

# To Your Health Newsletter

“Promoting Good Health Through Information”

Veterans Affairs Palo Alto Health Care System

Patient Education Newsletter • Winter 2009

## Suicide Hurts – Talk to Someone

*Nadine Shirley, LCSW, Suicide Prevention Coordinator*

In September of 2007, Congress passed the Joshua Omvig Veterans Suicide Prevention Act. Joshua Omvig was a 22-year-old Iraqi veteran who shot and killed himself in December of 2005. The legislation that bears his name directs the Veterans Administration to work toward reducing the number of suicides among veterans. Some information regarding suicides:

- There are 32,000 suicides per year in the United States – as compared to 25,000 homicides
- Male veterans are two times more likely to commit suicide as males in the general population. (Veterans are more likely to use a gun in suicide attempts, which might explain the higher completion rate.)
- Veterans with depression are 7-8 times more likely to commit suicide than males in the general population
- Veterans being treated for depression are no more likely to commit suicide than males in the general population

The VA has joined with the National Suicide Lifeline to provide a service that is available to veterans 24 hours a day and 7 days a week. Anyone can call the 1-800-273-TALK (8255) number. After a very brief greeting, you are asked: “If you are a veteran, or are calling on behalf of a veteran, push number 1.” At that point your call is answered by VA mental health personnel; psychologist, nurse, or social worker. If the situation is an emergency it is taken care of on the spot. If not, the appropriate referrals are made and will be followed up on the next business day.

The above stated signs of suicidal thinking are considered the “acute” symptoms, and attention should be sought immediately. Either call the 1-800-273-TALK (8255) number, call 911, go to your local emergency room, or go to a VA emergency room.

Additional warning signs are:

- Hopelessness
- Dramatic changes in mood
- Withdrawing from friends, family, society
- Sleep problems
- Agitation, anxiety
- Acting reckless
- Feeling trapped
- Rage, anger
- Increasing alcohol or drug abuse
- No reason for living, no sense of purpose in life

Although these are not acute signs of suicidal thinking, and do not suggest an immediate need for help, they should not be ignored. Contact your local VA mental health clinic and make an appointment for an evaluation as soon as possible.

Are you thinking about, talking about, looking for ways to, or threatening to kill yourself?

If so, the best thing you can do is get help.

**TALK to SOMEONE – NOW!**  
**1-800-273-TALK (8255)**

# Recipe for Health

## Chicken Stew

Save leftovers for lunch the next day.

### Ingredients

8 chicken pieces (breasts or legs)  
1 cup water  
2 small garlic cloves, minced  
1 small onion, chopped  
1-1/2 tsp salt  
1/2 tsp pepper  
3 medium tomatoes, chopped  
1 tsp parsley, chopped  
1/4 cup celery, finely chopped  
2 medium potatoes, peeled and chopped  
2 small carrots, chopped  
2 bay leaves

### Directions:

1. Remove the skin from the chicken and any extra fat. In a large skillet, combine chicken, water, garlic, onion, salt, pepper, tomatoes, and parsley. Tightly cover and cook over low heat for 25 minutes.
2. Add celery, potatoes, carrots, and bay leaves and continue to cook for 15 more minutes or until chicken and vegetables are tender.
3. Remove bay leaves before serving.

### Yields:

8 servings Serving Size: 1 piece of chicken

Each Serving Provides

Calories: 206

Total Fat: 6 grams

Saturated Fat: 2 g

Cholesterol: 75 mg

Sodium: 489 mg

Calcium: 32 g

Iron: 2 mg

[www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)

# Seasonal Affective Disorder

*Laura J. Peters, Ph.D.*

Some people will experience depression with the seasonal changes of the year. These episodes of depression are called Seasonal Affective Disorder (SAD). Most people with SAD have these episodes during late fall and winter and start to feel better in the spring. There seems to be some connection between mood and the shortage of sunlight in the winter months. People with the “Winter Blues” often experience oversleeping and fatigue. They can crave sugary or starchy foods which can cause weight gain.

A smaller number of people experience depression in the summer months, possibly in response to heat and humidity. These people can have sleep disturbances, decreased appetite, weight loss and anxiety.

Approximately eleven million people in the U.S. may suffer from SAD. Women are four times more likely to be affected. SAD may run in families and usually begins after age 20. Those living farther north, with less sunshine during the winter months (Canada and Northern United States), are eight times more likely to experience SAD than those living in sunny climates or near the equator where the days are long and sunny.

Experts believe SAD may be caused by how the brain responds to decreased daylight exposure. How and why this happens is unclear but current thinking is that sunlight affects the brain’s ability to produce certain hormones. These hormones, including melatonin and serotonin, assist in the regulation of the sleep cycle, energy level and emotional state. It is thought that less light increases the levels of melatonin and decreases the levels of serotonin resulting in depression.

For milder SAD, spending more time outdoors in natural lighting might be helpful. Exercising regularly outside might also improve mood. Exposure to more light may also help. Light therapy has been found to help many people with more severe SAD. Treatment involves sitting in front of a special light box or wearing a light visor (like a cap) for at least thirty minutes a day during the fall and winter months. Several antidepressant medications have been found to also help alleviate SAD.

If you think you might have SAD discuss your symptoms with your provider or mental health professional.

# *It's More than just Technology....*

*Karen Bratcher RN*

Today, more veterans are living longer and becoming more in charge of their health care. As a result, veterans are looking for new ways to manage their care. For many veterans with chronic health problems, regular treatment can be inconvenient and difficult. This is especially true for those traveling far, for those who can no longer drive, or for those traveling with wheelchairs and/or oxygen.

With VA Palo Alto's Telehealth Program, we can use telemonitoring devices to monitor patients through standard telephone lines. Using this system, we can help veterans who live far from a VA hospital or clinic. With this new technology, Telehealth has become a good option for any veteran. Telehealth or Care Coordination/Home Telehealth gives you, the veteran, a chance to be involved in your care by playing a more active role in your health care treatment. It can also provide you with the chance to bond with your health care team or primary care provider. Patients who would be good candidates for Telehealth are usually those with chronic health problems. Chronic health problems include: diabetes, high blood pressure, chronic lung conditions and congestive heart failure. These people need to be seen more often by their health care provider. In the past, this meant many monthly clinic visits or not being able to live independently.

Using the messaging device, Telehealth Care Coordinator nurses can monitor their patients daily. Patients can send daily updates on their health status. Information that can be sent includes blood pressure and heart rate, weight, blood sugar readings and oxygen saturation (amount of oxygen in your blood). The good thing about this program is that you do not have to wait until your next clinic visit to get help. If any unusual readings are seen by your Telehealth Care Coordinator, you will be contacted by phone and may be asked to recheck some readings. Then your health care team may give you specific directions and/or medication changes to prevent serious health problems from occurring. Your Care Coordinator can also provide you with health information about your problems. You may be asked through text messaging how you are feeling that day and other questions about your disease.

If you are a veteran with diabetes participating in the Telehealth Program, and need additional assistance in managing your blood sugar, you may also be enrolled in the Clinical Pharmacist Diabetes Telehealth Medication Program. Providers can request for you to be also enrolled in this program. When you enroll in this program, pharmacists can manage your diabetes medications for you. The pharmacist helps patients to better control their blood sugar levels with medication and insulin changes. In the next few months, all patients enrolled in Telehealth will be given new Aviva infrared blood sugar monitors to use with the Telehealth messaging units. The exact time and measurements of your blood sugar readings will be conveniently and easily sent to your Telehealth nurse, clinical pharmacist and primary care provider.

The VA's Telehealth program is available to all veterans. If you are a veteran who may have a hard time managing your health problems, Telehealth may be an option for you. Contact your primary care physician for a referral to this program. There is no co-payment for any veterans who want to use this program. The enrollment process includes reviewing your medical problems and looking at your ability and desire to take part in the program. You will be trained to use the device which usually takes less than one hour. All information is sent using a regular telephone line. If you receive care at one of the outside clinics within the VA Palo Alto Care System, a Care Coordinator nurse will arrange to meet with you at a place most convenient for you.

We have found that many veterans of any age want to have Telehealth as part of their health care. When you are more involved with your health care and become more aware of your current health status, studies show that patients have a better quality of life and use less health care resources. Our goal is to provide you with the "right care, in the right place, at the right time." For most veterans, the right place is in their home.

For more information on the Telehealth Program at the VA Palo Alto, please call us at (650) 849-0595 or through any VA operator at extension 62258.

## **Benefits of Telehealth**

- Lets your health team know how you're doing daily
- Puts you in control of your health
- Keeps you on track with daily medications
- Saves trips to the clinic or hospital
- No co-payments or costs to you
- Symptom management with early interventions

# VA Palo Alto Health Care System Facilities

## **VA PALO ALTO DIVISION**

3801 Miranda Avenue  
Palo Alto, CA 94304  
(650) 493-5000

## **VA LIVERMORE DIVISION**

4951 Arroyo Road  
Livermore, CA 94550  
(925) 373-4700

## **VA MENLO PARK DIVISION**

795 Willow Road  
Menlo Park, CA 94025  
(650) 493-5000

## **VA CAPITOLA OPC**

1350 N. 41st Street,  
Suite 102  
Capitola, CA 95010  
(831) 464-5519

## **VA MODESTO OPC**

1524 McHenry Avenue,  
Suite 315  
Modesto, CA 95350  
(209) 557-6200

## **VA MONTEREY OPC**

3401 Engineer Lane  
Seaside, CA 93955  
(831) 883-3800

## **VA SAN JOSE OPC**

80 Great Oaks Boulevard  
San Jose, CA 95119  
(408) 363-3000

## **VA SONORA OPC**

19747 Greenley Road  
Sonora, CA 95370  
(209) 588-2600

## **VA STOCKTON OPC**

7777 Freedom Drive  
French Camp, CA 95231  
(209) 946-3400

## **World Wide Web Address:**

[www.palo-alto.med.va.gov](http://www.palo-alto.med.va.gov)

# Tips for Healthy Living

- Stock up on frozen vegetables for quick and easy cooking in the microwave.
- Vary your activities, for interest and to broaden the range of benefits.

[www.smallstep.gov](http://www.smallstep.gov)

## **Questions or Comments?**

If you have any questions or topics you would like addressed in *To Your Health* feel free to contact:

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*To Your Health* is published quarterly for VAPAHCS veterans and their families.

### **Editorial Board:**

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**Taking an active role in your care can help prevent medication errors!**

**Carry your medication list with you at all times!**