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There are so many things I could tell you...

If only someone would listen, right? Here are a few things I know and want to share with you.

Veterans Benefits:

If you were in the service, you can apply for benefits that will help pay for Assisted Living, Long Term Care or personal cares at home. If you need more information on this, give me a call. It won't cost you a dime to talk.

Home Bound:

Medicare requires that you be homebound in order to receive skilled care services (therapies, wound care, etc.) at home; this means it must be really difficult for you to get out to procure these same ser-

vices at a clinic or outpatient therapy department. This requirement does not apply to having a personal caregiver in your home when you are paying out of pocket for these services.

Medical equipment:

Medicare is tightening the reigns on what medically-related equipment they will pay for. A general rule of thumb is that if equipment can be returned, refurbished and re-used, it will be covered. There are exceptions to this rule so if you need equipment, talk to a professional Geriatric Care Manager.

Foot Care: Medicare will cover the cost of having a

Podiatrist come to you to trim bunions, clip toenails, etc. Homebound status applies.

Medical Doctor comes to your home:

Medicare covers the cost of having a doctor come to your home if it's difficult for you to get out.

There are several physician services that do this, including Visiting Medical Doctors, Visiting Physicians, Columbia/St.

Mary's House Calls for the Homebound. They all do lab draws right in your home as well. Need one? Call me and I'll set it up.

LTC Insurance:

If you plan to collect on your LTC policy, read the qualifying lingo, e.g. qualifying period, what it takes for you to qualify for home care, qualifiers for who can provide

home care services, etc. Policies are not all created equal and you may run into some snags if you don't acquaint yourself with your policy.

Travel:

Sometimes we all need a little help from a friend so If you need help in order to travel, take along a Prestige caregiver Travel-Buddy. Give us a call and we'll set it up.

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The Challenge

"Let others lead small lives, but not you.

Let others argue over small things, but not you.

Let others cry over small hurts, but not you.

Let others leave their future in someone else's hands, but not you."

Taken from,
The Treasury of Quotes,
by Jim Rohn

Can Hypertension Be Viral?

A virus that is the member of the herpes-virus family can be the cause of high blood pressure. Researchers at Beth Israel Deaconess Medical Center (BIDMC) found out that when the virus cytomegalovirus (CMV) is coupled with other risks like heart disease, "the virus can lead to the development of atheroscle-



Photo courtesy of natrategy.com "Symptoms and Treatment of Hypertension Heart Disease" Anonymous, Feb 11 2009. http://www.natrategy.com/blog/general-healthcare/symptoms-and-treatment-of-hypertension-heart-disease/

rosis, hardening of the arteries," (Prescott, Harvard Gazette). Apparently CMV infects people all over the world, about "60 percent and 99 percent of adults worldwide," (Prescott, Harvard Gazette). CMV alone can cause high blood pressure, but when it is paired with a high cholesterol diet and other negative dieting factors it leads to atherosclerosis. Although CMV affects all age groups, it is the main source of the mononucleosis virus, con-

genital infections, and causes severe infections in transplant patients. Dr. Clyde Crumpacker, an investigator in the Division of Infectious Diseases at BIDMC and Professor of Medicine at Harvard Medical School explains how doctors may approach treatment of hypertension via antiviral therapy or by vaccines, but too many tests still need to be conducted to deduce the many other factors involved.

"High Blood Pressure Caused by a Common Virus, Study Suggests" ScienceDaily 10 May 2009 <http://www.sciencedaily.com/?q=high-blood-pressure-caused-by-a-common-virus-study-suggests> "Science Daily" 10 May 2009 <http://www.sciencedaily.com/?q=high-blood-pressure-caused-by-a-common-virus-study-suggests> "Science Daily" 10 May 2009 <http://www.sciencedaily.com/?q=high-blood-pressure-caused-by-a-common-virus-study-suggests>

The word 'Epidemic' has traditionally been used to describe contagious infectious disease when a few cases of a disease spread rapidly to many other exposed individuals. There seems to be no better word, however, to describe the rise of obesity which spreads by our exposure to an environment that encourages eating and inactivity. Obesity rates have increased from 13.4% of the American population in 1960 to 30.9% in 2000. Current US survey data demonstrates that 65% of Americans are either overweight (34%) or obese (31%), with the prevalence being higher for minority population. Approximately 1% of the adult population (20 to 40 years) is moving from overweight to obese category every year. A similar increase is being seen amongst children and adolescents. This pattern is also seen in other developed and developing countries throughout the world and obesity has reached epidemic proportions. Abdominal obesity (excess fat around the waist and flanks aka love handles) is a greater health hazard than lower body obesity (fat around thighs and hips.). Measurement of waist circumferences and waist to hip ratio is a measure of abdominal obesity (adiposity) and is used to assess health risks.

DEFINITION & MEASUREMENTS:

Body Mass Index (BMI) closely correlates with excess adipose tissue (fat) and is commonly accepted as a general measure of being overweight and obese. It is calculated by dividing the patient's weight in kilograms by the square of individual's height in meters. National Institute of Health (NIH) in 1997 defined a BMI of 18.5-24.9 as normal: 25-29.9 as overweight: 30-34.9 Class I obesity: 35.39.9 Class II obesity and BMI of 40- Class III morbid obesity. This classification system allows comparison of weight independent on height across populations and has thus come to be the standard for assessing obesity both in the United States and worldwide.

PATHOGENESIS: Until recently, obe-

sity was considered to be the direct result of a sedentary lifestyle plus chronic consumption of excess. It is now known that obesity is not a matter of cosmetics or lifestyle choice. Like other closely regulated systems in the body involving hypertension and diabetes mellitus, obesity is now considered a chronic disease of energy homeostasis. This consists of a complex signaling system from adipose tissue and 'satiety center' in the hypothalamus in the brain. This system thus regulates energy intake, energy expenditure and ultimately amount of energy stored as fat. It is now recognized that adipose tissue (abdominal fat) is a highly active metabolic and endocrine organ. Obesity, therefore, may be considered a complex neuron-metabolic-endocrine disorder. A 'NEAT' (non-exercise activity thermo genesis) defect has been detected in human obesity by Dr. Lavine of Mayo Clinic. A 'NEAT' is the energy expenditure of all physical activity other than active sports exercise. NEAT can be classified as occupational NEAT and leisure NEAT. Occupational NEAT carries from 300 calories per day for chair-bound to 2300 calories per day for strenuous work (e.g. farming and construction workers). Variably in leisure activity can be substantial depending on one's choice of evening or weekend activities.

HEALTH CONSEQUENCES OF OBESITY: Abdominal adiposity is associated with a great many disorders in overweight and obese people. The most important and the most common of these including hypertension, dyslipidemia (increased triglycerides and low HDL), type 2 diabetes, cardiovascular disease, stroke, gout, degenerative joint disease, foot pain, sleep apnea, acid reflux disease, gall stones and kidney stones and certain cancers like breast, colon, ovarian, pancreas, liver and gall bladder. In women, there is an increased risk of complications of pregnancy and polycystic ovarian syndrome. In men, obesity can lead to sub-

stantial reproductive problems including premature testosterone decline and erectile dysfunction. Obesity is associated with increase in both morbidity and mortality. Obesity can make simply moving about more difficult and it can lead to negative self-image and depression. Prejudice and resulting discrimination against the obese have been documented. In well-controlled studies, obese individuals were rated as less qualified for jobs and were less likely to be admitted to prestigious positions and professions. Quality of life, which encompasses physical, psychological, and functional; components of well-being, worsens as severity of obesity increases.

TREATMENT OF OBESITY: Goal of obesity therapy is to achieve and sustain loss of about 10% of body weight for obese and overweight individual. Approaches for the management of obesity include therapeutic lifestyle changes, drug therapy and bariatric surgery. Therapeutic lifestyle changes include dietary therapy, physical activity and behavior modifications.

More on, 'treatment options for obesity' in our March 2012 Newsletter

About Prestige Home Health Care:

Robert Griesemer RN, BSN, MS has been helping seniors and elderly individuals stay in their own homes to enjoy a higher quality of life for many years. As a **Professional Personal and Elder Care Manager**, Robert addresses and helps resolve important issues such as: Mobility problems, dehydration, medications errors, noncompliance, the need for a new physician, frequent trips to the ER, frequent UTI's, falls, reclusiveness, and much more.



For a free consultation call Robert at (262) 970-7102

Prestige[®] Home Health Care
Personal Care and Elder Care Management

If you are in need of a trusted and experienced caregiver, call Robert. He will perform a head to toe assessment and recommend one of our caregivers.

Cares for Peace of Mind!



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