



# BransonGoers Gazette

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If you have articles you'd  
like to contribute, please  
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If you have anything you would like to be posted concerning your local support group, please contact us.

## **"Getting To Know You"**

*featuring Sandy & Jim Knisely*



### ***What is your name and at what age did you contract polio?***

My name is Alice Ann Knisely, but I'm better known by "Sandy" since college. My writer's name is Alice Ann and I published "KEEP SMILING" at the request of my daughter, who wanted to know more about my polio experience. I was 14.

### ***How did this affect the way people treated you in school?***

People treated me with great patience, especially the 2 football players who carried me up 3 flights and back down in high school.

### ***How did polio affect your self-esteem?***

It helped me feel "special", never handicapped.

### ***What was your occupation?***

I taught kindergarten mornings and afternoon grade school music in my hometown and after my marriage to Jim in 1949.

***Do you have Post-Polio Syndrome (PPS)? If so, when were you diagnosed?***

PPS entered my life about 15 years ago and it has slowed me down somewhat .

***How does PPS affect your way of life?***

I have a "Little Rascal" scooter for times I need to travel more steps than I can handle. We've downsized to a small house in Bella Vista Arkansas and are enjoying it very much .

***Are you married, and if so, how did you meet your spouse?***

I am married to Jim.

***Any comments to or from your spouse or supporter ?***

Jim is an admirable help to me when I need it . He put a lift in our van to accommodate the scooter.

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## **Recovered Memories**

*by Henry Holland*

In the field of psychology, the topic of recovered memories has been popular for some years. There is considerable controversy regarding these "recovered memories" in legal cases of alleged sexual abuse. Some children may admit to having certain "memories" when questioned by "therapists" who, while pointing to the child's genital area, may ask very suggestive questions such as "Did Daddy touch you here?" There are even adults who, when involved in this "uncovering" therapy, "recover" long -lost memories of sexual abuse in their childhood.

It is not the purpose of this essay to discuss the pros and cons of recovered memories in a therapeutic or legal setting. I am more interested in the possibility or even probability of recovered memories of early childhood polio. I have noticed that many polio survivors have a renewed interest in memories of their acute polio experience as a result of their now dealing with Post -Polio Syndrome (PPS). PPS for many is a "déjà vu" experience. Déjà vu means the sensation or illusion that one is seeing what one has seen before. As a result, there is the possibility that some of us are remembering events from the past: feelings such as fear, anxiety, and panic and/or perceptions of an auditory, visual, tactile or even olfactory nature that are reminiscent of our acute polio experience. The older the age of the original polio illness, the clearer the memories may be.

What do we remember from our childhood, especially before age five? Ask yourself this question. I recall starting public school; I recall seeing a steam shovel outside my bedroom window when I was three years old. How and where are these memories stored? The neurobiological basis of learning is located in certain structures of the brain. The hippocampus, cerebellum, and the cortex areas of the brain are among these structures. There are one hundred billion neurons in the brain involved in forming memory.

Learning begins when the senses take in some perception from the environment and that perception is transformed into a memory link. Long term memories result from the increased time such memories have had to link up with a number of locations in the brain's cortex. The repeated reliving of a particular memory enhances its permanence and storage. Cramming for an exam will work for the short term, but the crammed information will not likely remain as a stored memory.

Smell and emotion may be examples of our earliest long-term memories. For example, scent information is sent via the olfactory nerve to the hippocampus, the portion of the brain which has a strong role in the control of emotions. Thus, early in development, infants learn to distinguish between pleasant and unpleasant odors and will demonstrate or express an emotional reaction.

Memory and learning are affected by stress. Sometimes stress can increase the production of adrenaline which might actually enhance learning as when one studies for an exam under some pressure. However, if the stress is too great, learning may be inhibited (and performance on an exam may be poor). Most people will learn more efficiently while in a pleasant or positive mood.

Thus, most childhood memories are pleasant memories. Most early childhood memories that survive are those associated with the period when the child learns to speak between the ages of three and five. Before age three, only memories associated with traumatic events or with smell are likely to be remembered.

I would think that most of you would agree that the event of a significant case of acute polio in early childhood would qualify as a "traumatic event." Involved in this trauma was often the sudden and misperceived separation from parents (trusted love objects) during a sometimes lengthy isolation, being placed in a new and rather sterile environment, and receiving care from total strangers. What did these young children with polio store in their memories? Since smell is one of the earliest memories for storage, perhaps some of these children stored the smell of hot moist wool (Kenny hot packs). Some may have stored the terror of isolation, the fear associated with abandonment along with the shared panic of other crying children. Some may have stored the sensation of claustrophobia, the bellows breathing sounds, or the odor of a sweaty rubber necked collar while in an iron lung.

Many of these bad memories may have been repressed over the years. Repression is a defense mechanism of our minds in which unacceptable ideas, fantasies, emotions, and impulses are unconsciously banished. If the acute polio damaged us, many of us also denied some of the realities of this damage as we grew older. Our unconscious memories have lost their connection with verbal symbols. When some stimulus or skilled treatment helps to reconnect these forgotten memory traits, fragments or even clear memories may be recovered.

I have noticed in conversations, interviews, and in dialogue over the Internet with numerous PPSers, that many who had polio as preschool age children have recalled memories of odors and separation anxiety feelings. Also, some of us have recovered some details we long ago forgot as a result of sharing our polio memories in support group discussions.

Some time ago, at one of our regular meetings, we divided into small groups based on the age we initially contracted polio. We had a "toddler" group, an elementary school age group, and a late adolescence/adult age group. This process was most conducive to the sharing and recalling of many memories. Two members of our group, Shirley Miller and Pat Poole, who were hospitalized at the same time in 1950 in DePaul Hospital in Norfolk, Virginia, actually had some shared memories, which is rather unusual among support groups. Because of the Internet, I have discovered a lady, Jane Shaw, who lives in Florida. At age four, Jane was at the Medical College of Virginia Hospital with polio during the same time as myself. Regarding her polio memories, she wrote me:

*"I do remember vaguely being in the iron lung, but I don't recall having any fear of it. I remember not liking a lot of the food that was served and being made to eat it! To this day, though, if I walk into a hospital, the smell will give me a chill -- so I guess I do have some repressed memories!"*

She still remembers the ordeal of distasteful food and the emotions associated with a hospital smell as she did at age four. Together, we have remembered some doctors and nurses names. A shared experience is often remembered with more ease.

It seems plausible, as some of these memories are recovered, that some delayed symptoms of posttraumatic stress disorder (PTSD) may occur. PTSD could involve some depression, anxiety, flashback experiences, sleep disturbance, startle responses, disturbing dreams and even panic feelings. I have noted that many have reported such symptoms in dealing with PPS. Perhaps, some of these symptoms are a variant of delayed PTSD or simply related to PPS itself. I think this would be most interesting to examine among toddler or preschool age polios.

If you have the capacity to venture way back into the recesses of your memory, you may remember more than you ever thought possible about your earlier experiences with the polio event in your life. I challenge you to attempt this exercise. Share what you remember with someone or come to one of our meetings and share with our group. Our group is most interested in listening. If you find the memories too painful to verbalize, write about them and send the text to our newsletter editor. It is my belief that recovering and dealing with these early memories has a beneficial effect on our adjustment to our lives with PPS. A living witness to a life with polio is well worth examining and sharing.

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*If a pig loses its voice, is it disgruntled?*

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## **Secrets of Wheelchair Airline Travel**

*by Craig Kennedy*

When most people think about traveling on an airplane, they think of getting up way too early, long lines at Security, lost baggage, and inevitable delays. When most wheelchair users think about traveling by airplane, they cringe and say “can’t we just drive there?” In addition to all of the airline hassles that most people worry about, wheelchair users have to get up even earlier to arrive at the gate for early boarding, pack twice as much baggage with medical supplies and equipment, and worry about the safety of their equipment on top of it all. But even with all of these things to worry about, traveling by airplane for wheelchair users is actually easier than ever if you are prepared and you know your rights as a passenger .

There are many tips for traveling with a wheelchair, but above all you should know your rights. The Federal Airline Administration (FAA), the Americans with Disabilities Act (ADA) and the Air Carrier Act (ACA) are long documents containing many requirements of airlines and their employees, many of which are not known by the airlines, their employees, or passengers with disabilities. For instance, did you know

that all airplanes with 100 seats or more are required by law to allow one folding, manual wheelchair onboard the plane? Even if the crew has to take their luggage out of the crew closet to make room for your chair, they are required to do so. As mentioned above, not all employees know this. To protect ourselves, we always bring a copy of the FAA code of federal regulations ([www.faa.gov](http://www.faa.gov)) with us for back-up.

The travel process starts at home when you are booking your tickets. First, book a ticket that gives you plenty of time between flights. While wheelchairs are always the first to board, we are also the last off the plane once we land. Be prepared for the possibility of your plane not arriving on time and the gate attendants not showing up with your aisle chair in a timely fashion, especially in larger connection airports like Chicago, Atlanta, and Dallas. By giving yourself a minimum layover of an hour and a half to two hours, you will have enough time to accommodate possible hold ups and give yourself a much better chance to make your next flight. If the flights you are looking at with the longer layovers do not happen to be the cheaper flights, consider booking them anyway. The few extra dollars you are paying to avoid problems are well worth it in my experience.



In addition to making sure you have enough time when booking your ticket, you should also make sure to inform your air carrier of any special needs ahead of time. Most online reservations systems have a check box for special requests, but double-check your work by calling the airline after you have made your reservation and make sure all of your needs are listed in your reservation profile. They will need to know if you need assistance getting to your gate, if you need an aisle chair to get on and off the plane, if you have a service animal with you, and if you have any special seating requests or needs .



Photo Courtesy of Access Anything

The next step is to make sure to print your boarding passes at home. This will save some time even if you have to wait in line to check your bags. I always recommend checking your bags at the airline ticket counter, as more than 75 percent of all lost baggage is a result of checking your luggage at curbside. While you are at the counter checking your bags, make sure to double check again that the airline is aware of all your special needs. If you need to change your seating assignment, this is the place to do it. If you require the bulkhead for any reason, including spatial reasons or for a service animal, the airline is required to provide this for you as long as the bulkhead is not an emergency exit row. It is also not a bad idea to ask if your flight is full. If they need extra room in coach, there is always a chance of getting bumped up to first class if you ask nicely.

Once you have checked in and have your proper seat assignment and boarding passes, it's time to head to Security. No matter where you are in the continental United States, travelers with disabilities are allowed to bypass the long lines that are typical of airport Security. Always look for a side entrance and make sure that a security official sees you approaching. They will bring you and the people you are traveling with through to the front of the line. Once you are at the front, you will be directed through a separate entrance while the rest of your party is taken through the standard metal detectors. Wheelchair users are assigned a same-sex security agent who will check the body with a metal detecting wand and pat-down your wheelchair for dangerous materials.

After you have gone through Security, head to your gate and wait for a gate agent. If you need an aisle chair to board the plane, be sure to let the gate agent know as soon as they arrive. Even though you have already put this in your reservation profile, it is not always taken care of. Don't just assume that because you are in a wheelchair that they know you need an aisle chair. You would be surprised how many times I have been asked "do you need help onto the plane sir, or can you walk?" After you have settled in and have informed the gate agent of all your needs, check the time and don't forget to use the restroom just before boarding. Although the Air Carrier Act requires planes of 60 seats or more to carry an onboard wheelchair, flight attendants are not required to assist you into the restroom.

For the actual boarding of the plane and storage of your wheelchair, again, protect yourself by knowing your rights. For instance, I always bring my chair onboard the plane when possible. I have personally had major damage done to my wheelchairs on three different occasions, and always state this as a reason to keep my chair with me. Upon hearing this, agents are usually more helpful. Most folding wheelchairs will break down or fold up small enough to fit in any onboard closet. If for some reason your chair will not fit in one of the closets—and this does often happen—there are steps you can take to avoid potential damages. The first thing you should do is remove your wheels and seat padding and bring them on the plane. These items will easily fit into the overhead compartments or one of the onboard closets .

If you are traveling by yourself, always take your chair apart for them before boarding or instruct them on how to do so. Do not let your chair out of sight until you are certain it is taken care of to your satisfaction. Second, you should make sure to very politely tell the people handling your chair to be careful with it because although it looks tough, it is breakable. I often remind them not to put it too close to the hydraulic doors, as they can do major damage to the chair.

Another regulation that is often overlooked has to do with carry-on luggage. Did you know that you are allowed an extra carry-on bag for durable medical equipment and medical supplies? Most travelers with disabilities do not realize this and often struggle to fit everything they need into one piece of luggage. I always bring an extra bag, and since wheelchairs board first, there is always plenty of room in the overhead compartments. Remember, however, the new 3-1-1 carry-on rule; it states that you must check anything larger than 3 oz of fluid, and must put anything smaller than 3 oz of fluid in a 1 -quart sized, clear, zip-top bag in your carry-on luggage. This applies to medical supplies for travelers with disabilities as well.

Once you are onboard and settled into your seat, you shouldn't have anything to worry about until you get to your destination. I do recommend watching how much you drink as you will not be able to use the restrooms. You can always make use of an external or a Foley (internal) catheter and a leg bag if you are not sure about bladder capacity and control, but don't expect the flight attendants to empty your urine bag. Make sure you have at least one extra bag with you during your flight .

When you finally arrive at your destination you will be asked to wait until the plane empties to get off. Just before landing, let the flight attendant know that you will need an aisle chair to get off the plane. That way they can make sure one is available while the rest of the plane disembarks. Once the plane is empty, be sure that you instruct the crew on how to reassemble your chair if you are traveling alone .

If you do run into problems with damages to your chair, you are entitled to full reimbursement of the cost of damages and repairs. In the past, airlines were only required to cover up to \$500 in damages, but this is no longer the case. If your wheelchair is lost or destroyed, they are required to buy you an exact replacement. Airlines are also required by law to have a Complaints Resolution Official (CRO), who is educated in ADA and ACA requirements for travelers with disabilities, at every airport that they service. This should be the first person you talk to if you have any problems .

I have been traveling with my wheelchair for over a decade now and have learned a lot through trial and error. Flying is still the most convenient and safest way to travel and once you master the details, traveling with a wheelchair will be no more difficult than getting out of bed every day .

## Sidebar: Traveling with a Power Chair

Traveling by airplane if you are in a power wheelchair, while more challenging than a manual wheelchair, is also not as daunting as it seems if you are prepared. Here are some tips for improving your experience and avoiding problems:

1. When asked if your battery is a “dry cell” battery, always answer “yes.” While the old spillable batteries are a thing of the past and gel cell batteries are perfectly safe, some employees still see “gel” as a liquid, and can be told it is a dry cell.
2. Before boarding the plane and before they take your chair away for stowage, make sure to remove any breakable parts such as your joy stick, arm and foot rests, head rest, and sip and puff pieces. These items can be put in a separate bag and brought onto the plane with you.
3. Always put your chair in manual mode so that the people handling the chair have to push it. Someone will inevitably want to take your chair for a joy ride if you don't.
4. Put your chair into full recline or tilt mode before you let them stow it. Unfortunately, the easiest way to put your power chair into the storage compartment is to pick it up and then lay it on its side. This can cause major damage to your chair. By reclining or tilting it, your chair becomes too long to lie on its side and they will have to set it in upright.
5. Always ask for your chair to be brought back to the door of the plane after you land at your destination. Otherwise you will have to be transferred into a manual chair to pick your power chair up at baggage claim. The airlines can easily bring your chair to you via elevator.
6. Once you have landed and the plane is empty, most airlines will want you off the plane immediately so they can clean and get ready for the next flight. They will try to put you onto an aisle chair until your chair arrives. You have the right to remain in your seat until your chair arrives at the door of the plane.



Craig Kennedy is a published author, motivational speaker, and President of Access Anything, LLC, a nationally recognized leader in adaptive sports and adventure travel for people with disabilities. He has more than ten years of adaptive travel experience and more than 20 years of tourism and service industry expertise and has a unique insight into the world of living and traveling with a disability. Craig lives in Steamboat Springs, Colorado with his wife Andrea, a freelance writer, holistic healer, and co-founder of Access Anything.

Craig P. Kennedy, Steamboat Springs, Colorado

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## Handling Anger

*Author Unknown*

In the Western world, we think of strength as big muscles, heavy weights or physical power. But in the ancient Eastern cultures, strength means something entirely different. The yogis think of strength more as an ability to overcome powerful emotions such as anger and jealousy.

In the heat of the moment, a normal person (myself included) will want to lash out. In her song "[White Trash Deco](#)," country singer Cynthia Ford catches her husband cheating and responds with anger and jealousy by maxing out his credit cards to *misdecorate* his house. The words go like this:

*So don't write any checks cuz they'll just bounce back .  
Don't use the credit cards cuz they're all at the max  
But don't worry, babe, I spent it all on you  
To go along with all the cute little things you do  
Oh, I've wanted so long just to wring your neck, oh  
Instead I redid your house in White Trash Deco .*

Is this the best way to respond to anger? Probably not. Can most of us relate to it? You bet! But if we cultivate the rare ability to overcome powerful emotions, we make better decisions. So much of life comes down to the decisions we make in intense, pivotal moments.

Here are some tips on dealing with anger so you can walk proud on your finest path through life:

**1. Remember that anger and love are two sides of the same coin**

If you really want love in your life, you must be willing to spend a little time with love's less comfortable relatives, anger and pain. It's common to think that with anger and pain come breakup and divorce. But the bottom line is the more you love someone, the more *able* they are to piss you off. So be aware: Anger and intense emotion are normal when you truly love and care. Mel McDaniel sings about this two-sided coin in "[Anger and Tears](#)":

*Anger and tears, anger and tears  
Is that all that's left of us after loving all these years  
As slowly as love grows how soon it disappears  
In a house full of anger and a heart full of tears*

Remember, true strength is being able to work through the anger rather than letting the anger work through you.

**2. Before you lash out, look within**

When you're struggling with anger, it's common to blame others for every little thing. A true sign of strength is taking responsibility for yourself. In "[Startin' with Me](#)," Jake Owen comes to a very yogic resolution to dealing with anger:

*If I had a dime for half the things I did that didn't make no sense at all  
I'd be living a little higher on the hog  
If only I'd have known  
That later on down the road I'd look back and not like what I see  
I'd have changed a lot of thing  
Startin' with me*

**3. Practice feeling without reacting**

The 6,000-year old practice of yoga teaches that when you are in challenging situations, you make the best decisions in even the worst of situations if you just breathe and relax. Try it: Lift your arms to the sides of your body and hold them so you form a letter "T." Allow your arms to stay parallel to the ground for 2, 3, even 4 minutes. When your shoulders start to burn, notice that by breathing and relaxing, you gain more endurance. There's very little that physical strength, hustle, and effort can do for you in this situation. As a famous Zen proverb reads: "Nothing on earth can overcome an absolutely nonresistant person."

# Soft Tissue Therapy

by Sue Sharpe, OT

As a person experiencing post-polio syndrome (PPS), your experience of occupational therapy (OT) is probably of a person in a hospital. If you use adaptive equipment such as a shower chair or walker, an OT may have helped you to choose it. OTs often help people with PPS to stay independent or conserve energy and reduce fatigue.

OTs do many other kinds of work - all help people to stay strong and independent. One of these areas, soft tissue therapy, involves hands-on treatment. Soft tissue OTs work on the body's 'soft tissues' - your muscles, ligaments, tendons and connective tissue (fascia). This can help people who have PPS stay healthy, strong and functional. This can be a huge help for people who are feeling the muscle pain and fatigue that PPS brings.

When you have muscle pain, it can be one of three problems: <sup>1</sup>

- Pain due to polio-affected muscles – When you originally had polio, these are the muscles that were weakened or paralysed
- Pain due to overuse – These muscles have been used more because they are compensating for other weaker, easily-tiring or unusable muscles. They have been doing way more work than they were designed for!
- Pain due to poor posture and movement patterns – Your body has an amazing ability to adapt! If your muscles aren't strong enough to walk, you may use other muscles and walk very differently. This puts pressure in places your body isn't able to deal with. If you are still able to walk independently, the problems are usually in your lower body. If you are using a cane or other walking assistance, the problems are usually in your upper body.

Soft tissue therapy uses a variety of techniques to help to solve all three of these problems. Two of the most common techniques are stretching and trigger point. A trigger point is a particularly painful nodule, inside a tight band of muscle. <sup>2</sup>

By releasing those trigger points, your muscle is able to work better and recover better. If more of the muscle is working, you may find that you are even stronger. Soft tissue OT's want to help your muscles work smarter, not harder.

In the same way that we wouldn't ask a just one person to lift a very heavy box, we shouldn't ask just one weak muscle to do all the work. By helping weaker or overused muscles to recover, you can then recruit more muscles and share the load. If your posture or movement patterns are preventing that, then a soft tissue OT may help you begin to change these. Sometimes by compensating and changing your posture or movement patterns, your muscles end up working far harder than they need to. You could be wasting valuable energy that could be spent doing something that is important to you!

Just as your pain and movement/posture problems have developed over many years, treatment does not work overnight. Soft tissue therapy requires a consistent approach. Muscles need to recover and be retrained to stay in lengthened and strong positions. It is usual to feel pain begin to decrease after one session- but it could take up to four treatments before you feel this happen. This is because therapy may need to be slow and steady so as not to fatigue your body.

A good OT will always be aware of what you want to achieve, and will work on areas that are causing problems for you. That way, you can work towards regaining function in areas that you see as important. OT is always about helping you to do the things in your life that you really want to do - soft tissue therapy is just a more hands-on approach!

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*People want the front of the bus, the back of the church, and the center of attention.*

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## Raise Your Prescription IQ

by William H. Thomas, M.D.

(Reprinted from Daytona Beach News-Journal's USA Weekend, Jan. 21-23, 2005 and from Florida East Coast Post-Polio Support Group - Vol. 12, #5)

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 med 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](http://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 Zoloft costs \$2.87 for a 50mg pill – and a 100mg pill is the same price. So people taking 50mg of Zoloft

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 interactions 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 <http://www.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.

*A Pharmacist friend said this article does read true, 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. He 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 on it.*

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## Sudoku

		2			9	8		3
9	8				3			1
5								
8				2		6		
			5		1			
		5		8				7
								8
2			3				9	5
6		9	8			1		

# January Celebrations

## Birthdays

1st	Sheri Rojers	17 <sup>th</sup>	Jean Burakcki
2 <sup>nd</sup>	Kurt Bausch	19 <sup>th</sup>	Reg Bateman
9 <sup>th</sup>	Cathy Kuhlman	25 <sup>th</sup>	Chip Mackenzie
	Genevieve O'neal		Karen Dulany
10 <sup>th</sup>	John Wing	26 <sup>th</sup>	Dixie Todd
14 <sup>th</sup>	Jim Ellison	29 <sup>th</sup>	Margaret Walker