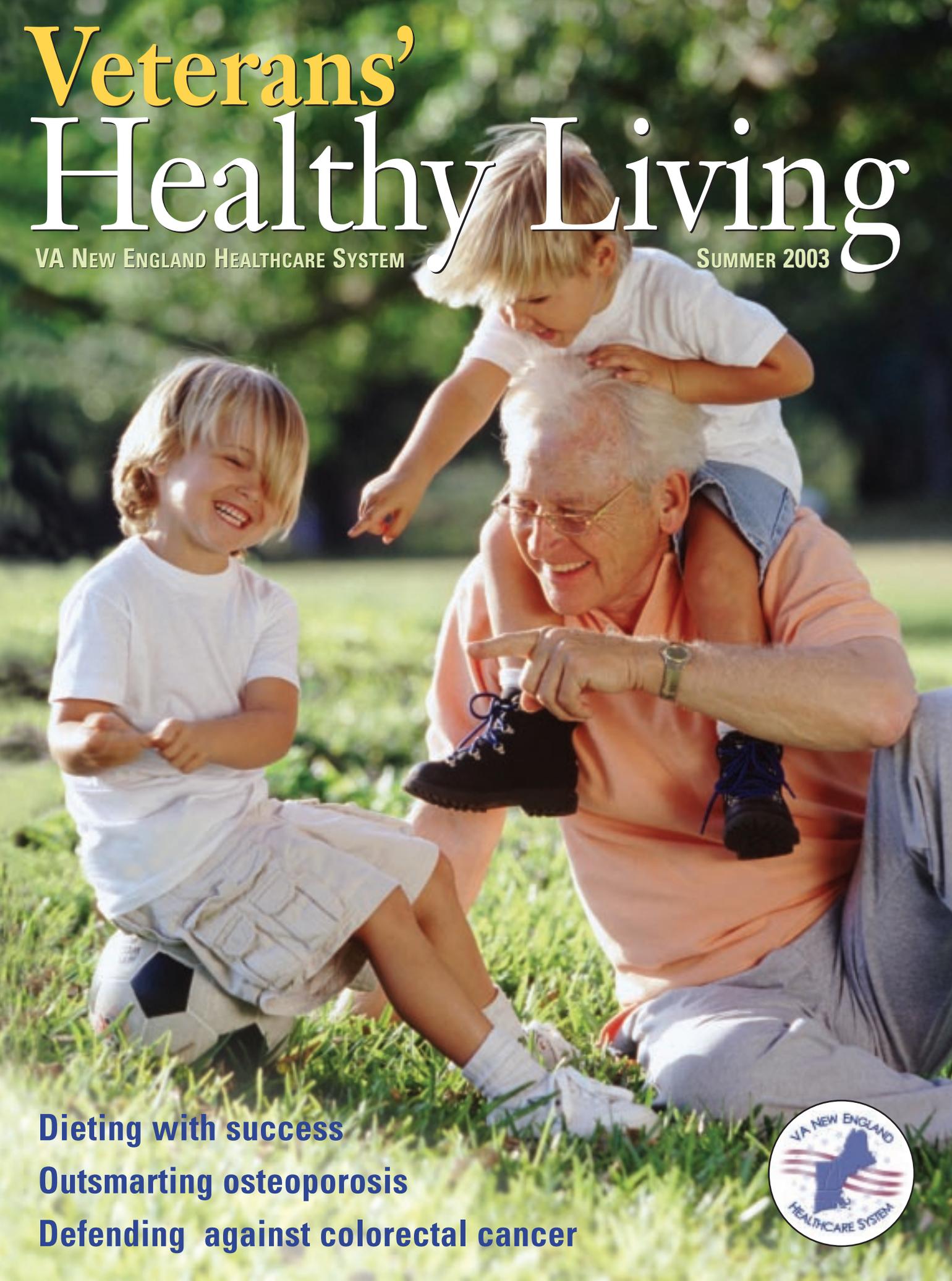


Veterans' Healthy Living

VA NEW ENGLAND HEALTHCARE SYSTEM

SUMMER 2003



Dieting with success

Outsmarting osteoporosis

Defending against colorectal cancer



MESSAGE FROM THE DIRECTOR



Jeannette Chirico-Post, M.D.

The VA New England Healthcare Network constantly looks for new ways to ensure that our integrated delivery system provides the highest-quality comprehensive care to veterans throughout the Network. An example is home telehealth technology—an innovation that you will read about in this newsletter. This program offers technology and care coordination in the comfort of one's home and also gives patients more health care service options to help them avoid travel costs and inconvenience.

I am proud that our Network has contributed to VA's reputation as a leader in performance by being among the top three VISNs on performance measure achievement. We also continue to be a leader in customer satisfaction results. With the support of the dedicated employees in this Network, I believe we will continue to build on these successes.

I am also proud to announce that the staff of the *Veterans' Healthy Living* newsletter received the first place award for external publications in the national 2003 VHA Public Affairs Awards Program. Your comments and suggestions are an important part of this achievement, and we value your ideas.

As we go to press, we are preparing for our Network's CARES Commission hearing on August 25. During the independent CARES Commission review and hearings on the draft National Plan, veterans and other stakeholders will have ample opportunity to comment on the plan before it is presented to the Secretary for a final decision in December. Once this process has concluded, VA will have a national plan for directing resources where they are most needed, preserving VA's missions and special services and providing high-quality care to more veterans in more locations. If you have not yet reviewed the plan, please visit the CARES Web site at <http://www.va.gov/cares/>.

We also welcomed veterans and their families from across the nation to the 17th National Veterans Golden Age Games, held this year in Maine from August 6 to 13. We are proud that our Togus VA Medical and Regional Office Center in Maine was selected to host the games this year at the University of Maine, Orono campus. Jointly sponsored by the Department of Veterans Affairs and the Veterans of Foreign Wars, the National Veterans Golden Age Games are a rewarding, exciting and enjoyable means of fostering good health and well-being through sports and recreation.

This issue of *Veterans' Healthy Living* contains information on colorectal cancer, diet success and osteoporosis. We hope that you find these articles informative and helpful in maintaining good health.

Jeannette Chirico-Post, M.D.
Network Director

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Keys to defending against colorectal cancer

Think there's nothing you can do to stop colorectal cancer? Think again. Although colorectal cancer is the second-leading cause of cancer-related death in the United States, it's also one of the most preventable cancers.

HOW IT DEVELOPS

Colorectal cancer attacks the large intestine—the long digestive organ that removes solid waste from the body. “Most colorectal cancers begin as small benign growths on the lining of the large intestine,” said Kittichai Promrat, M.D., gastroenterologist at Providence VA Medical Center. “Most take several years to a few decades to progress to cancer. Screening tests that are fairly simple and effective are available to patients in the VA system.” Removing the benign growths before they become cancerous usually prevents the disease.

WHO IS AT RISK

The exact cause of colorectal cancer is not known, but you are at higher risk if you:

- are over 50 years old
- eat a diet high in fat and low in fiber
- have a close family member (parent or sibling) who has had colon cancer
- have a personal history of colon polyps or previous colon cancer
- have a history of ovarian, uterine or breast cancer.

SCREENING FOR CANCER

The VA National Center for Health Promotion and Disease Prevention recommends that all veterans over the age of 50 get screened for colorectal cancer. “Screening makes it possible to find cancers when they are still small and in early stages,” said Martha Nelson, A.R.N.P., VISN 1 Preventive Medicine coordinator



SPOTTING THE SIGNS

Report any of these symptoms to your doctor:

- changes in bowel habits
- bright-red or black stool
- abdominal pain, bloating or cramps
- unexplained weight loss
- constant fatigue

PROTECTING YOURSELF

Here are some steps you can take to cut your risk of colorectal cancer and improve your overall health:

- **Cut the fat and boost the fiber.** Eat more vegetables, fruits and whole-grain foods. Fiber helps keep the digestive process in motion so cancer-causing wastes spend less time in the bowel.
- **Get moving.** Taking a 20-minute walk just three times a week may lower your risk significantly.
- **Limit your alcohol intake.** Having more than two drinks a day appears to raise a person's risk.
- **Stop smoking.** Smoking plays a role in causing 30 percent of all cancers.

and nurse practitioner at White River Junction VA Medical Center.

When caught early, the five-year survival rate for colorectal cancer patients is 90 percent. Be a survivor: Take measures to protect your health, and talk with your health care provider about getting tested.

For additional information, check the VA National Center for Health Promotion and Disease Prevention Web site at <http://www.nchpdp.med.va.gov/>.



Want to succeed at dieting? Think 10 percent!

Being overweight puts a body at risk for many diseases, especially heart disease, stroke, diabetes and cancer. Nevertheless, nearly 100 million Americans risk their health and their lives by remaining overweight.

Losing weight requires effort and permanent changes in lifestyle, diet and daily activities. It's hard work, and sometimes a healthy weight can feel like a very distant goal. New research has found a better way to lose the pounds: "Small, gradual changes that become permanent will be the most effective," said Anne Marie Ryan, clinical dietitian at VA Connecticut Healthcare System.

AN ATTAINABLE GOAL

Experts now recommend that overweight individuals focus first on losing just 10 percent of their total

body weight. If you weigh 200 pounds, that means losing 20 pounds. If you weigh 160 pounds, your first, and perhaps final goal, would be a 16-pound weight loss.

Recent research has shown that a moderate 10 percent weight reduction can lead to significant health benefits. You may help lower your blood pressure and cholesterol. In fact, a sustained 10 percent weight loss can help reverse the negative effects of obesity, helping to give you a healthier and longer life. Furthermore, achieving this realistic goal will help most people feel and look better. If you need to lose more than the first 10 percent of your weight, feeling the health benefits of this first milestone can help motivate you to achieve your final goal.

HOW TO LOSE WEIGHT

Despite dieting fads and trends, most experts agree that eating fewer calories than you burn off with

physical activity is the right way to lose weight. Ryan recommends that you "focus on healthy eating and exercise. You'll improve your health, have more energy, sleep better and feel better." Here are a few tips to keep in mind:

■ **Calories do count.** Limiting your fat intake to no more than 30 percent of your overall daily calorie intake is a healthy step, but loading up on low-fat but high-calorie goodies will hamper your weight loss.

Pick the right kind of fat. When you do include fat in your diet, it should be of the monounsaturated or polyunsaturated variety. Can't remember which is which? Avoid saturated by limiting red meat and eggs; trimming fat and skin from meat, poultry or fish; baking or broiling rather than frying foods; and increasing lean sources of protein such as turkey, chicken and fish.

■ **Reduce your portions at meals.** In this era of supersized meals, we've lost our ability to judge how much is enough. Measure your foods for a week to see what a half-cup of pasta and other single-serving portions really look like. More reasonable portions mean fewer calories, which leads to weight loss.

■ **Eat more fruits and vegetables.** The current recommendations tell us to eat five portions of fruits and vegetables a day—but most people fall short of this goal. Not only does fresh produce provide the vitamins, minerals and fiber your body needs, but it's generally low in fat and calories, too.

■ **Drink sugar-free beverages—especially water.** Even fruit juices contain unnecessary calories and carbohydrates. Instead, eat the real fruit to get the benefit of the fruit's fiber and feel more satisfied. Diet sodas are no bargain either. While they are noncaloric, they don't quench thirst and can cause you to retain fluid. Your best bet? Good old water—eight glasses of eight ounces a day.

■ **Don't forget to exercise.** No weight-loss program can work if you don't increase physical activity. In fact, some experts think exercise may be more important to weight loss and overall health than dieting. Ask your doctor for advice on a safe, effective exercise program.

Most guidelines recommend moderate aerobic exercise (like walking) for 30 minutes a day, at least three to four days a week. You can also break the 30 minutes up into shorter exercise segments throughout the day for similar benefits.

■ **Weigh yourself only once a month or once a week at most.** Weight can fluctuate dramatically from day to day because of fluid retention. Keeping track of your weight every day may become discouraging. Real weight loss will only be apparent over the long term. Keep your mind on the bigger picture—making significant and long-lasting lifestyle changes.

“Remember, successful weight loss occurs when you have a partnership between healthy eating habits and exercise,” said Ryan. For more information on developing a healthy diet, contact a dietitian at your local VA Medical Center.

LOG ON FOR GOOD HEALTH!

For more information about weight loss and healthy eating, visit these Web sites:

- <http://my.webmd.com/>
- <http://www.mayoclinic.com>
- <http://www.nutrition.gov>

ZUCCHINI LASAGNA

- 1/2 lb. cooked lasagna noodles (in unsalted water)
- 3/4 cup part-skim mozzarella cheese, grated
- 1 1/2 cup fat-free cottage cheese
- 1/4 cup Parmesan cheese, grated
- 1 1/2 cup raw zucchini, sliced
- 2 1/2 cup tomato sauce, no salt added
- 2 tsp. dried basil
- 2 tsp. dried oregano
- 1/4 cup onion, chopped
- 1 clove garlic
- 1/8 tsp. black pepper

Preheat oven to 350° F. Lightly spray a 9 x 13-inch baking dish with vegetable oil spray.

In a small bowl, combine 1/8 cup mozzarella and 1 Tbsp. Parmesan cheese. Set aside.

In a medium bowl, combine remaining mozzarella and Parmesan cheese with all of the cottage cheese. Mix well and set aside.

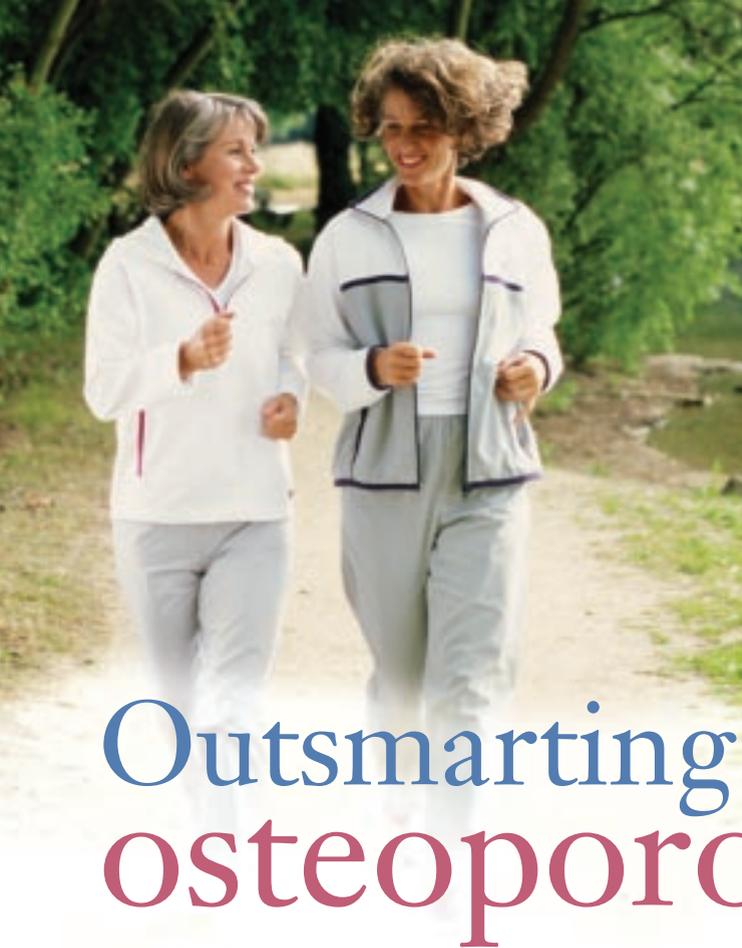
Combine tomato sauce with remaining ingredients. Spread a thin layer of tomato sauce in the bottom of the baking dish. Add a third of the noodles in a single layer. Spread half of the cottage cheese mixture on top. Add a layer of zucchini. Repeat layering. Add a thin coating of sauce. Top with noodles, sauce and reserved cheese mixture. Cover with aluminum foil.

Bake 30 to 40 minutes. Cool for 10 to 15 minutes. Cut into 6 portions.

Serves 6. Each serving provides 276 calories, 5 g total fat, 2 g saturated fat, 11 mg cholesterol, 380 mg sodium.

Recipe courtesy of the National Institutes of Health, National Heart, Lung and Blood Institute. For additional heart-healthy recipes, go to: <http://www.nhlbi.nih.gov/health/public/heart/other/syah/>.





Outsmarting osteoporosis

Osteoporosis, the condition that causes bones to shrink, become brittle and fracture, affects 10 million Americans, 80 percent of whom are women. Because osteoporosis is a “silent disease,” there may be no symptoms of bone fragility until a fracture occurs. Diet, exercise and medication can protect you from serious damage.

BONING UP

Until a woman is in her mid-20s, her bones are constantly being broken down and rebuilt. But after about age 25, hormonal changes trigger a loss in bone density, making bones thinner and more brittle. After menopause, when the body stops producing bone-friendly estrogen, bone loss occurs more rapidly. This leaves seniors at a growing risk.

Age isn't the only risk factor. Other factors include:

- a personal history of fracture after age 45
- a family history of osteoporosis
- Caucasian or Asian ethnicity
- a small bone frame
- smoking
- alcoholism (excessive drinking)
- inadequate calcium intake
- an inactive lifestyle
- certain medications, such as long-term use of corticosteroids or thyroid hormone replacement therapy

TESTING 1, 2, 3

New technology using low-dose X-rays can now give you precise information about bone density before a broken rib or hip occurs. “X-rays of your hip and spine will show if your bones are normal, if you have osteopenia (weak bones) or if you have osteoporosis and are at highest risk for fracture,” said Caryn Libbey, M.D., rheumatologist at the VA Boston Healthcare System.

The first step in fighting osteoporosis is to identify your risk level. A bone mineral density screening most accurately assesses early osteoporosis. Bone density screening is fast, painless and noninvasive—in fact, you are fully clothed during the imaging. According to the American College of Obstetricians and Gynecologists, the dual-energy X-ray absorptiometry (DEXA) machine remains the “gold standard” for testing. DEXA’s advantages include high precision, minimal radiation and rapid scanning time. Most experts recommend that every postmenopausal woman talk with her doctor about it.

HOW TO PREVENT AND MANAGE OSTEOPOROSIS

■ **Lifestyle.** First, eat a healthy, balanced diet that includes enough calcium and vitamin D. Get 1,000 milligrams (mg) of calcium daily—1,500 mg daily after age 65—from sources like low-fat dairy products, leafy greens and enriched juices. If you’re not getting enough vitamin D from sunlight, you may need a daily supplement that provides 400 to 800 international units (IUs) of vitamin D. “Women on estrogen replacement therapy should get 1,000 mg of calcium daily and, after hormone replacement therapy, should have 1,500 mg of calcium daily,” said Dr. Libbey.

■ **Exercise.** Get out and exercise for 30 minutes at least three times a week. Weight-bearing exercises such as walking, jogging and stair climbing combined with strength-training exercises are best for building strong bones and slowing bone loss.

■ **Don’t smoke, and don’t drink too much alcohol.**

■ **Medication.** If necessary, your doctor might prescribe additional medications, including hormone replacement therapy (HRT), to slow bone loss. However, because of serious side effects associated with HRT, discuss the options with your doctor to decide what’s best for you.

■ **Falls.** Keep your rooms clutter-free, don’t walk in socks or stockings and use a rubber bath mat in the shower. You can also reduce your risk of falls by exercising and using balance improvement techniques.

Bringing services to you: Home telehealth technology improves veteran health care

Home telehealth technology, with active nurse care coordination, is a new approach to improving patient wellness and reducing health care costs. Recently, Network 1 was one of five VISNs to receive funds to participate in a multi-VISN project to expand home care using these cutting-edge services. A recent study by VA Connecticut Healthcare System researchers found that telehealth and care coordination produced positive benefits.

Home telehealth technology brings care to patients and avoids both cost and travel inconvenience by successfully removing time and distance barriers between



Richard Keirstead, a wheelchair-bound veteran, uses home telehealth technology to check his vital signs in the comfort of his home in Guilford, Connecticut.

health care providers and patients. Advanced telecommunications tools exchange health information and provide health care services across distances. These tools include home telehealth vital-sign monitors, disease-management tools and medication compliance devices.

Care coordination provides comprehensive assessment and planning for individual patient needs. Combined with home telehealth technology, it effectively manages patient care and promotes quality, cost-effective care.

Patient and provider satisfaction using home telehealth technology has been very high. "This new technology has prevented me from having to travel to VA for routine follow-up appointments," Richard Keirstead, veteran patient, said. "It has also made me more aware of my health care needs."

VISN 1's goal is to bring home telehealth technology and care coordination to all medical centers to provide services to more veterans throughout New England.

VA answers your questions

Following are typical questions answered daily by VA counselors.

Q. Is it true that VA now will fill prescriptions by non-VA doctors?

A. VA recently announced a transitional program to fill prescriptions written by non-VA doctors. To be eligible, veterans must have enrolled in VA's health care system and requested their first primary care appointment before July 25, 2003. Also, they must have been waiting more than 30 days on September 22, 2003, when the benefit goes into effect.

Veterans will be charged a VA copayment of \$7 if the medicine isn't for a condition related to their military service. This benefit does not apply to veterans who have seen a VA primary care provider or to those waiting for appointments with specialists or follow-up appointments. VA will mail instructions to eligible veterans. For more information, call the toll-free number on VA health benefits at **1 (877) 222-8387**.

Q. I have heard that military service members held as prisoners of war (POWs) for less than 30 days do not qualify for VA POW benefits. Is that true?

A. Current federal law requires that a former POW must be detained for at least 30 days in order to qualify for the full range of POW benefits. Responding to the needs of service members who were POWs during Operation Iraqi Freedom, President Bush recently proposed legislation that would eliminate that 30-day requirement.

The proposal also would improve dental care eligibility and exempt former POWs from current co-payments for medications unrelated to service-connected conditions. For detailed information on VA benefits for former POWs, go to <http://www.vba.va.gov/bln/21/Benefits/POW/>.

VISN 1 receives national award for *Veterans' Healthy Living*

VISN 1 communications officer Gail Goza-MacMullan received the 2003 Excellence in Public Affairs Award in recognition of the patient newsletter, *Veterans' Healthy Living*. The first place award in the "external publications" category was presented by Dr. Robert H. Roswell, VHA undersecretary for health at the VHA Public Affairs Awards ceremony held in Dallas, Texas, on June 26, 2003. The newsletter was judged on content, writing, creativity, layout, design, photography and style consistency.

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