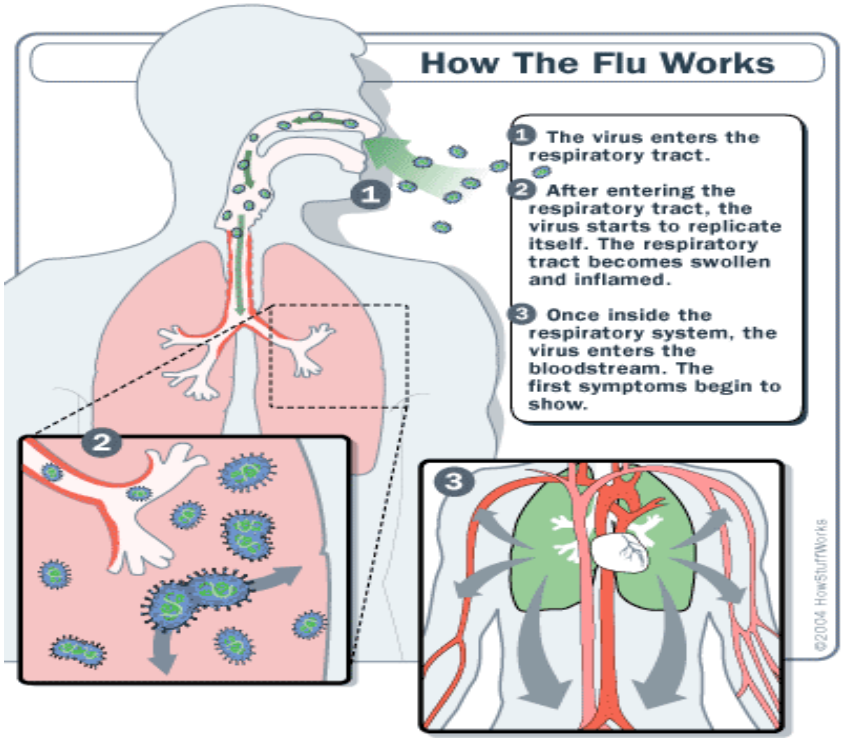
The Preventer

September 2012

Patient Education & Health Management *90th Medical Group, F. E. Warren AFB*
Publisher: Capt Jennifer Behan

FACTS ABOUT THE FLU, FLU VACCINE & FLU GUIDE FOR PARENTS CHOLESTEROL EDUCATION MONTH



The Flu and You
Captain Jennifer Behan
90th Medical Group

The holiday season is soon approaching and a magical time of year. The leaves have changed, snow has fallen, the winds are hurricane caliber, and flu-mist is in the air. Once again, it is time to receive your influenza vaccination. Air Force Global Strike Command is encouraging everyone to be immunized by December. Each year, the flu season can vary in terms of timing, duration and severity. Influenza is usually mild, but can occasionally cause more severe illness. It can rarely lead to death, usually in individuals already suffering from other serious medical conditions. The majority of the 200,000 annual hospitalizations due to severe influenza illness in the United States involve children under age 5 and people older than 65.

Influenza usually starts suddenly and may include the following symptoms: fever, headache, tiredness, cough, sore throat, runny or stuffy nose, body aches, diarrhea and vomiting. Having these symptoms does not always mean that you have the flu. Many different illnesses, including the common cold, can have similar symptoms.

The flu usually spreads from person to person in respiratory droplets when people who are infected cough or sneeze. People occasionally may become infected by touching something with influenza virus on it and then touching their mouth, nose or eyes. The best way to protect yourself against the flu is to get immunized. Influenza vaccination allows the body to build antibodies to fight against the flu virus. The vaccine will help lessen the severity of flu symptoms and possibly prevent any symptoms at all.

Unlike last year, only one influenza vaccination is necessary. This year's influenza vaccination provides protection against both the traditional seasonal flu virus and the H1N1 flu virus. The only exception is that children aged 6 months through 8 years of age who have never received a seasonal flu vaccine will need two doses of vaccine spaced at least 4 weeks apart. In addition, children who received only 1 dose in their first year of vaccination should get 2 doses the following year.

Most people who are experiencing flu-like symptoms should stay home and avoid contact with other people except to get medical care. Supervisors should send personnel with flu-like symptoms home, when mission allows. If you must leave home, for example to get medical care, wear a facemask if you have one and cover coughs and sneezes with a tissue. Make sure to drink plenty of water and other clear liquids to prevent fluid loss and wash your hands often to keep from spreading flu to others. You can treat your fever and cough with medicines you can buy at the store. The use of aspirin in children and adolescents should be avoided.

Most people with the flu have mild illness and do not need medical care or antiviral drugs. However, certain individuals are at risk for developing complications from influenza and should see their medical provider if they develop flu-like symptoms to minimize the risk of the condition worsening. These individuals include children younger than 5, but especially children younger than 2 years old, adults 65 years of age and older, pregnant women, and people with chronic medical conditions. It is also especially important that these individuals receive the influenza vaccination as soon as possible.

Some people may develop severe illness from the flu, so anyone concerned about their illness should consult a health care provider. There are emergency warning signs and anyone who has them should get medical care right away. If you are experiencing difficulty breathing, shortness of breath, pain or pressure in the chest or abdomen, sudden dizziness, confusion, or severe or persistent vomiting, you should go to the emergency room. In children, additional warning symptoms that require emergent care include bluish skin color, not drinking enough fluids, not waking up or not interacting, being so irritable that the child does not want to be held, flu-like symptoms improve but then return with fever and worse cough, and fever with a rash.

The 90th Medical Group is now administering the influenza vaccination. All adults and children older than 6 months of age are encouraged to receive the influenza vaccination. Influenza vaccinations are available on a walk-in basis at the 90th Medical Group Immunizations Clinic (Hours: Mon, Tue, Fri from 0730-1145 and 1300-1530; Wed from 1300-1530; Thu from 0730-1145; closed every third Thursday of the month for military readiness training). Please call 773-3461 with any questions.

Facts about Flu and Flu Vaccine

Seasonal Influenza

What is seasonal influenza (flu)?

Seasonal influenza, commonly called "the flu," is caused by influenza viruses, which infect the respiratory tract (i.e., the nose, throat, lungs). Unlike many other viral respiratory infections, such as the common cold, the flu can cause severe illness and life-threatening complications in many people. In the United States, on average 5% to 20% of the population gets the flu and more than 200,000 people are hospitalized from seasonal flu-related complications. Flu seasons are unpredictable and can be severe. Over a period of 30 years, between 1976 and 2006, estimates of flu-associated deaths range from a low of about 3,000 to a high of about 49,000 people. Some people, such as older people, young children, pregnant women, and people with certain health conditions, are at high risk for serious flu complications. The best way to prevent seasonal flu is by getting a seasonal flu **vaccination** each year.

When is the flu season in the United States?

In the United States, the peak of flu season has occurred anywhere from late November through March. The overall health impact (e.g., infections, hospitalizations, and deaths) of a flu season varies from year to year. CDC monitors circulating flu viruses and their related disease activity and provides influenza reports each week from October through May.

CDC Says “Take 3” Actions To Fight The Flu

Flu is a serious contagious disease that can lead to hospitalization and even death. In 2009–2010, a new and very different flu virus (called 2009 H1N1) spread worldwide causing the first flu pandemic in more than 40 years. Flu is unpredictable, but the Centers for Disease Control and Prevention (CDC) expects the 2009 H1N1 virus to spread this upcoming season along with other seasonal flu viruses.

CDC urges you to take the following actions to protect yourself and others from influenza (the flu):

 1. Take time to get a flu vaccine.

- CDC recommends a yearly flu vaccine as the first and most important step in protecting against flu viruses.
- While there are many different flu viruses, the flu vaccine protects against the three viruses that research suggests will be most common.
- The 2010-2011 flu vaccine will protect against an influenza A H3N2 virus, an influenza B virus and the 2009 H1N1 virus that caused so much illness last season.
- Everyone 6 months of age and older should get vaccinated against the flu as soon as the 2010-2011 season vaccine is available.
- People at high risk of serious flu complications include young children, pregnant women, people with chronic health conditions like asthma, diabetes or heart and lung disease and people 65 years and older.
- Vaccination of high risk persons is especially important to decrease their risk of severe flu illness.

- Vaccination also is important for health care workers, and other people who live with or care for high risk people to keep from spreading flu to high risk people.
- Children younger than 6 months are at high risk of serious flu illness, but are too young to be vaccinated. People who care for them should be vaccinated instead.

2. Take everyday preventive actions to stop the spread of germs.

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.*
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you are sick with flu–like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.)
- While sick, limit contact with others as much as possible to keep from infecting them.

3. Take flu antiviral drugs if your doctor prescribes them.
    - If you get the flu, antiviral drugs can treat your illness.
- Antiviral drugs are different from antibiotics. They are prescription medicines (pills, liquid or an inhaled powder) and are not available over-the-counter.
- Antiviral drugs can make illness milder and shorten the time you are sick. They may also prevent serious flu complications.
- It's very important that antiviral drugs be used early (within the first 2 days of symptoms) to treat people who are very sick (such as those who are hospitalized) or people who are sick with flu symptoms and who are at increased risk of severe flu illness, such as pregnant women, young children, people 65 and older and people with certain chronic health conditions.
- Flu-like symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people may also have vomiting and diarrhea. People may be infected with the flu, and have respiratory symptoms without a fever.

Other Habits for Good Health

The following steps may help prevent the spread of respiratory illnesses like flu:

Avoid close contact

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

Stay home when you are sick

If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.

Cover your mouth and nose

Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.

Clean your hands

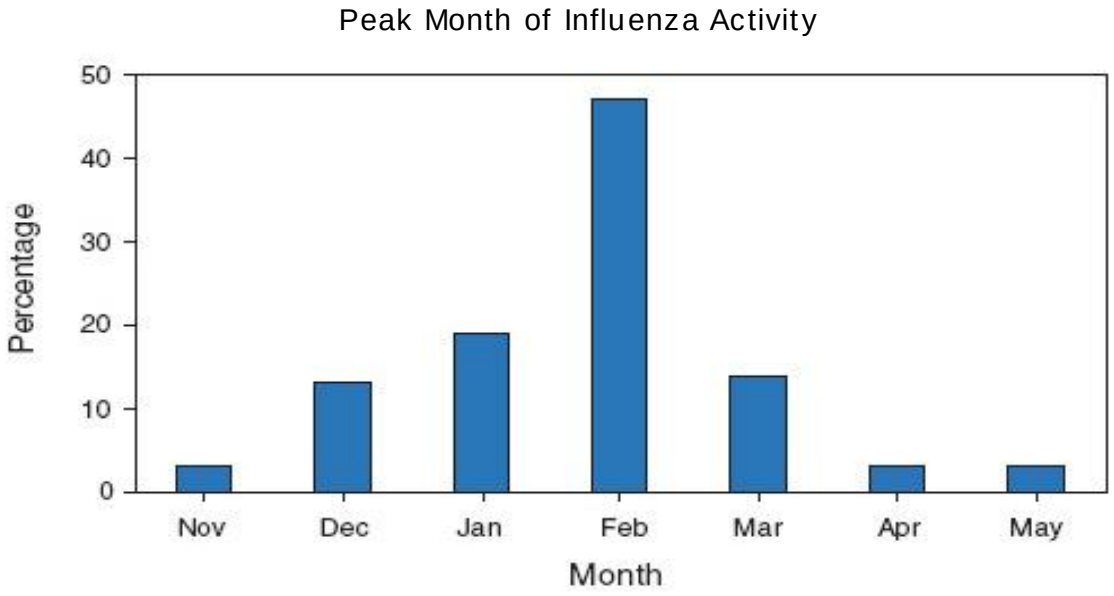
Washing your hands often will help protect you from germs.

Avoid touching your eyes, nose or mouth

Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

When to Get Vaccinated

When vaccine is available in your area, but getting vaccinated in December or even later can still be beneficial. Flu season can begin as early as October and last as late as May.



Who Should Get Vaccinated? In general, anyone who wants to reduce their chances of getting the flu can get vaccinated from ages 6 months and older . However, certain people should get vaccinated each year either because they are at high risk of having serious flu-related complications or because they live with or care for high risk persons. During flu seasons when vaccine supplies are limited or delayed, the Advisory Committee on Immunization Practices (ACIP) makes recommendations regarding priority groups for vaccination.
People who should get vaccinated each year are:

1. Children aged 6 months up to their 19th birthday
2. Pregnant women
3. People 50 years of age and older

4. People of any age with certain chronic medical conditions
5. People who live in nursing homes and other long-term care facilities
6. People who live with or care for those at high risk for complications from flu, including:

   a. Health care workers
   b. Household contacts of persons at high risk for complications from the flu
   c. Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated)

Who Should Not Be Vaccinated

Some people should not be vaccinated without first consulting a physician. They include:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination in the past.
- People who developed Guillian-Barré syndrome (GBS) within 6 weeks of getting an influenza vaccine previously.
- Children less than 6 months of age (influenza vaccine is not approved for use in this age group).
- People who have a moderate or severe illness with a fever should wait to get vaccinated until their symptoms lessen.

If you have questions about whether you should get a flu vaccine, consult your health-care provider.

The Flu--A Guide for Parents

What is the flu?

The flu (influenza) is an infection of the nose, throat, and lungs that is caused by influenza virus. The flu can spread from person to person. Most people with flu are sick for about a week, but then feel better. However, some people (especially young children, pregnant women, older people, and people with chronic health problems) can get very sick and some can die.

What are the symptoms of the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Cough can last two or more weeks.

How does the flu spread?

People that have the flu usually cough, sneeze, and have a runny nose. This makes droplets with virus in them. Other people can get the flu by breathing in these
droplets or getting them in their nose or mouth.

How long can a sick person spread the flu to others?

Most healthy adults may be able to spread the flu from 1 day before getting sick to up to 5 days after getting sick. This can be longer in children and in people who don't fight disease as well (people with weakened immune systems).

How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. CDC recommends that all children from the ages of 6 months up to their 5th birthday get a flu vaccine every fall or winter (children getting a vaccine for the first time need two doses).

- •Flu shots can be given to children 6 months and older.
- •A nasal-spray vaccine can be given to healthy children 2 years and older

(children under 5 years old who have had wheezing in the past year or any child with chronic health problems should get the flu shot).

You can protect your child by getting a flu vaccine for yourself too. Also encourage your child's close contacts to get a flu vaccine. This is very important if your child is younger than 5 or has a chronic health problem like asthma (breathing disease) or diabetes (high blood sugar levels).

Is there medicine to treat the flu?

_There are antiviral drugs for children 1 year and older that can make your child feel better, be less contagious, and get better sooner. But these drugs need to be approved by a doctor. They should be started during the first 2 days that your child is sick for them to work. Your doctor can discuss with you if these drugs are right for your child.

What Can YOU Do?

How else can I protect my child against flu?

1. Take time to get a flu vaccine and get your child vaccinated too.
2. Take everyday steps to prevent the spread of germs. This includes:
   - •Clean your hands often and cover your coughs and sneezes
   - •Tell your child to:
     - Stay away from people who are sick
     - Clean hands often
     - Keep hands away from face
     - Cover coughs and sneezes to protect others (it's best to use a tissue. Then, throw it away).

What should I use for hand cleaning?

Washing hands with soap and water (for as long as it takes to sing the Happy Birthday song twice) will help protect your child from germs. When soap and water are not available, wipes or gels with alcohol in them can be used (the gels should be rubbed into your hands until they are dry).

What can I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. If your child is older than 2 years, you can buy medicine (over-the-counter) without a prescription that might make your child feel better. Be careful with these medicines and follow the instructions on the package. But never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

What if my child seems very sick?

Call or take your child to a doctor right away if your child:

- has a high fever or fever that lasts a long time
- has trouble breathing or breathes fast
- has skin that looks blue
- is not drinking enough
- seems confused, will not wake up, does not want to be held, or has seizures

(uncontrolled shaking)

- gets better but then worse again
- has other conditions (like heart or lung disease, diabetes) that get worse

Can my child go to school if he or she is sick?
No. Your child should stay home to rest and to avoid giving the flu to other children.

Should my child go to school if other children are sick?
It is not unusual for some children in school to get sick during the winter months. If many children get sick, it is up to you to decide whether to send your child to school. You might want to check with your doctor, especially if your child has other health problems.

When can my child go back to school after having the flu?
Keep your child home from school until his or her temperature has been normal for 24 hours. Remind your child to cover their mouth when coughing or sneezing, to protect others (you may want to send some tissue and wipes or gels with alcohol in them to school with your child).

For more information about flu, visit www.cdc.gov/flu
Department of Health and Human Serces
Centers for Disease Control and Prevention
Safer • Healthier • People

Is it a cold or the flu?

Influenza (flu) and a cold are both respiratory (breathing) infections caused by viruses. Some of the symptoms are similar, and it can sometimes be difficult to tell if you have the flu or a very bad cold. The flu can cause more serious illness than a common cold. Your best protection against the flu is an annual flu shot. You can decrease your chances of getting a cold by frequently washing your hands and avoiding touching your nose, eyes, and mouth. The average adult gets 1-3 respiratory (breathing) illnesses each year, and children get even more. However, it would be unusual to get the flu more than once a year.

Sometimes you can get a bacterial infection of the middle ear or sinuses at the same time or following a cold or the flu. These bacterial infections can be treated with antibiotics. The flu, however, can lead to more serious complications such as pneumonia and sometimes death. People that have the greatest risk of severe complications from flu are those 65 years old and older, those with certain medical conditions, and some young children.

Colds usually begin slowly, two to three days after infection by the virus and normally last only two to seven days. A bad cold can last up to two weeks, but this is unusual. You will first notice a scratchy, sore throat, followed by sneezing and a runny nose. You may get a mild cough several days later. Adults and older children usually don't have a fever, but if they do, it will be very mild. Infants and young children, however, sometimes run temperatures up to 102°F (39°C).

If you have the flu, you will have a sudden headache, dry cough, and you might have a runny nose and a sore throat. Your muscles will ache, you will be very tired, and you can have a fever up to 104°F (40°C). Most people feel better in a couple of days, but the tiredness and cough can last for two weeks or longer. The flu is a respiratory (breathing) illness. You cannot have a "stomach flu." Symptoms such as nausea, diarrhea, and vomiting are uncommon with the flu, except in very young children. Check with your health care provider if you have questions about the diagnosis and treatment of these illnesses.

Symptom	Cold	Swine Flu
Sudden Symptoms	Colds typically take a few days to develop to full symptoms.	Flu symptoms typically involve rapid onset and can be fully present within a few hours.
Headache	Headaches are uncommon.	A strong majority of cases of the flu involve headaches.
Fever	Not common.	Most cases involve fever.
Chills	Chills are uncommon.	A majority of cases of the flu involve chills.
Sneezing	Colds typically involve sneezing.	Not common.
Stuffy Nose	Most colds involve a stuffy nose.	Not common.
Sore Throat	Sore throats are common.	Not common.
Coughing	Hacking, productive (mucus-producing) coughs are often present.	Dry coughs are common.
Chest Discomfort	Any chest discomfort is mild to moderate in cases of colds.	Chest discomfort is often severe with cases of the flu.
Aches	Any body aches or pains are relatively minor in cases of colds.	Body aches and pains are often severe with cases of the flu.
Tiredness	Tiredness and fatigue tend to be mild.	Tiredness and fatigue are often moderate to severe for cases of the flu.

Cold versus flu comparison chart		
Symptom	**Cold**	**Flu**
Fever	Fever is rare with a cold.	Fever is present with the flu in up to 80% of cases. A temperature of 100°F or higher for 3 to 4 days is associated with the flu.
Coughing	A hacking, productive (mucus-producing) cough is often present with a cold.	A non-productive (non-mucus producing) cough is usually present with the flu (sometimes referred to as dry cough).
Aches	Slight body aches and pains can be part of a cold.	Severe aches and pains are common with the flu.
Stuffy Nose	Stuffy nose is commonly present with a cold and typically resolves spontaneously within a week.	Stuffy nose is not commonly present with the flu.
Chills	Chills are uncommon with a cold.	60% of people who have the flu experience chills.
Tiredness	Tiredness is fairly mild with a cold.	Tiredness is moderate to severe with the flu.
Sneezing	Sneezing is commonly present with a cold.	Sneezing is not common with the flu.
Sudden Symptoms	Cold symptoms tend to develop over a few days.	The flu has a rapid onset within 3-6 hours. The flu hits hard and includes sudden symptoms like high fever, aches and pains.
Headache	A headache is fairly uncommon with a cold.	A headache is very common with the flu, present in 80% of flu cases.
Sore Throat	Sore throat is commonly present with a cold.	Sore throat is not commonly present with the flu.
Chest Discomfort	Chest discomfort is mild to moderate with a cold.	Chest discomfort is often severe with the flu.
This chart is for comparison purposes only and is not meant to replace a diagnosis made by a medical professional.		

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Other people are at high risk for developing heart disease because they have diabetes (which is a strong risk factor) or a combination of risk factors for heart disease. Follow these steps to find out your risk If you become ill and experience any of the following warning signs, seek emergency medical care.

In children, emergency warning signs that need urgent medical attention include:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or not interacting

- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough

In adults, emergency warning signs that need urgent medical attention include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

National Cholesterol Education Month

September is National Cholesterol Education Month, a good time to get your blood cholesterol checked and take steps to lower it if it is high. National Cholesterol Education Month is also a good time to learn about lipid profiles and about food and lifestyle choices that help you reach personal cholesterol goals.

High blood cholesterol affects over 65 million Americans. It is a serious condition that increases your risk for heart disease. The higher your cholesterol level, the greater the risk. You can have high cholesterol and not know it. Lowering cholesterol levels that are too high lessens your risk for developing heart disease and reduces the chance of having a heart attack or dying of heart disease.

Why Is Cholesterol Important?

Your blood cholesterol level has a lot to do with your chances of getting heart disease. High blood cholesterol is one of the major risk factors for heart disease. A risk factor is a condition that increases your chance of getting a disease. In fact, the higher your blood cholesterol level, the greater your risk for developing heart disease or having a heart attack. Heart disease is the number one killer of women and men in the United States. Each year, more than a million Americans have heart attacks, and about a half million people die from heart disease.

How Does Cholesterol Cause Heart Disease?

When there is too much cholesterol (a fat-like substance) in your blood, it builds up in the walls of your arteries. Over time, this buildup causes "hardening of the arteries" so that arteries become narrowed and blood flow to the heart is slowed down or blocked. The blood carries oxygen to the heart, and if enough blood and oxygen cannot reach your heart, you may suffer chest pain. If the blood supply to a portion of the heart is completely cut off by a blockage, the result is a heart attack.

High blood cholesterol itself does not cause symptoms, so many people are unaware that their cholesterol level is too high. It is important to find out what your cholesterol numbers are because lowering cholesterol levels that are too high lessens the risk for developing heart disease and reduces the chance of a heart attack or dying of heart disease, even if you already have it. Cholesterol lowering is important for everyone--younger, middle age, and older adults; women and men; and people with or without heart disease.

What Do Your Cholesterol Numbers Mean?

Everyone age 20 and older should have their cholesterol measured at least once every 5 years. It is best to have a blood test called a "lipoprotein profile" to find out your cholesterol numbers. This blood test is done after a 9- to 12-hour fast and gives information about your:

- Total cholesterol
- LDL (bad) cholesterol--the main source of cholesterol buildup and blockage in the arteries
- HDL (good) cholesterol--helps keep cholesterol from building up in the arteries
- Triglycerides--another form of fat in your blood

If it is not possible to get a lipoprotein profile done, knowing your total cholesterol and HDL cholesterol can give you a general idea about your cholesterol levels. If your total cholesterol is 200 mg/dL* or more or if your HDL is less than 40 mg/dL, you will need to have a lipoprotein profile done. See how your cholesterol numbers compare to the tables below.

Total Cholesterol Level	Category
Less than 200 mg/dL	Desirable
200-239 mg/dL	Borderline High
240 mg/dL and above	High

* Cholesterol levels are measured in milligrams (mg) of cholesterol per deciliter (dL) of blood.

LDL Cholesterol Level	LDL-Cholesterol Category
Less than 100 mg/dL	Optimal
100-129 mg/dL	Near optimal/above optimal
130-159 mg/dL	Borderline high
160-189 mg/dL	High
190 mg/dL and above	Very high

HDL (good) cholesterol protects against heart disease, so for HDL, higher numbers are better. A level less than 40 mg/dL is low and is considered a major risk factor because it increases your risk for developing heart disease. HDL levels of 60 mg/dL or more help to lower your risk for heart disease.

Triglycerides can also raise heart disease risk. Levels that are borderline high (150-199 mg/dL) or high (200 mg/dL or more) may need treatment in some people.

What Affects Cholesterol Levels?

A variety of things can affect cholesterol levels. These are things you can do something about:

- **Diet.** Saturated fat and cholesterol in the food you eat make your blood cholesterol level go up. Saturated fat is the main culprit, but cholesterol in foods also matters. Reducing the amount of saturated fat and cholesterol in your diet helps lower your blood cholesterol level.
- **Weight.** Being overweight is a risk factor for heart disease. It also tends to increase your cholesterol. Losing weight can help lower your LDL and total cholesterol levels, as well as raise your HDL and lower your triglyceride levels.
- **Physical Activity.** Not being physically active is a risk factor for heart disease. Regular physical activity can help lower LDL (bad) cholesterol and raise HDL (good) cholesterol levels. It also helps you lose weight. You should try to be physically active for 30 minutes on most, if not all, days.

Things you cannot do anything about also can affect cholesterol levels. These include:

- **Age and Gender.** As women and men get older, their cholesterol levels rise. Before the age of menopause, women have lower total cholesterol levels than men of the same age. After the age of menopause, women's LDL levels tend to rise.
- **Heredity.** Your genes partly determine how much cholesterol your body makes. High blood cholesterol can run in families.

What Is Your Risk of Developing Heart Disease or Having a Heart Attack?

In general, the higher your LDL level and the more risk factors you have (other than LDL), the greater your chances of developing heart disease or having a heart attack. Some people are at high risk for a heart attack because they already have heart disease. for developing heart disease.

Step 1: Check the table below to see how many of the listed risk factors you have; these are the risk factors that affect your LDL goal.

Major Risk Factors That Affect Your LDL Goal

- Cigarette smoking
- High blood pressure (140/90 mmHg or higher or on blood pressure medication)
- Low HDL cholesterol (less than 40 mg/dL)*
- Family history of early heart disease (heart disease in father or brother before age 55; heart disease in mother or sister before age 65)
- Age (men 45 years or older; women 55 years or older)

* If your HDL cholesterol is 60 mg/dL or higher, subtract 1 from your total count.

Even though obesity and physical inactivity are not counted in this list, they are conditions that need to be corrected.

Step 2: How many major risk factors do you have? If you have 2 or more risk factors in the table above, use the attached risk scoring tables (which include your cholesterol levels) to find your risk score. Risk score refers to the chance of having a heart attack in the next 10 years, given as a percentage. My risk score is _____%.

Step 3: Use your medical history, number of risk factors, and risk score to find your risk of developing heart disease or having a heart attack in the table below.

If You Have	You Are in Category
Heart disease, diabetes, or risk score more than 20%*	I. High Risk
2 or more risk factors and risk score 10-20%	II. Next Highest Risk
2 or more risk factors and risk score less than 10%	III. Moderate Risk
0 or 1 risk factor	IV. Low-to-Moderate Risk

* Means that more than 20 of 100 people in this category will have a heart attack within 10 years.

My risk category is _____.

Treating High Cholesterol

The main goal of cholesterol-lowering treatment is to lower your LDL level enough to reduce your risk of developing heart disease or having a heart attack. The higher your risk, the lower your LDL goal will be. To find your LDL goal, see the boxes below for your risk category. There are two main ways to lower your cholesterol:

- Therapeutic Lifestyle Changes (TLC)--includes a cholesterol-lowering diet (called the TLC diet), physical activity, and weight management. TLC is for anyone whose LDL is above goal.
- Drug Treatment--if cholesterol-lowering drugs are needed, they are used together with TLC treatment to help lower your LDL.

If you are in...

- **Category I, Highest Risk**, your LDL goal is less than 100 mg/dL. you will need to begin the TLC diet to reduce your high risk even if your LDL is below 100 mg/dL. If your LDL is 100 or above, you will need to start drug treatment at the same time as the TLC diet. If your LDL is below 100 mg/dL, you may also need to start drug treatment together with the TLC diet if your doctor finds our risk is very high, for example if you had a recent heart attack or have both heart disease and diabetes.
- **Category II, Next Highest Risk**, your LDL goal is less than 130 mg/dL. If your LDL is 130 mg/dL or above, you will need to begin treatment with the TLC diet. If your LDL is 130 mg/dL or more after 3 months on the TLC diet, you may need drug treatment along with the TLC diet. If your LDL is less than 130 mg/dL, you will need to follow the heart healthy diet for all Americans, which allows a little more saturated fat and cholesterol than the TLC diet.
- **Category III, Moderate Risk**, your LDL goal is less than 130 mg/dL. If your LDL is 130 mg/dL or above, you will need to begin the TLC diet. If your LDL is 160 mg/dL or more after you have tried the TLC diet for 3 months, you may need drug treatment along with the TLC diet. If your LDL is less than 130 mg/dL, you will need to follow the heart healthy diet for all Americans.
- **Category IV, Low-to-Moderate Risk**, your LDL goal is less than 160 mg/dL. If your LDL is 160 mg/dL or above, you will need to begin the TLC diet. If your LDL is still 160 mg/dL or more after 3 months on the TLC diet, you may need drug treatment along with the TLC diet to lower your LDL, especially if your LDL is 190 mg/dL or more. If your LDL is less than 160 mg/dL, you will need to follow the heart healthy diet for all Americans.

To reduce your risk for heart disease or keep it low, it is very important to control any other risk factors you may have such as high blood pressure and smoking.

Lowering Cholesterol With Therapeutic Lifestyle Changes (TLC)

TLC is a set of things you can do to help lower your LDL cholesterol. The main parts of TLC are:

- ***The TLC Diet.*** This is a low-saturated-fat, low-cholesterol eating plan that calls for less than 7percent of calories from saturated fat and less than 200 mg of dietary cholesterol per day. The TLC diet recommends only enough calories to maintain a desirable weight and avoid weight gain. If your LDL is not lowered enough by reducing your saturated fat and cholesterol intakes, the amount of soluble fiber in your diet can be increased. Certain food products that contain plant stanols or plant sterols (for example, cholesterol-lowering margarines) can also be added to the TLC diet to boost its LDL-lowering power.
- ***Weight Management.*** Losing weight if you are overweight can help lower LDL and is especially important for those with a cluster of risk factors that includes high triglyceride and/or low HDL levels and being overweight with a large waist measurement (more than 40 inches for men and more than 35 inches for women).

- ***Physical Activity.*** Regular physical activity (30 minutes on most, if not all, days) is recommended for everyone. It can help raise HDL and lower LDL and is especially important for those with high triglyceride and/or low HDL levels who are overweight with a large waist measurement.

Foods low in saturated fat include fat-free or 1percent dairy products, lean meats, fish, skinless poultry, whole grain foods, and fruits and vegetables. Look for soft margarines (liquid or tub varieties) that are low in saturated fat and contain little or no ***trans*** fat (another type of dietary fat that can raise your cholesterol level). Limit foods high in cholesterol such as liver and other organ meats, egg yolks, and full-fat dairy products.

Good sources of soluble fiber include oats, certain fruits (such as oranges and pears) and vegetables (such as brussels sprouts and carrots), and dried peas and beans.

Drug Treatment

Even if you begin drug treatment to lower your cholesterol, you will need to continue your treatment with lifestyle changes. This will keep the dose of medicine as low as possible, and lower your risk in other ways as well. There are several types of drugs available for cholesterol lowering including statins, bile acid sequestrants, nicotinic acid, fibric acids, and cholesterol absorption inhibitors. Your doctor can help decide which type of drug is best for you. The statin drugs are very effective in lowering LDL levels and are safe for most people. Bile acid sequestrants also lower LDL and can be used alone or in combination with statin drugs. Nicotinic acid lowers LDL and triglycerides and raises HDL. Fibric acids lower LDL somewhat but are used mainly to treat high triglyceride and low HDL levels. Cholesterol absorption inhibitorrs lower LDL and can be used alone or in combination with statin drugs.

Once your LDL goal has been reached, your doctor may prescribe treatment for high triglycerides and/or a low HDL level, if present. The treatment includes losing weight if needed, increasing physical activity, quitting smoking, and possibly taking a drug.

Resources

For more information about lowering cholesterol and lowering your risk for heart disease, write to the NHLBI Health Information Center, P.O. Box 30105, Bethesda, MD, 20824-0105 or call 301-592-8573, or visit the Web sites listed below:

- "Live Healthier, Live Longer"--information on cholesterol lowering (www.nhlbi.nih.gov/chd)
- "Aim for a Healthy Weight" (www.nhlbi.nih.gov)
- "Your Guide to Lowering High Blood Pressure" (www.nhlbi.nih.gov/hbp)
- www.nutrition.gov
- www.fitness.gov
- www.cdc.gov/tobacco
- "Healthfinder"--a free gateway to reliable consumer health and human services information developed by the U.S. Department of Health and Human Services (www.healthfinder.gov)
- "MedlinePlus"--up-to-date, quality health care information from the National Library of Medicine at the National Institutes of Health (www.medlineplus.gov)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Heart, Lung, and Blood Institute

NIH Publication No. 05-3290

90TH MDG RESILIENCY CLINIC

SEPT SELF IMPROVEMENT WORKSHOPS

Anger Management: This class is offered on **Sept 5th from 1300 - 1530** hours at the Mental Health clinic. This class is for adults who are struggling to understand and overcome anger. Triggers, risk factors and coping skills are taught in a group format. Please call 773-2998 to RSVP.

Parenting Class Targeting Ages 2 –12: This is a 3 week class offered on **Mondays, Sept 10th, 17th & 24th from 1300 - 1500** at the Mental Health Clinic. The class starts on the 11th and parents should plan on attending all 3 sessions. Learn (1) how to set healthy limits with your child, (2) how to deal with misbehavior and (3) how to build independence and self-confidence. Call 773-2998/6278 to RSVP.

Stress Management/Building Resiliency Class: This is a prevention class for AD members and other interested adults. It is offered in the MH Clinic on **Sept 21st from 1300 – 1430 hours**. This 90 minute workshop is focused on learning how to deal with stress and discussing protective factors and the skill sets needed to build resiliency. Please call 773-2998 to RSVP.

10 Keys to a Healthy Relationship: This class is offered on **Sept 25th from 1130 - 1300** hours at the Medical Clinic. This class is for dating and married couples who would like to pick up some quick pointers on how to improve their relationship. The class also discusses the benefits of healthy marriage in our current society. Please call 773-2998 to RSVP.

Substance Abuse Awareness Seminar (SAAS): ADAPT is offering this seminar (SAAS) aimed at educating wing personnel on the consequences and dangers associated with alcohol use. The course will focus on the major areas of substance use:
- past/present alcohol behaviors
- Policies and consequences related to alcohol misuse
- Understanding the physical and social effects of alcohol use and abuse
- Realizing how attitudes and feelings influence behavior

These general topics are geared to address the ongoing binge drinking which has been associated with the majority of the alcohol related incidents in the 90th MW. The class will be offered twice a month on a first come first served basis and will be held on the 12th and 26th of Sept from 0830-1130 in the Mental Health Clinic training room. Squadrons are encouraged to use the SAAS class as an early intervention for at risk airman at FEW. Please call 773-2998/3182 to sign up for the class.
Stress Clinic (education based counseling) @ the HAWC: Call 773-6278.

Hours of Operation Mon-Fri 0700-1600

September 2012

Sun	Mon	Tue	Wed	Thu	Fri	Sat
fruits & veggies more matters						1
2	3 Labor Day	4 PTL Refresher Class 0900-1030 Tobacco Cessation Class 1200-1300 Session –1	5	6 Be Well 0900-1100	7	8
9	10	11 Tobacco Cessation Class 1200-1300 Session –2	12	13	14 Operation Supplement Safety @ the Commissary	1
16	17 Running Clinic 0900-1100	18 Tobacco Cessation Class 1200-1300 Session –3 Be Well 900-1100	19 Better Body/ Better Life 1600-1700	20 *Training Day*	21	2
23/30	24	25 Tobacco Cessation Class 1200-1300 Session –4 Pre-Natal 1330-1430	26 Better Body/ Better Life 1600-1700	27	28	29

HEALTH AND WELLNESS CENTER, BLDG 475, FREEDOM HALL FITNESS CENTER 773-4292

The F. E. Warren AFB Health and Wellness Center (HAWC) has many healthy lifestyle programs available for you!

Make a decision TODAY to make healthier lifestyle choices. Please call 773-4292 or stop by our facility, located inside of Freedom Hall, to inquire about our healthy lifestyle programs.

HAWC Personnel

Ms Roberta Standish: Health Promotion
Ms. Cindy Mulcahy: Registered Dietitian
Ms. Alison Morrell: Exercise Physiologist
Ms. Diane Dutremble: Administrative Assistant