

# HEALTH BEAT

A health and wellness newsletter published by the VA Medical Center Huntington

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## New Gallipolis VA Clinic Opens

Veterans living in Gallia County, OH, and surrounding communities will have more convenient access to primary care services with the opening of the new Gallipolis VA Clinic. Veterans will no longer need to travel to Huntington VA Medical Center to see their primary care provider.

**Congressman Charlie Wilson** spoke to Veterans, Veterans Organization Representatives and community leaders at a ribbon cutting ceremony and open house held last month. "I believe we must honor our Veterans, not only with our words but with our actions. I believe that today we are doing just that," said Wilson. He expressed his commitment to endorsing the new clinic and ensuring Veterans have access to the quality care they have earned.

The nearly 2,100 square-foot clinic, located at 323A Upper River Road, will initially operate two days a week, Tuesdays and Thursdays, from 8 a.m.



*Congressman Charlie Wilson and VA Medical Center Director Edward H. Seiler cut the ribbon on the new clinic.*

to 5 p.m., with expansion possible depending on the needs of Veterans in the area. The clinic is staffed by two physicians, three nurses and two clerical support staff. Veterans who currently receive their health care at the Huntington VA Medical Center may choose to transfer their primary care services to the new clinic. To contact the clinic, call 740.446.3934.



# WOMEN VETERANS HEALTH CARE

## Cholesterol tends to be higher in women

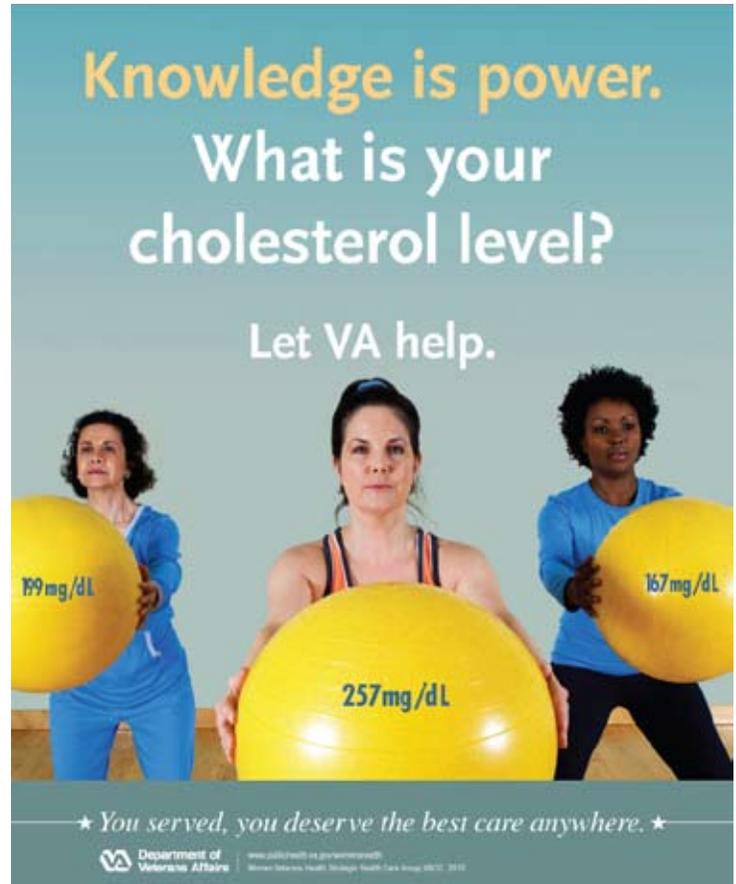
About one out of every six Americans has high blood cholesterol, according to the U.S. Centers for Disease Control and Prevention. This increases the risk of heart disease, which is the number-one killer of women in the United States.

Cholesterol is a waxy, fat-like substance that your body needs. However, elevated amounts in the blood can lead to a buildup on artery walls, resulting in a heart attack or stroke. There are two types of cholesterol. HDL (good) cholesterol tends to be higher in women because it is associated with the female sex hormone estrogen. LDL (bad) cholesterol can increase with age and weight and is found in foods with saturated and trans fats.

The first step in managing your cholesterol is to know your cholesterol level. Your doctor can do a simple blood test that will show the amount of cholesterol in milligrams (mg) per deciliter (dL) of blood. Engaging

in physical activity, maintaining a healthy weight, and eating plenty of fruits, vegetables, low-fat dairy foods, and whole grains can help lower cholesterol levels. If your level is especially high, your doctor might prescribe medication to help lower it. You can keep track of your cholesterol levels with My HealthVet, a free, online program to educate Veterans about health care topics.

Women are now the fastest growing subgroup of U.S. Veterans. The number of women Veterans is expected to increase dramatically in the next 10 years, and VA health care is in high demand by the women Veterans of Operation Enduring Freedom and Operation Iraqi Freedom. The Department of Veterans Affairs understands the health care needs of women Veterans and is committed to meeting these needs. Women Veterans served and they deserve the best quality care.



### Did you know?

- The largest group of women Veterans today served in the OEF/OIF operations.
- Women make up 11.3% of OEF/OIF Veterans.
- 49.7% of female OEF/OIF Veterans have enrolled with VA health care. Of this group, 47.8% have used VA health care 11 or more times.
- 47.3% of female OEF/OIF Veterans who have used VA care during FY2002-2009 were under age 30 compared to 43.1% of male OEF/OIF Veterans.

# VA approves \$2.8M for Gulf War Illness research

VA has approved \$2.8 million to fund three new research projects that focus on testing or developing new treatments for illnesses affecting Veterans who served in the Gulf War 1990-1991. The research incorporates recommendations of the department's Gulf War Veterans' Illnesses Task Force.

About 697,000 men and women served in operations Desert Shield and Desert Storm from August 1990 to June 1991 during the Gulf War. In the years since they returned, nearly a quarter of these Veterans have experienced chronic symptoms such as fatigue, weakness, gastrointestinal problems, cognitive dysfunction, sleep disturbances, persistent headaches, skin rashes, respiratory conditions and mood changes. The symptoms are known collectively as "Gulf War Veterans' illnesses."

A recent report by the Institute of Medicine's Committee on Gulf War and Health, "Health Effects of Serving in the Gulf War," noted that chronic multi-symptom illnesses affect an estimated 250,000 Gulf War Veterans. Given the



findings, VA is embarking on a national Gulf War Veterans' illness research program to identify and adopt the most effective treatments for Veterans.

The first \$700,000 will be available Oct. 1, 2010, the beginning of fiscal year 2011.

The studies are expected to take between two to five years to complete, and include:

-- A five-year study to evaluate the impact of resistance exercise training (RET) in treating chronic musculoskeletal pain and associated symptoms in Gulf War Veterans. The study will evaluate the influence of RET on total physical activity, pain sensitivity and regulation,

and brain white-matter tracts. **Dane B. Cook, Ph.D.**, of VA's William S. Middleton Memorial Veterans Hospital, Madison, Wis., will conduct it.

-- A four-year study on an animal model of Gulf War illnesses to assess the effectiveness of therapies to enhance mood and memory. The therapies are designed to increase generation of nerve cells in the hippocampus, improving cognitive function and reversing depressive and anxiety-like behaviors. One strategy will test treatment with anti-depressant medicine and a drug or dietary supplement having antioxidant and anti-inflammatory

properties. The second strategy will test use of either an antidepressant or an antioxidant/anti-inflammatory agent, combined with exercise. **Ashok K. Shetty, Ph.D.**, of the Durham, N.C., VA Medical Center, will conduct it.

-- A two-year pilot study that will include randomized, controlled, eight-week trials of an intervention known as "mindfulness-based stress reduction," compared with usual care. Assessments of Veterans will include symptom-based measures of pain, fatigue, and cognitive and physical function as well as objective measures of attention, concentration and memory. **David J. Kearney, M.D.**, of the VA Puget Sound Health Care System, Seattle, Wash., will conduct it.

The IOM report noted that the illnesses seen in Gulf War Veterans cannot be ascribed to any psychiatric disorder and likely result from genetic and environmental factors, although the data are not strong enough to draw conclusions about specific causes.

# Blood-thinning pills work with either home or clinic testing

## VA study finds similar results

Patients taking warfarin, a widely used blood-thinning pill that requires careful dose monitoring, have similar outcomes whether they come to a clinic or use a self-testing device at home, according

to a recent Department of Veterans Affairs (VA) study. The findings, published in the Oct. 21 issue of the *New England Journal of*

*Medicine*, are good news for heart patients who live far from clinics or are homebound.

“This study helps answer an important question for cardiologists, primary care physicians and other health providers, and will lead to improved care for their patients,” says VA Chief Research and Development Officer **Joel Kupersmith, MD**, himself a cardiologist. “The results are significant for a great number of Veterans currently receiving care

through VA.”

Traditionally, doctors, pharmacists and nurses monitor patients who are taking warfarin, sold as Coumadin, over several clinic visits. They

Patients do a finger stick, apply a small amount of blood to a test strip and feed the strip into the device. The procedure resembles the one used by people with diabetes to check their blood

monitoring. As a result, off-target INR values can be adjusted more regularly and more quickly.

However, the VA study found little difference between weekly self-

testing and monthly testing by clinic-based care teams in the measured outcomes, which are strokes, major bleeding incidents

and death. The study did find, though, that self-testing at home may offer advantages in other areas: It moderately boosted patients’ satisfaction with the medication and slightly increased the length of time they were in the appropriate dose range. Study leaders said the main message of the study is that patients who are systematically monitored — no matter by what means — are more likely to have good outcomes.

*“This study helps answer an important question for cardiologists, primary care physicians and other health providers, and will lead to improved care for their patients,” says VA Chief Research and Development Officer Joel Kupersmith, MD*

test how fast the blood clots and adjust the dose accordingly: Too low a dose will not prevent dangerous blood clots and blood flow to the heart, brain and other areas of the body could be inadvertently blocked. Too high a dose could lead to dangerous internal bleeding.

Patients have the option of tracking their own blood response at home, using blood analyzers known as international normalized ratio (INR) monitors.

sugar. Patients can then call in the results to their provider and get advice on dose adjustments without coming to the clinic. In some cases, they can even set the proper dose of warfarin on their own.

The authors of the VA study expected home monitoring to work better than clinic monitoring, partly because self-testing can be done at home more frequently — weekly, compared with the typical monthly schedule of the best clinic-based

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## Announcements & Meetings

### Veterans Chapel Services Held Weekly

Weekly chapel services are held in the Veterans Chapel, located in room 1C106 on first floor of the Medical Center. These interdenominational services are held every Sunday at 8:30 a.m., and are open to all patients, families, visitors and employees. We look forward to seeing you there!

### Mental Health Consumer Council Meeting

If you are a Veteran who receives mental health services, come check out the **Mental Health Consumer Council**. The council is looking for interested members. The purpose of the Council is to work with the **Mental Health Clinic (MHC)** of the Medical Center to improve our services, by listening to the needs of the Veterans we serve, and exploring solutions together. This Council is NOT a treatment group. The Council meets the third Friday of each month from 1-2:30 p.m. in Charleston, WV, at the **Roark Sullivan Life Center**, 1015 Smith St. Contact **Chuck Weinberg**, ext 3721, or **Mike Ellis**, ext 2804, for more information.

### SAFE (Supportive and Family Education) Group Meetings

The **SAFE (Supportive and Family Education)** group for family members of Veterans with mental illness, meets the second and fourth Fridays of each month from 3-4 p.m. in the large group room of the **MHC Clinic** (ask at the check in desk for directions), and also meets the third Friday of each month from 3-4 p.m. in Charleston, WV, at the **Roark Sullivan Life Center**, 1015 Smith St. This group offers education and group support about mental illness for adult family members of Veterans (the group is not for Veterans). Contact **Chuck Weinberg**, ext. 3721, or **Mike Ellis**, ext 2804, for more information.



*Site of VAMC Huntington's new Homeless Resource Center scheduled to open Spring of 2011. The resource center will be located in downtown Huntington.*

# Holiday eating can lead to GERD or Reflux

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*With the holidays fast approaching we find ourselves in a constant state of enjoying all of the smells of the foods of the season ...*

however, this time of year, many people find themselves with an extra gift during the Holiday Season -- Gastroesophageal Reflux (GERD). This condition occurs when the lower esophageal muscle either relaxes inappropriately or is very weak, which allows acidic contents of the stomach to back up, or reflux, into the esophagus.

The most common symptoms with GERD is heartburn, but others include persistent sore throat, chronic cough, asthma, chest pain and a feeling of a lump in the throat.

There are ways to help control these symptoms — even during the holidays. Here are some tips:

- limit portion sizes during meals;
- avoid fried or fatty foods;
- stop or decrease smoking;
- elevate the head of your bed four to six inches;
- limit carbonated beverages;
- eat meals at least 2-3 hours before bedtime;
- take all medications as prescribed by your physician; and,
- lose weight if you're overweight.



Serious complications and medical conditions can occur if frequent or constant heartburn goes untreated. Contact your primary care physician if you are experiencing any of these symptoms on a regular basis.

## Trim fat and calories from the Holiday Feast

Here are some smart and easy ways to lower calories and fat at this year's holiday feast:

- Serve fresh fruit and vegetables with low fat dips or salsa as appetizers.
- Bake or roast the turkey instead of deep frying.
- Do not eat the turkey skin.
- Bake stuffing outside of the turkey so that it does not soak up the meat fat.
- If using a stuffing mix, don't add margarine or butter.
- Chill the turkey broth and skim off the fat before making gravy.
- Try baked sweet potatoes and top with cinnamon and sugar substitute rather than casserole.
- Make mashed white potatoes with low-fat milk and lower fat or fat-free margarine.
- Bake desserts with fat-free evaporated milk and egg substitute or egg whites.
- Drink calorie free and non-alcoholic beverages.
- Limit second helpings.
- Prepare vegetables with herbs instead of oil, bacon grease, butter, margarine or sauces made with cream, whole milk or cheese.

# 18 Holiday tips to help avoid accidents

## Christmas Lights & Extension Cords

- Only use UL or FM approved extension cords.
- Make sure the extension cord is large enough to carry the intended load. The thicker the cord, the greater the load it should be able to carry without overheating.
- Inspect cords for damaged insulation, splices or loose plugs before using. Never use an extension cord that has any of these conditions.
- Do not overload outlets! Use surge protectors if multiple outlets are needed.
- Immediately replace any broken bulbs that have exposed filaments.
- Never use electric lights on old metal artificial trees.
- Don't run cords through doorways or under rugs. The insulation on the cords can become damaged if the door closes on the cord, or if people step on it under the rug, causing potential fire and/or shock hazard.
- Match plugs with outlets. Don't force a 3-pronged plug into a 2-pronged outlet or extension cord.

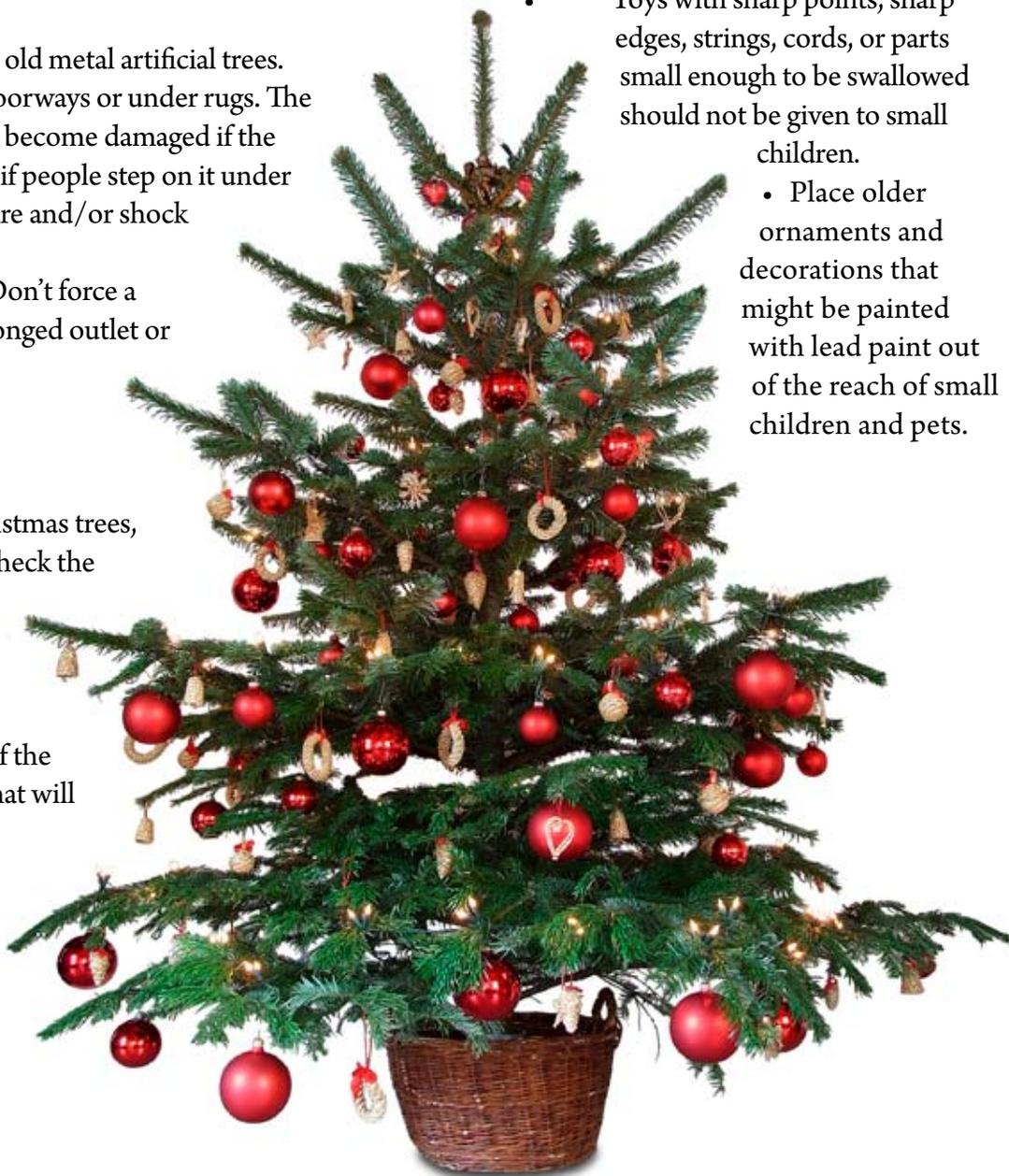
## Christmas Trees

- Purchase green, moist Christmas trees, never old or brittle ones. Check the needles. Find a tree with needles that bend, not break.
- After purchasing a live tree, be sure to cut the bottom of the tree to expose new wood that will soak up water.
- Always keep live trees watered.
- Keep trees, and any other combustibles, away from ignition sources such as fireplaces, space heaters, candles, overhead lights and radiators.

- Ensure that artificial trees are fire resistant and UL listed. This ensures the tree was manufactured and tested to meet specific safety standards.
- Make sure the base is steady so that the tree will not tip over easily.

## Toys & Ornaments

- Purchase appropriate toys for the appropriate age. Some toys designed for older children might be dangerous for younger children.
- Electric toys should be UL/FM approved.
  - Toys with sharp points, sharp edges, strings, cords, or parts small enough to be swallowed should not be given to small children.
  - Place older ornaments and decorations that might be painted with lead paint out of the reach of small children and pets.



# VA expands support for families of low-income Veterans

## Communities and non-profits will play critical outreach role

VA has announced a program to provide enhanced services to low-income Veterans and their families who are at risk of being homeless. Under the Supportive Services for grants to private non-profit organizations and consumer cooperatives that will help break the cycle of homelessness among America's Veterans at risk. The program will deliver grants to community agencies for vocational and rehabilitation counseling, employment and training services, educational assistance; and health care services.

Agencies will also provide direct financial assistance for daily living, transportation, child care, rent and utilities and other expenses. Agencies may also propose funding for additional services grant application based on the specific needs of their communities and local Veterans. Instructions for applying for these grants will be distributed by VA in mid-December.

“Ending homelessness for Veterans and their families will require all segments of our communities to work together,” said First Lady **Michelle Obama**. “I’m pleased this new program will help more local organizations support them when they need it most.”

“This new program will provide valuable new tools in our campaign to end homelessness among Veterans and their families,” said VA Secretary **Eric K. Shinseki**. “Partnering with homeless agencies across this country, we will attack the problems that underlie



homelessness and, for the first time, fund services for the spouses and children of homeless Veterans.”

Eligible Veteran families include those who are residing in permanent housing, are homeless and scheduled to become residents of permanent housing within a specified time period, or who have left permanent housing and are seeking other housing that is responsive to such very low-income Veteran family's needs and preferences.

The program is available for public viewing at [www.ofr.gov](http://www.ofr.gov).

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**Director Announces Launch of Patient Representative of VA Medical Center**

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