dorothy Miller \*\*President  
The Denver Chapter of The  
Neuropathy Association  
Tel: 303-814-2112  
Email: [dorothy\\_miller@hotmail.com](mailto:dorothy_miller@hotmail.com)