

POLIO DEJA VIEW

Central Virginia Post-Polio Support Group

www.cvppsg.org

April - May 2005

Carol T. Ranelli, Editor

April 2nd Meeting

2:00 pm at Children's Hospital, 2924 Brook Road, Richmond

Our speaker will be Deny Brown, RN, a certified Healing Touch instructor and practitioner.

Healing Touch is a biofield therapy that is an energy based approach to health and healing. It uses touch to influence the human energy system. These non-invasive techniques utilize the hands to clear, energize, and balance the human and environmental energy fields thus affecting physical, emotional, mental and spiritual health and healing. This therapy can promote relaxation and well-being and may support pain management. No physical manipulation is used. Ms. Brown will demonstrate and explain other benefits to the Healing Touch method.

May 7th Meeting

2:00 pm at Children's Hospital, 2924 Brook Road, Richmond

We will have a **General Discussion** with our Post-Polio Members, while **Dave VanAken conducts a "PPS Partners Session"** in the conference room. We welcome all members to bring any questions, concerns or experiences to our meeting.

Mark Your Calendars for Future Events:

Annual Banquet on June 4th

Post-Polio Conference on October 1st

details in the next issue!

MEDICARE: **Preventive Care Added**

WASHINGTON – Government and health organization leaders on Monday urged Medicare beneficiaries to take advantage of new preventative benefits, saying the emphasis on prevention will save lives and billions of dollars in health-care costs.

As of January 1, new enrollees to Medicare are eligible for a one-time “welcome to Medicare” physical exam, and all Medicare recipients will have access to free cardiovascular and diabetes screening.

Annual Retreat : The Central VA Support Group will not be having an Annual Retreat this year since Easter Seals VA has sold Camp Easter Seals - East. After searching for an appropriate substitute, we have secured “Roslyn”, the Episcopal Diocese of VA Center, on River Road in Richmond for September of 2006. This is a wonderful facility, overlooking the James River, which will make it very convenient for those living in Richmond to attend without much driving. More details of the Retreat will be published in the upcoming months.

Mid-Month Lunch!!

April 13th - 11:30 at **The Positive Vibe Café**, 2825 Hathaway Road, Richmond.
The café is located in the Stratford Hills Shopping Center off Forest Hill Ave. in south Richmond. You can take the Forest Hill exit of Powhite Parkway right after crossing the James River Bridge. Turn right onto Forest Hill Ave. Their phone # is: 560-9622

Call Carol Ranelli @ 794-7359 by April 11th with your reservation.

May 18th - 11:30 at **The Virginia Museum of Fine Arts**,
at Boulevard and Grove in Richmond

So many of our members enjoyed having lunch in the Members Dining Room last year, that we wanted to repeat the experience in the springtime.

Call Carol Ranelli @ 794-7359 by May 16th with your reservation.

Raise Your Prescription IQ

By William H. Thomas, M.D.

Even the most medicine-savvy person can pick up a few tricks, tips and tactics to help make wise choices, cut pill bills – maybe save a life. These true-or-false questions are just what the doctor ordered.

When you open your bottle of prescription drugs, you are in charge of your health – not your doctor. The risks you run and the benefits you reap depend greatly on what you know about your medications, or your Prescription IQ. Drug-smart patients know the pills they take are life-enhancing yet potentially dangerous. In my geriatrics practice, I've seen hundreds of patients whose health has suffered from side effects, drug interactions or simply taking too many medicines. Sometimes these problems are a nuisance. Sometimes they end lives. How smart are you? These questions test your knowledge.

True or False? **You don't need to keep a list of the medications you take, because your doctor has that information.**

FALSE:- Don't assume that doctors and hospitals have up-to-date information about you. Healthcare professionals do their best to be accurate, but you'd be surprised how easily errors can creep into your medical chart. Each time you visit a doctor or hospital, bring along an up-to-date list that includes:

- DOCTORS:- The names and phone numbers of all the doctors you're seeing.
- DIAGNOSES:- Your current and past conditions.
- MEDICATIONS:- Include the names and dosages of everything you take; don't skip over-the-counter drugs, herbal remedies and vitamins.
- HEALTH EVENTS:- Give dates and descriptions of key hospitalizations, surgeries, medical procedures, etc.

True or False? **After a medication is prescribed for a serious illness, it's dangerous to ever decrease the dosage or stop taking it.**

FALSE:- When I speak to doctors, I often ask if anyone remembers attending a medical school lecture on the art of tapering medications. Typically no one raises a hand. Modern medical education pays very little attention to how to safely discontinue drugs. This is a tragic oversight, because continuing medications past their effectiveness is expensive and dangerous. Ask your physician: "Are the medications I am taking still necessary?" Help your doctor provide good care by letting him or her know you understand that more is not always better.

True or False? **You should keep medicine where it belongs: in the medicine cabinet.**

FALSE:- To preserve their power, medications should be stored in a cool, dry place. That rules out the medicine cabinet; bathrooms are among the moistest rooms in a house. A kitchen cabinet is better, but your best bet is a dresser drawer. Just use the childproof cap if the grandkids are around. According to the U.S. Consumer Product Safety

Commission, one-third of the accidental prescription drug poisonings in children involve a grandparent's pills.

Another good idea is to use pill sorters to help keep track of medications. These small plastic trays can hold a week's worth of medication, slip easily into a purse or bag, and provide visual evidence of which doses already have been taken.

True or False? **Savvy consumers dispose of outdated medications by flushing them down the toilet.**

FALSE:- It's a good idea to get rid of old medicines, because prescription drugs are chemical compounds that break down over time. But flushing them is not the best option. Researchers are finding traces of prescription drugs in some public water supplies. The amounts are tiny, but the consequences could be huge.

A better option: Take your old pills back to the pharmacy – most pharmacies accept the return of outdated drugs.

True or False? **Some side effects mimic signs of aging.**

TRUE:- If you're suffering anything from memory loss to erectile dysfunction, don't just blame it on Father Time. Certain conditions are chalked up to "normal aging" when they're actually side effects from medications. Tell your doctor if something is not right, and do some research of your own. Sure, you never read the flimsy package inserts that accompany your medications – the print is tiny, and they're about as easy to understand as an income tax form – but your pharmacist can provide you with more readable and useful medication guides. You also can learn more about the side effects of specific medications on the Web, at www.fda.gov. The consumer information is current and accurate.

True or False? **Lifestyle changes are less effective than drugs in improving long-term health.**

FALSE:- Healthful eating habits, regular moderate exercise and weight loss are all linked to increases in strength, endurance, improved sleep and a better overall sense of well-being. Next time you pop the top on your medicine bottle, ask yourself whether a new commitment to diet and exercise might be part of the answer to your health issues. For example, weight loss, exercise and salt reduction can lower high blood pressure, and eating less saturated fat but more vegetables can lower cholesterol.

As a doctor, I can tell you that some people will need to take medications no matter how much they exercise and how closely they watch their diet. But many more people can reduce the number of pills they take by embracing healthful food, fresh air and exercise.

And it's never too late to start: A study that followed more than 7,500 women ages 65 or older found that those who had been inactive, but took up exercise, had a 48% lower risk of death from any cause during the 12 years of the study than those who stayed sedentary.

True or False? **Prescription drugs are tested on people of all ages before they receive FDA approval.**

FALSE:- Few research trials include older people. As a result, doctors often have little information on how older people may respond to a particular medication. It's a critical issue because older people metabolize medications differently from healthy young adults. When prescribing medication to an older patient, my philosophy is "start low and go slow." If you start taking a new medicine, ask to begin at a reduced dose and make changes gradually. Doing so can protect you from unpleasant and dangerous side effects.

True or False? **You can safely save money by splitting tablets at home.**

TRUE:- Sometimes you actually can buy two pills for the price of one. For example, my local pharmacist tells me Zolofit costs \$2.87 for a 50mg pill – and a 100mg pill is the same price. So people taking 50mg of Zolofit a day could buy the 100mg tablets, break them in half with a plastic pill splitter (which costs about \$4) and save \$43.05 a month. If you take 10mg of Lipitor a day, you could buy the 20mg strength, split the pills and save \$1.87 a day, a 28% discount adding up to \$56.10 a month.

Not every drug can be chopped in half: Capsules cannot be split, and some tablets (mostly long-acting ones or those that are coated to pass intact through your stomach) should not be split either. Ask your doctor or pharmacist about each medication you take before splitting pills, and be sure to follow that advice.

True or False? **Herbal remedies and dietary supplements rarely have side effects; that's why they don't require a prescription.**

FALSE:- Herbs and dietary supplements are prescription-free as long as they don't claim to treat specific medical conditions. That's why packages tend to make vague promises such as "Prostate Health!" or "More Energy!" or "Lose Weight!"

Not only can these remedies have serious side effects, but they also can interact with prescription drugs. Some examples: Ginkgo can affect the body's response to anticoagulants or anti-platelet agents, while saw palmetto can increase the effects of estrogen.

It's always best to ask your doctor or pharmacist about possible inter-actions before trying an herbal remedy.

True or False? **The new Medicare prescription benefit law provides the same coverage to all regardless of income.**

FALSE:- This year, low-income beneficiaries can apply for a Medicare discount card and receive a \$600 credit for drugs. Check online at medicare.gov for eligibility information. Next year, the discount card program and the "direct subsidy" both end. But people with the lowest incomes will pay no premiums or deductibles, will pay small or no co-payments, and will have no coverage gap. Slightly higher incomes will have a reduced deductible; some will have a sliding-scale premium.

True or False? **Brand-name medications are more expensive than generic because they are more effective.**

FALSE:- The FDA guarantees that every generic medication works exactly the same as its brand-name equivalent. The only real difference is price. Generic cost an average of 20% to 40% less than their brand-name counterparts. Drug companies spend millions of dollars emphasizing the size, shape and color of their drugs. But it's what's inside the pill that counts, so ask if a generic form is available.

True or False? **Drugs that have been on the market for years can be as effective as new ones – and may be safer.**

TRUE:- Older and more established medications can be a wise choice for several reasons. First, they have a well-established track record, so you are unlikely to get a nasty Vioxx-style surprise when you open the morning paper. Older drugs often cost much less, because the original patent has run out and they are available in generic form. In some cases, older medications have been shown to outperform new drugs in head-to-head comparisons. Don't assume that newer automatically means better.

True or False? **People taking six or more daily medications are more likely to have a negative drug interaction.**

TRUE:- Wayne Anderson, dean of the State University of New York School of Pharmacy, notes that patients who take at least six drugs a day have an 80% chance of experiencing a negative drug-drug interaction. Even more alarmingly, about 7,000 people die from medication errors each year – about 16% more deaths than occur from work-related injuries.

While some people have medical conditions that require the use of complicated drug regimens, it's best to use the fewest medications possible. Prescription drugs are double-edged swords and always must be handled with care.

Here's an example of one drug-drug interaction to be wary of: People taking cholesterol-lowering statins should not use antibiotics related to erythromycin; that combination can cause dangerously high blood levels of the statin drug as well as muscle soreness.

Florida East Coast PPSG Editor's Note:- When I saw this article and thought it would be a good one for the newsletter, I also thought it would be a good idea to show it to a pharmacist friend of mine to see if the article read true. My friend told me it did but to remind everyone that they should always check with their doctors before taking any new over-the-counter drugs, and also to make sure that their medications don't interact with each other. She also said that if you go to the Google search engine on your computer and put the name of the drug in, you can get a lot of information.

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From Henry's Desk by Henry Holland

The Polio Generation

In 1998 Tom Brokaw wrote his best selling book on the *Greatest Generation*. This generation was the generation of Americans who grew up during the years of the Great Depression and as young men and women fought and defended our country during World War II. This generation benefitted from Roosevelt's New Deal and many benefitted from the GI Bill that allowed many to achieve higher education and buy homes with low interest GI loans. This was a time when our country was greatly unified in order to help the Allied powers defeat the Axis powers. These Americans willingly used ration stamps, did without new automobiles and later produced the generation of Americans known as the baby boomers.

The incidence of polio in the United States began to rise with 10,000 cases in 1942. The graph describing the incidence of polio in the USA generally follows a bell shaped curve from 1942 to 1960. You may visualize this graph on the Internet at http://www.geocities.com/harpub/pol_all.htm. The highest point on this curve was in 1952 when 60,000 cases of polio were reported in the USA. There were many known and unknown people who lost their lives because of the polio virus. There were many known and unknown young adults who gave their lives for this country in World War II. The average age of polio survivors is currently around sixty-four years of age. I would like to equate the polio generation with the great generation of World War II.

The polio generation was also a victim of a surprise attack. Those who were old enough to remember this attack will never forget it. Those too young to remember the actual polio attack still had to live with the results of that attack. That attack was too often fatal, but more commonly that attack left a variety of motor nerve damage. Many others recovered from that attack with no visible damage. Those with mild or severe motor nerve damage had to endure painful physical therapy and learn new ways of dealing with a barrier filled environment.

Returning to the able bodied world as a child or teenager with the mark of polio was a beachhead of its own. This beachhead consisted of stares from the able bodied, the expressions of pity from adults who were more fortunate, the intense effort that was often involved in climbing stairs or getting off of the ground and even hidden feelings of guilt as to why God had allowed this to happen to us. Many wearing braces or with deformities that could not be hidden often encountered uncomfortable and painful feelings of low self esteem and self-consciousness in the social "dating" arena.

Over the last score of years the majority of the polio generation have encountered a new beachhead, that is really more like a swamp.. This swamp has been identified as Post-Polio Syndrome (PPS) and has progressively slowed many of us down at a faster rate than mere aging. Some of us never got out of this swamp and have passed on. Others have made good adjustments and can move through this swamp at a slow but steady pace. No one chooses to get mired down in the swamp and be physically and spiritually submerged, but that is the risk in the swamp.

Every week I hear about the death of another polio survivor. Most are remembered for their accomplishments despite polio. Just last week I heard of the death of a polio survivor. I was informed of this death by a high school principal who went to the this survivor's funeral. The note reads:

Henry,

"Last week I attended the funeral of my brother in law, Randolph Partridge, of Chase City , VA. Rannie was born in 1938 and came down with polio at the age of 18 months. He spent his life in a wheelchair, but managed to graduate from Hampden-Sydney College and teach Trig and Calculus for 40 years at Bluestone High School in Mecklenburg County. He was in his first year of retirement. Twenty-some years ago he married a wonderful woman with an elementary school age daughter, so Rannie experienced the joys of marriage and fatherhood. His funeral at the First Baptist Church in Chase City was packed with relatives , colleagues, and former students who said, "I never would have passed Math if it weren't for Mr. Partridge". He was a pillar of the church, rolling in every time the doors were open. His personal warmth and huge sense of humor endeared him to all. Rannie's polio attacked him again about a month ago, and specifically his diaphragm muscles. He refused to live on a ventilator and requested to be disconnected. The Lord took him in 30 minutes. His was an amazing, courageous, and Christian life. All who knew him were blessed."

Two weeks ago I learned of the death of a polio survivor who had polio in 1952 at the age of twenty-nine. This lady, Dorothy Becker, was also an extraordinary woman and lived in California. I mention these two real people; not because they are the exception among polio survivors, but because they represent what is often commonplace among polio survivors. Every month when I attend our support group meetings I can look around the room and see people who have accomplished similar achievements, just like Rannie and Dorothy.

I hope the polio generation will not be lost in the recording of history. Hopefully no future generation will ever have to be subject to a surprise polio attack. As the prophet Isaiah wrote in the fortieth chapter of Isaiah: May we all "find our strength renewed and rise on wings like eagles. We will run and not get weary; we will walk and not grow weak."