

Veterans' Healthy Living

VA NEW ENGLAND HEALTHCARE SYSTEM

WINTER 2003

**Feeling blue?
Or could you
have SAD?**

**Recognizing
Alzheimer's
when it strikes**

**VISN 1 CARES:
Planning for veterans'
future needs**



MESSAGE FROM THE DIRECTOR



Jeannette Chirico-Post, M.D.

The year 2002 was an eventful one, filled with hard work, a dedicated staff and resolve to do the best for the veterans we serve. As an integrated delivery system, we continue our commitment to ensuring that veterans receive the highest quality of care throughout the Network. Whether a veteran is in Caribou, Me., or Stamford, Conn., he or she receives the same comprehensive, coordinated care.

This past year, VA New England continued to grow. Unique patients increased 10 percent over the previous year, above the national VA average. We are taking steps to ensure that the increased growth we have experienced does not adversely impact the quality of care. As one barometer, VHA performance measure results demonstrated that we met 78 percent of our performance measure goals—up from 35 percent in 1999 and above the national average of 61 percent. Another way that we continue to demonstrate excellent health care is through surveys by accrediting organizations such as the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO). Facilities in VISN 1 are currently preparing for JCAHO surveys, to be conducted later this year. We expect that all facilities will achieve fully accredited status, as they have done in previous surveys.

As we go to press, we do not yet have an approved budget from Congress; however, we estimate that new changes in our budget-allocation system will bring us additional funding, approximately \$70 million more than last year's allocation. VISN 1 still faces financial challenges in meeting new demands caused by the significant growth in new patients; nonetheless, we will continue to be dedicated to excellence in health care. Our veterans deserve no less.

In other news, we are now in Step 4 of the 9-step Capital Asset Realignment for Enhanced Services (CARES) planning process, the development of Market Plans. These Plans represent proposed solutions to the "gaps" between current supply and future demand through 2012 and 2022 for each CARES market area in our Network. We will continue to work closely with our stakeholders over the next few months to identify solutions to these gaps. The CARES process will help us make more effective use of VA resources to provide more care to more veterans in places where veterans need that care most.

We hope you enjoy the health articles in this issue of *Veterans' Healthy Living* on Alzheimer's disease, seasonal affective disorder and committing to a healthy 2003. I would like to take this opportunity to convey my best wishes to each of you and to your loved ones. May the new year bring you good health and happiness.

Jeannette Chirico-Post, M.D.
Network Director

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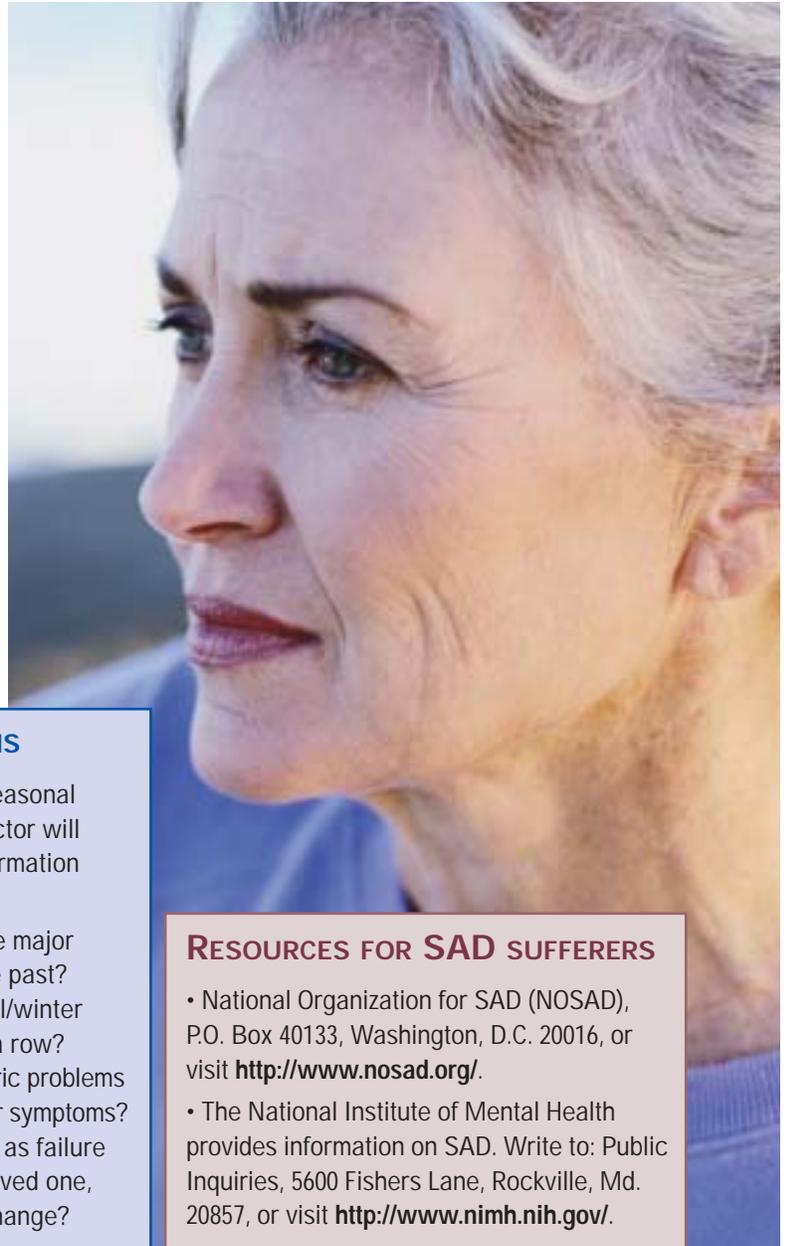
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Feeling blue? Or could you have seasonal affective disorder?

Susan lives in Buffalo. Last winter, she gained 20 pounds, performed poorly at work and spent most of her time off asleep. She refused most social invitations and cried a lot. Over the summer, she felt better and wrote the entire episode off as a bout with the blues. As winter neared again, however, she began to worry because her symptoms seemed to be returning. Fortunately, she followed her best friend's advice and consulted a doctor, who told her she had SAD—seasonal affective disorder.

SAD affects about 10 million Americans, most of them women who live in northern areas, where short winter days mean less exposure to sunlight. Studies suggest that SAD affects nearly 10 percent of those living in northern states such as New Hampshire and Alaska. The cause of this type of depression isn't known, but researchers believe that the eye's sensitivity to light plays a role. People with SAD may have retinas that don't work as they should, making it impossible for their eyes to absorb enough light from short winter days. A shortage of light entering the eye may cause changes in body chemistry that trigger SAD symptoms, which include depression, daytime drowsiness, extreme weight gain, difficulty awakening in the morning and carbohydrate cravings. The severity of SAD can range from "winter blahs" to a significant depressive syndrome that requires medical attention.

SAD may be treated successfully with light therapy, which involves exposing the eyes to additional light for anywhere from 30 minutes to two hours a day. The light can come from the sun or from a light box, which provides between five and 20 times the light of an ordinary lamp. Many people with mild cases of SAD find that spending an hour outside each morning relieves their symptoms. Of course, during extremely cold temperatures or bad weather, it may be wiser to use a light box. Light-box treatment may also be recommended for more severe cases. Patients



KNOW THE SYMPTOMS

If you have symptoms of seasonal affective disorder, your doctor will consider the following information when making a diagnosis:

- Have you had at least one major depressive episode in the past?
- Have you experienced fall/winter depression two years in a row?
- Do you have any psychiatric problems that could be causing your symptoms?
- Could other factors, such as failure at work or the loss of a loved one, account for your mood change?

RESOURCES FOR SAD SUFFERERS

- National Organization for SAD (NOSAD), P.O. Box 40133, Washington, D.C. 20016, or visit <http://www.nosad.org/>.
- The National Institute of Mental Health provides information on SAD. Write to: Public Inquiries, 5600 Fishers Lane, Rockville, Md. 20857, or visit <http://www.nimh.nih.gov/>.

spend a half hour to two hours each morning sitting with their faces about 18 inches from the box. They can read or eat, as long as they face the light and keep their eyes open.

For 75 percent of patients, light therapy relieves symptoms within two weeks. However, treatment must continue all winter long or symptoms will return. In more severe cases, treatment of antidepressants is necessary.

Recognizing Alzheimer's when it



JUST WHAT IS ALZHEIMER'S DISEASE?

Alzheimer's disease is actually just one of a group of disorders known as *dementia*. In Alzheimer's, nerve cells in areas of the brain responsible for speech, thought, memory and reason die. As the disease progresses, the person eventually loses the ability to carry out normal daily activities. Researchers have yet to determine what causes this disease, and currently, there's no cure.

According to the Alzheimer's Association, Alzheimer's affects an estimated 4 million Americans. Although risk of the disease increases with age, it doesn't only affect the elderly—it can strike people in their 40s and 50s. It also affects men and women equally and occurs among all races and socioeconomic groups.

As we grow older, many of us fear either losing our memory or coping with a loved one's memory loss. In essence, we fear Alzheimer's disease—the loss of memory and ability for people to recognize others, their surroundings and even themselves. This disease can be devastating to patients and their families, and sometimes the people who suffer from it aren't aware that they have it.

WHAT ARE THE SYMPTOMS?

Just because people forget things doesn't necessarily mean that they have Alzheimer's disease. Everyone experiences memory lapses. People forget their keys or why they entered a room. They often feel angry at their forgetfulness. Although these symptoms can be a sign of early Alzheimer's, it is actually when people start to "forget that they forgot" that concern arises about a serious memory disorder. In addition, most suspicious symptoms seen in the elderly are more likely to be a result of a physical or emotional problem than due to Alzheimer's. Memory problems can occur as a consequence of many other medical conditions such as depression, metabolic imbalance, high fever and head trauma.

There are a number of symptoms to watch for. (*See "10 Warning Signs: Symptoms Defined" at right.*) A person would have to show several symptoms before Alzheimer's disease would be considered. Alzheimer's develops gradually, and although forgetfulness is typically the earliest and most obvious symptom, a psychological problem such as depression, irritability or anxiety is often the real indicator.

strikes

WHAT'S NEXT?

If you note a number of symptoms, the first step is to visit the family doctor. You may be referred to a neurologist or psychiatrist, which is often necessary for a complete evaluation. This evaluation is important because some conditions with symptoms similar to those of Alzheimer's can be treated.

If you or a loved one is diagnosed with Alzheimer's disease, it is important to remember that you're not alone. With the right information, planning and emotional support, you'll be able to cope with it. For further information, contact the Alzheimer's Association at **800-272-3900** or visit its Web site at <http://www.alz.org/>.

RESEARCH PERSPECTIVE

Geriatric Research, Education and Clinical Centers (GRECCs) are "Centers of Excellence" initiated by VHA in the mid-1970s to advance research, education and clinical achievements in geriatrics and gerontology into the VA health care system. The New England GRECC in Bedford, Mass., and Boston University Alzheimer's Disease Center continue to be in the mainstream of new discoveries and therapies for Alzheimer's disease. The Boston University Alzheimer's Disease Center is one of 27 funded by the National Institute on Aging of the NIH to improve the care of persons with Alzheimer's disease through research. Dr. Neil Kowall, Director of the New England GRECC, is principal investigator of the center.

A great deal of what is known about Alzheimer's disease has been learned with the contributions of volunteers in clinical trials. Several new and important research programs have begun recently, and you may qualify for participation. For information regarding participation in clinical research studies, visit the Clinical Research and Resource Center at the Boston University Web site: <http://bualzresearch.com/>. For more information on GRECC, visit <http://www.bostonbrain.org/>.

10 WARNING SIGNS: SYMPTOMS DEFINED

The Alzheimer's Association has developed a list of symptoms that may indicate Alzheimer's disease. Remember that some of these symptoms also apply to other illnesses. If you note more than one symptom, see your physician for a complete exam.

1. Recent memory loss. One of the most common early signs of Alzheimer's disease is forgetting recently learned information. While it's normal to forget appointments, names or telephone numbers, those with dementia will forget such things more often and not remember them later.

2. Difficulty performing familiar tasks. A person with Alzheimer's may find it difficult to complete everyday tasks—for example, preparing a meal, using a household appliance or participating in a lifelong hobby.

3. Problems with language. Everyone has trouble finding the right word sometimes, but a person with Alzheimer's disease often forgets simple words or substitutes unusual words, making his or her speech or writing hard to understand.

4. Disorientation in place and time. It's normal to forget the day of the week or where you're going. But people with Alzheimer's disease can become lost on their own streets, forget where they are, how they got there and not know how to get back home.

5. Poor or decreased judgment. Judgment may be impaired in everyday situations, such as deciding on appropriate clothing or managing money.

6. Problems with abstract thinking. Examples could include being unable to define words or concepts and having problems dealing with numbers.

7. Misplacing things. Anyone can misplace a wallet or keys temporarily, but a person with Alzheimer's disease may put things in unusual places, for example, putting a watch in the refrigerator.

8. Changes in mood or behavior. Everyone can become sad or moody from time to time. Someone with Alzheimer's disease, however, can have rapid mood swings for no apparent reason.

9. Changes in personality. A person with Alzheimer's disease can change significantly, becoming extremely confused, suspicious or fearful.

10. Loss of initiative. Someone with Alzheimer's disease may become very passive or withdrawn, not wanting to do usual activities or sleeping more than usual.

Committing to a healthy 2003

Welcome the new year with a bright, new can-do attitude

As you look forward to a healthy 2003, let this be the year you keep your resolutions. Start by recognizing that it's never too late to make healthy lifestyle changes and that your commitment to better health can stick. Then try these seven tips.

1. Believe in yourself. Forty-six million Americans have managed to quit smoking. But not many succeeded on their first attempt. Just because you've failed at something once, twice—maybe even 10 times—doesn't mean you can't do it. It simply means you weren't ready—yet.

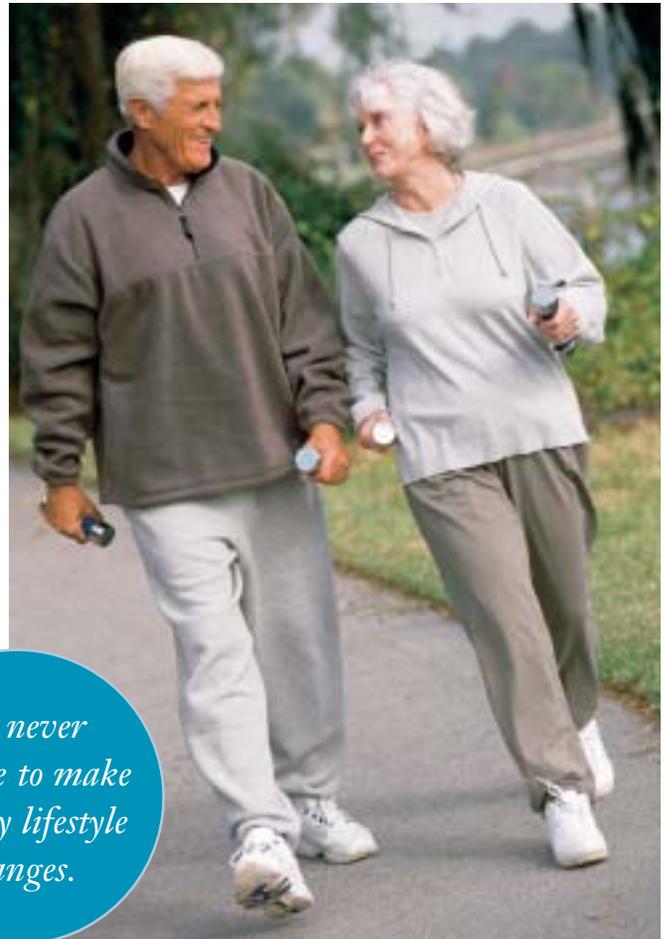
2. Set a goal. This may sound obvious, but you'll be amazed at how many people set out to do something without knowing exactly what it is they want to do. Their vague promises "to do better" or "to be good" may be sincere, but they're not goals. Goals are specific: "I want to lower my cholesterol 20 points by my next doctor's appointment."

3. Make it reasonable. If you wanted to learn to pole-vault, would you set the bar at 18 feet for your first jump? Of course not; you'd never make it to the other side. It's the same with goals—aim for short-term targets you can reach. Remember, it's a lot easier to lose five pounds than 25.

4. Have a plan. How are you going to reach your goal? Small, calculated steps will carry you a lot farther than vague leaps. Don't tell yourself you'll exercise more; commit to walking 10 minutes a day. Record your progress in a journal and review it often: There's no better motivator than success.

5. Focus on the benefits. How do you feel after reading the following statement? "Every cigarette you smoke takes 12 minutes off your life." Depressed? Scared? If you feel hopeless, you're not alone. Bad news often upsets us so much that we reach for the nearest security blanket—whether it's a cigarette or a chocolate-chip cookie.

Now, ask yourself how you'd feel if, instead, you had read the following: "Within 24 hours of smoking your last cigarette, your chances of heart attack have already decreased." If you feel more optimistic, you've just experienced the power of positive motivation.



It's never too late to make healthy lifestyle changes.

6. Building on past success. Most good things in life don't come easy—but that doesn't mean they can't be done. Think back to something you've already accomplished that makes you proud. It took discipline, hard work and patience, but you reached your goal. And you can again.

7. Seek help. Many changes often require professional support. The VA is committed to helping veterans establish a positive lifestyle and keep on a healthy track in the year 2003 and beyond. See your VA primary care provider or one of our dietitians or social workers for assistance.



VISN 1 CARES

Planning today for veterans' future needs

WHAT IS CARES?

Simply stated, CARES (Capital Asset Realignment for Enhanced Services) is a realignment study to evaluate objectively the best ways to provide high-quality health care services to more veterans in more locations during the next 20 years. This national study of the nation's largest health care system was initiated to address projected changes in veteran population—such as locations and medical needs—and to continue to bring VA's health care system into the 21st century.

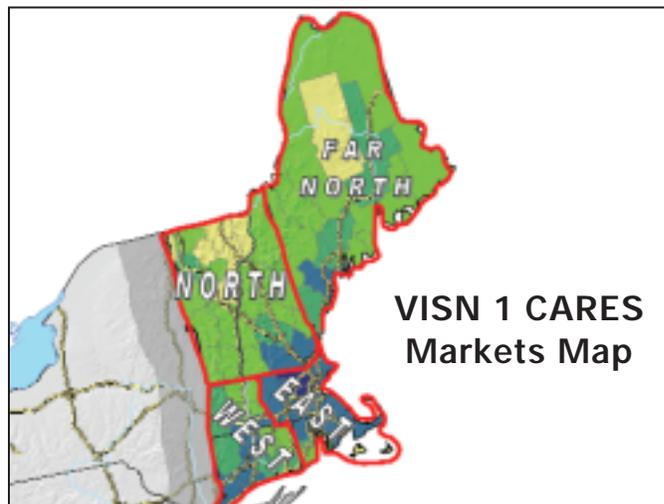
CURRENT STATUS OF CARES

We are now in step four of the nine-step CARES process: development of Market Plans. In late November, Planning Initiatives for the four markets within the VA New England Healthcare System were identified. Planning Initiatives are the gaps between the services we provide now and the projected services we will need to provide in 2012 and 2022. These Planning Initiatives are not decisions; they simply identify gaps between what we currently have and what we will need in those years. Some of the major gaps identified in VISN 1 include access, inpatient demand and outpatient demand, including subspecialty areas.

Market Plans will be developed as we analyze the gaps and decide the best approach to meeting those projected future needs. Plans to address the gaps for each market area will be developed in conjunction with input from stakeholders and in cooperation with all parts of the Department of Veterans Affairs, the Department of Defense, affiliates and local communities. When developing Market Plans, the teams will consider factors such as enhancing the use of existing resources, maintaining relationships with medical schools and minimizing impact on employees.

WHAT HAPPENS NEXT?

Over the next few months, each of the four market teams will develop Market Plans to address the gaps and identify strategies for meeting the projected demands in their particular markets. The four market teams will



come together to develop and finalize a VISN plan to meet all identified planning initiatives. During this process, the VISN and market teams will continue to conduct briefings and ask for input from employees, veterans service organizations, affiliates, union leaders, congressional representatives and other stakeholders.

DO STAKEHOLDERS HAVE A SAY IN CARES?

By April 15, 2003, VISN 1 will forward the CARES Market Plans to the National CARES Program Office. All VISN Market Plans will be integrated into a draft National CARES Plan that VA clinical leaders and an independent CARES Commission will review. The Commission will also consider views and concerns during a 60-day public comment period and in public hearings held by the Commission. The final CARES Plan will then be submitted to the Secretary of Veterans Affairs, who will announce his decision in October 2003.

Stakeholders will be involved throughout the CARES process through ongoing briefings and solicitation of their comments. Comments may be provided by mail, e-mail, phone and local meetings. For more information, contact the Public Affairs Officer at your local facility or visit the national CARES Web site at <http://www.va.gov/CARES>. You may also submit comments through the VISN Web site CARES Comment Form at <http://www.visn1.med.va.gov>.

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