

Veterans' Healthy Living

VA NEW ENGLAND HEALTHCARE SYSTEM

SUMMER 2004

**Spotting the signs
of a heart attack**

**Health screenings:
Early diagnosis
can save your life**

**Put an end
to pounding
headaches**



MESSAGE FROM THE DIRECTOR



Jeannette Chirico-Post, M.D.

On May 7, the Secretary of Veterans Affairs announced his decision on the Capital Asset Realignment for Enhanced Services (CARES) Plan. I am pleased the Secretary's decision will provide greater access to care for the veterans of New England.

The CARES Plan will modernize facilities, eliminate wasted and vacant space and put resource savings into state-of-the-art health care for veterans. We're preparing plans to implement the CARES decision, including a feasibility study for how to best meet veterans' health care needs in the Boston area. We'll also continue to involve our stakeholders throughout the CARES process. For more information, see the CARES article on page 7 of this newsletter. The entire CARES Plan is available on the VA Web site at www.va.gov/cares/.

Recently, we published a Network Annual Report that highlights the Network's significant achievements in fiscal year 2003. We have identified strategic goals to further enhance the integrated delivery system and ensure that veterans continue to receive timely, compassionate, high-quality care. These goals include:

- achieving excellence in care coordination
- integrating the specialty and acute-care service line
- maintaining our fiscal solvency

You'll be seeing more information about these goals as well as VHA's 30 strategic objectives in communications for our Network Strategic Plan. To review our Network Strategic Plan, visit www.visn1.med.va.gov/network/stratplan.htm. To view the Annual Report, go to www.visn1.med.va.gov/network/annualreport.htm. Please send us your feedback by completing the comment cards on our Web site.

VA recently launched a national effort to reach veterans who are former prisoners of war (POWs). Former POWs are eligible for special veterans benefits as well as disability compensation for select injuries. For information on benefits, call the Department of Veterans Affairs at **1 (800) 827-1000** or check with a local state veterans service office benefits counselor. To receive additional information for former POWs, go to VA's Web site at www.vba.va.gov/bln/21/Benefits/POW.

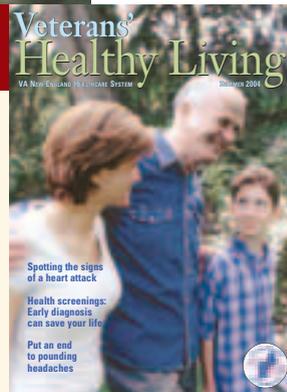
This summer issue of *Veterans' Healthy Living* includes articles about the importance of health screenings, how to recognize heart attack symptoms and ways to manage headaches. We hope you enjoy them. Have a relaxing, healthy summer!

Jeannette Chirico-Post, M.D.
Network Director

Would you like to help improve communications in VISN 1?

Join us as a communications advisory board member! We are looking for veterans interested in providing their opinions, knowledge and insight on communications in the VA New England Healthcare System. If you would be interested in serving in this role, please e-mail us at VISN1.communications@med.va.gov or call Sally Riley at (603) 624-4366, ext. 6889.

We'd like to hear from you!



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Having an occasional headache seems like a normal, though annoying, part of life. While some headaches signal a medical condition, the vast majority are simply headaches in and of themselves.

“Understanding why headaches occur is the first step in controlling them,” said Joe Jabre, M.D., co-chief, Neurology Service at VA Boston Healthcare System.

There are several different types of headaches:

■ **Tension headaches.** Most headaches are related to muscle tension in the neck, back or forehead caused by poor posture, sleep, stress or depression. The steady, dull ache of a tension headache can be mild to moderate.

■ **Migraine headaches.** The pain of a migraine headache is usually severe, one-sided, throbbing and accompanied by nausea, vomiting and sensitivity to sound, light or movement. Experts believe a migraine occurs from inflammation caused by interaction between the blood vessels covering the brain and one of the cranial nerves.

■ **Cluster headaches.** Some people suffer serial headaches that can occur in groups or clusters lasting for weeks. The intense, stabbing pain centers around one temple or eye, which may become inflamed and watery.

STOPPING THE PAIN

Although over-the-counter headache pain relievers such as aspirin or ibuprofen may help, a “rebound” headache can occur when they wear off, creating a cycle that can be difficult to break. It’s important to avoid becoming dependent on pain relievers. Discuss their risks and benefits with your doctor.

PREVENTING HEADACHES

Lifestyle changes such as quitting smoking, exercising regularly, managing stress and getting adequate sleep can help prevent headaches.

What may trigger a headache in one person may relieve it in another. To learn what affects you, keep a diary for a few months and track when you have your headaches and what you were doing and eating that day.



Headaches: Put an end to the pounding

Nonpharmaceutical measures may prove helpful for preventing chronic headaches. Massage therapy and chiropractic treatment may relieve tension headaches. Relaxation techniques that control your physical responses to stress also can help reduce headaches or stop attacks. Taking supplements may help ward off migraines, but get your doctor’s approval before you try them.

A neurologist can determine what’s behind headache pain and develop an appropriate plan to treat it. “A thorough evaluation consists of obtaining a history, performing a physical and neurological examination and performing laboratory and imaging studies,” explained Dr. Jabre. “When headaches are severe, the patient may be referred to a pain specialist or neurologist who specializes in headache treatment.”

The good news is 90 percent of chronic headache sufferers can be helped. If you suddenly experience a new kind of headache, if headache patterns change or if they interfere with your ability to perform daily activities, see your doctor.



that can be done to reduce the chances of having a first heart attack or a second one if you have had a previous one.”

Here are some tips that can help you lower your risk:

■ **Stop smoking.** Smoking temporarily constricts blood vessels, forcing your heart to work harder. Smoking also raises your LDL (“bad”) cholesterol levels and lowers your HDL (“good”) cholesterol levels.

■ **Eat well.** Stick to a diet high in fiber and low in sugars, starches, saturated fat and vegetable shortening.

■ **Spend the day being active.** Walk rather than drive, or take the stairs instead of the elevator. The Surgeon General recommends 30 minutes of aerobic exercise most days of the week, so set aside time to take a brisk walk or cycle.

Spotting the signs of a heart attack

No one wants to think about the frightening possibility of facing a heart attack. But if more people—family members, bystanders and the victims themselves—understood the warning signs better, they could help save more lives. “The key to surviving a heart attack is to understand the warning signs and get to the hospital quickly so lifesaving therapies can be started early,” said Michael Gaziano, M.D., preventive cardiologist at VA Boston Healthcare System.

BE HEART SMART

A heart attack can send warning signals hours, days, even weeks ahead of time. Chest pain that’s triggered by exertion and relieved by rest may be an early predictor of a heart attack. In women, older adults and people with diabetes, symptoms may come and go and are often vague and unrecognized. Too many people wait too long to get help, and more damage is done with each passing minute.

If you think you’re experiencing heart attack symptoms, don’t waste time calling your doctor, and never endanger yourself and others by driving yourself to the hospital. You’ll get quicker hospital treatment if you arrive in an ambulance.

PREVENT AN ATTACK

“The process that leads to heart attacks can be reversed,” said Dr. Gaziano. “There are many things

HEART ATTACK WARNING SIGNS

Any combination of these signs requires immediate medical assistance:

- uncomfortable pressure, fullness, squeezing or pain anywhere in the chest lasting more than a few minutes
- pain spreading to the shoulders, neck, one or both arms, stomach or back
- chest discomfort with light-headedness, fainting, sweating, nausea, vomiting or shortness of breath
- chest discomfort with a feeling of impending doom or imminent death

WHAT WOMEN MUST KNOW

Heart disease is the leading cause of death in women. In addition to more common heart attack symptoms, women may experience:

- shortness of breath without chest pain
- pain in the lower part of the chest
- fatigue

FAST ACTION IS KEY

If you suspect a heart attack:

- call 911 immediately
- take one aspirin if you’re not allergic to it
- tell the ambulance driver you’re having chest pain



■ **Control your blood pressure and keep cholesterol levels in check.** If you have high blood pressure or high cholesterol, follow your health care provider's instructions to lower your levels. This includes taking medication as prescribed.

■ **Control your weight.** Reaching and maintaining a desirable weight will ease the burden on your heart and improve blood cholesterol and blood sugar levels.

■ **Limit alcohol consumption.** One drink a day for women and two for men appears to have heart-healthy benefits. More than that, however, raises blood pressure and increases cancer risk.

■ **Ask your health care provider about taking an aspirin a day.** Aspirin



“Heart disease represents a major cause of death and disability. Virtually everyone is at risk for heart disease.”

*—Michael Gaziano, M.D.,
preventive cardiologist,
VA Boston Healthcare System*

prevents blood from clotting—the primary cause of heart attacks. But aspirin therapy may not be right for everyone, so seek medical advice before you try it.

■ **Heed warning signs.** Women are more likely than men to experience angina, chest pain that occurs when the heart doesn't receive enough blood. If you suspect you have angina, see your VA health care provider for an evaluation.

Talk to your VA health care provider about reducing your risks of heart attack. To learn more about the warning signs for heart attack, develop a personal survival plan and take a heart attack quiz, visit the VHA Cardiology Web site at www.va.gov/cardiology.

A heart-healthy recipe

GRILLED SALMON ORIENTAL

1 ½ lbs. fresh salmon steaks or filets

MARINADE

6 oz. pineapple juice

½ cup finely chopped onion

½ tsp. grated lime zest

2 Tbsp. fresh lime juice (1–2 medium limes)

1 Tbsp. grated fresh gingerroot

1 Tbsp. light soy sauce

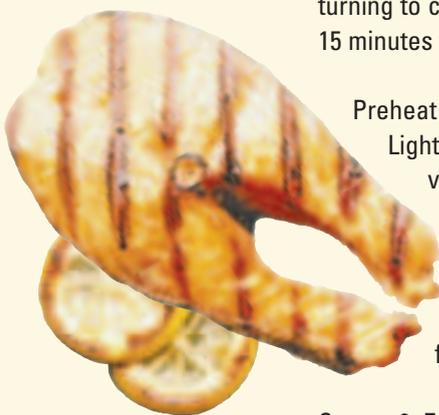
2 medium cloves garlic, minced,
or 1 tsp. bottled minced garlic

1 tsp. hot-pepper oil (optional)

1 tsp. acceptable vegetable oil

Vegetable oil spray

Rinse fish and pat dry with paper towels. Put fish in an airtight plastic bag.



Combine marinade ingredients and pour over fish, turning to coat fish evenly. Seal and refrigerate for 15 minutes to 1 hour, turning bag occasionally.

Preheat grill to medium-high or preheat broiler.

Lightly spray grill or broiler pan and rack with vegetable oil spray.

Remove fish from marinade. Grill fish or broil it 4 to 5 inches from heat. Cook 5 to 7 minutes, turn and cook another 5 to 7 minutes or until fish flakes easily when tested with a fork.

Serves 6. Each serving provides 169 calories, 21 g protein, 0 g carbohydrates, 68 mg cholesterol, 9 g total fat (2 g saturated, 2 g polyunsaturated, 4 g monounsaturated), 0 g fiber and 137 mg sodium.

Recipe reprinted with permission from *The New American Heart Association Cookbook, 25th Anniversary Edition*, ©2001 Clarkson Potter/Publishers.

Health screenings

Early diagnosis can save your life



walls of the colon. They're very effective in reducing deaths from colon cancer, one of the most common cancers in the United States.

■ **Prostate-specific antigen (PSA) test.** This blood test, often accompanied by a digital rectal exam, screens for antigens—enzymes produced by disease—that may indicate cancer of the prostate gland in men.

■ **Eye exam.** During an eye exam, a doctor assesses vision changes. He or she will also check for glaucoma, macular degeneration and cataracts.

Remember: Screening tests can save lives. For additional information, visit the VA National Center for Health Promotion and Disease Prevention Web site at www.nchdpd.med.va.gov.

You make an effort to eat healthy, exercise regularly, eliminate tobacco and drink in moderation or not at all. But did you know getting regular health screenings is just as important as living a healthy lifestyle?

“If you're seeing your primary care doctor for regular medical checkups, you should already be getting your blood pressure and cholesterol levels checked,” said Michael Mayo-Smith, M.D., network service line director for Primary Care. “But that's not all you may need. Additional health screenings may be helpful and should be discussed with your doctor.” (See “Recommended health prevention screenings” chart.)

SCREENINGS AT A GLANCE

■ **Gynecological exam.** During a gynecological checkup, a doctor performs a pelvic exam to assess the health of the vaginal area, uterus and ovaries. A Pap test is given to screen for cervical cancer.

■ **Mammogram.** This X-ray of breast tissue is used to detect changes or abnormalities too small to be found through a physical exam.

■ **Colorectal screenings.** These tests detect cancer and precancerous polyps inside the

RECOMMENDED HEALTH PREVENTION SCREENINGS

SCREENINGS

RECOMMENDATIONS

Immunizations

Pneumococcal

At least once for people 65 or older or at high risk.

Influenza

Annually for people 50 or older or at high risk.

Cancer screenings

Breast cancer

A mammogram at least every two years for women 50–69. Women 40–49 and over 70 should ask their doctors for a screening schedule.

Cervical cancer

A Pap test at least every three years for women under 65.

Colon cancer

A fecal occult blood test every year, a sigmoidoscopy every five years and a colonoscopy every 10 years for people 50 or older.

Prostate cancer

Men 50 or older or who have a family history of prostate cancer should talk to their doctors about a PSA test.

Cardiovascular disease

Cholesterol levels

A screening every five years or every two years for people at increased risk of heart attack.

Blood pressure check

Annually.

Vision

Eye exam

Every 1–2 years or annually for people 65 or older.

Changes announced for VA New England health care facilities



On May 7, Secretary of Veterans Affairs Anthony J. Principi announced his decision on the National Capital Asset Realignment for Enhanced Services (CARES) Plan. The CARES decision for VA New England Healthcare System includes a feasibility study of building a single medical center for the Boston area and also includes enhancing outpatient services throughout New England.

"The Plan provides the outline for modernizing and expanding health care and bringing greater quality of care closer to where most New England veterans live," said Jeannette Chirico-Post, M.D., network director.

The National CARES Plan provides several improvements for access to care in New England:

- VISN 1 will conduct a comprehensive feasibility study for consolidating the existing four Boston-area medical centers into one state-of-the-art tertiary-care facility that will act as a referral center for VA health care for the greater Boston area. The study will consider the best location for

existing functions at the West Roxbury, Jamaica Plain and Brockton campuses of Boston VA Healthcare System and Bedford VAMC.

- Inpatient services will be expanded at VA Connecticut Healthcare System's West Haven campus and at Providence VAMC.
- Primary-care access across the Network will be increased by expanding existing community-based outpatient clinics (CBOCs), negotiating new contract care in the communities, expanding telemedicine and establishing a new CBOC in Cumberland County, Maine.
- Inpatient and outpatient spinal-cord injury services will be enhanced.
- Hartford VA Regional Office will collocate a benefits administration office at Newington VAMC.

The VISN 1 CARES Plan can be viewed on the VISN 1 Internet site at www.visn1.med.va.gov. The entire CARES Plan can be viewed on VA's Web site at www.va.gov/cares/.

Secretary Principi holds town meeting at Manchester VAMC

Secretary of Veterans Affairs Anthony J. Principi conducted a town meeting at Manchester VAMC on May 5. The Secretary gave a brief update and answered questions from the audience. A panel consisting of Jeannette Chirico-Post, M.D., network director; Marc Levenson, M.D., director, Manchester VAMC; Keith Boerner, acting director, Manchester VARO; and Kurt Rotar, director, Massachusetts National Cemetery, joined the Secretary on stage to field questions.



(Left to right) Secretary of Veterans Affairs Anthony J. Principi; Jeannette Chirico-Post, M.D., network director; Marc Levenson, M.D., director, Manchester VAMC; Keith Boerner, acting director, Manchester VARO; and Kurt Rotar, director, Massachusetts National Cemetery (Photo by Steve Tacopina)



(Left to right) Fred Wright, M.D., associate chief of staff for Research at VA Connecticut Healthcare System; Rob Simmons, congressman from Connecticut; Jeannette Chirico-Post, M.D., network director; and Ciro Rodriguez, congressman from Texas (Photo by Richard Thompson)

Field hearing held at Newington

The House Veterans Affairs Subcommittee on Health conducted a field hearing on June 7. Rob Simmons, congressman from Connecticut, hosted the field hearing at the Newington campus of VA Connecticut Healthcare System. Among those providing testimony at the hearing were Jeannette Chirico-Post, M.D., network director; Roger Johnson, medical center director, VA Connecticut Healthcare System; and Fred Wright, M.D., associate chief of staff for Research at VA Connecticut Healthcare System. Christopher Shays, congressman from Connecticut, and Ciro Rodriguez, congressman from Texas, also attended.

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