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NEWS FROM THE YALE HEALTH PLAN

VOL. V NO. 6 NOVEMBER – DECEMBER 2002

Many Keys to Diagnosing Depression

CAROLE T. GOLDBERG, PSY.D.

Psychologist, Department of Mental Hygiene



A mood or an illness?

Dis having trouble getting up, even though she wakes up very early. Her family tells her she's really irritable and they're right. She's less willing to engage with colleagues and finds excuses not to join them for lunch. She often feels empty. Nothing really interests her; she feels worthless and wonders if anything matters. She thinks she might be depressed but this

makes her feel even worse since she's always been able to take care of herself. Does D need help? Is she clinically depressed or just experiencing normal ups and downs?

Depression can be caused by difficult life events, particularly for those who have a genetic or environmental vulnerability. On the other hand, a period of "feeling depressed" is normal after a major life change or loss, such as a death or divorce. Depression can lead to over use of alcohol or be the result of alcohol abuse. It can also be caused by thyroid problems, hormonal changes, drug abuse or the misuse or abuse of a prescribed medication.

Organizations such as the National Institute of Mental Health have developed criteria for diagnosing depression. Note that "persistent" and "on most days" are key factors, as many of these symptoms are experienced occasionally by most people.

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In Sports, More is Not Always Better

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Chief, Sports Medicine

RHEA HIRSHMAN

Editor



The past two decades have seen an increase of overuse injuries in people of all ages. These injuries are the result of recurrent small amounts of stress on a part of the musculoskeletal system. Even though the amounts of stress are small, the cumulative effect exceeds the capacity of a given structure to recover completely. An inflammatory reaction occurs as the body attempts to repair itself; if the stress continues the result can be lifelong permanent injury.

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DEPRESSION

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- Persistent sad, anxious or empty mood
- Persistent feelings of hopelessness, pessimism, guilt, worthlessness and helplessness
- Loss of interest or pleasure in ordinary activities
- Significant changes in sleep habits
- Decreased energy, fatigue, and feeling “slowed down” on most days
- Significant changes in appetite—eating much less or much more than usual
- Significant weight loss when not dieting, or weight gain, or decrease or increase in appetite nearly every day—not attributable to outside factors like medication
- Thoughts of death or suicide, or suicide attempts
- Increased restlessness and irritability
- Diminished ability to think or concentrate on most days
- Physical symptoms—such as headaches, digestive disorders, and chronic back pain—that don’t respond to medical treatment
- Feeling alone, separate or different; not wanting to spend time with friends or loved ones
- Lack of enjoyment in life

Estimates are that one in 10 adults in the United States will experience depression each year...almost two-thirds of those afflicted will not get help.

Treating depression

Clinical depression affects mind, mood, body and behavior. It strikes members of all ethnic groups, young and old, rich and poor, men and women (although women are twice as likely as men to suffer from depression). Estimates are that one in 10 adults in the United

Important telephone numbers

Urgent Care	432-0123
<i>Open 24 hrs/day, seven days per week</i>	
Toll Free	1-877-YHP-CARE
Information	432-0246
Pharmacy	432-0033
<i>Hours of operation</i>	
Monday–Wednesday, Friday	7:30 AM–6:30 PM
Thursday	8:30 AM–6:30 PM
Saturday	8:30 AM–3:30 PM
Patient Representative	432-0109
Medicare/Retiree Coordinator	432-8134
Outpatient Referrals	432-7397
Claims	432-0250
Inpatient Care Facility	432-0001

in touch



States will experience depression each year and that almost two-thirds of those afflicted will not get help. Untreated, depression causes unnecessary suffering. Some people do not get treatment because they do not realize they are depressed or they blame their depression on personal weakness. Some may be too disabled to seek help. However, depression is highly treatable, with more than 80% of those who seek treatment showing improvement. Although depression may resolve on its own, an episode can last for months or more. The sooner treatment begins the more likely it will be effective.

Antidepressant medication and psychotherapy are both effective and a com-

bination of the two has proven to be the most effective treatment in most cases. Psychotherapy may be short or long-term and may be in individual or group form. Each person responds differently to medications so finding the correct drug and dose may take some time and should be undertaken with someone who is knowledgeable about drug interactions and side effects.

So is D suffering from depression? A clinician might explore issues such as whether or not D has had these feelings before and, if so, how long they lasted. If not, why is this happening now? What is her family history? Could she be experiencing an “anniversary reaction”—the conscious or unconscious memory of painful events that occurred at this time of year? Is she in the midst of a significant life change—even a positive one—or a major change at home or work? Is there a possibility of alcohol or drug abuse? Was there a recent diagnosis of a serious medical condition? What if any medications is she taking? Have there been major changes in her financial status or are there problems at home? Is she affected by current events in ways that seem overwhelming or revive past sorrows? Is it the time of year? Some people suffer from Seasonal Affective Disorder (SAD), and react intensely to the change of seasons usually in the diminished light of winter.

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from the desk of

PAUL GENECIN

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES



The spiraling increases in the cost of American health care are caused in part by disproportionate growth in spending on prescription drugs. Economists anticipate an increase from \$116.9 billion in prescription drug costs in 2000 to triple that figure in 2010. This astronomical growth is driven by increased sales in a small number of “best sellers,” just 34 medications out of more than 950 approved prescription drugs accounted for more than half of the last year’s \$22.5 billion spending increase.

Yet even as new drugs become available to treat every imaginable ailment, the factors that drive up pharmacy spending render medications inaccessible to many. Amidst unprecedented riches, 40 million Americans still lack health insurance.

Retirees who have only Medicare have no drug coverage at all; this group comprises a third of American seniors. Even for those with good coverage, the cost of medications can be a burden.

Several factors contribute to increased spending on prescriptions. While only 22% of these yearly increases can be attributed to cost inflation, 42% is caused by the yearly growth in the sheer number of prescriptions and 36% is due to “shift effect”—switching from older, less costly medications to newer, costlier and aggressively marketed products.

While more Americans suffer from chronic conditions as our population ages, new classes of medications—such as lipid lowering drugs and blood pressure medications—are becoming available for treating chronic illness. No doubt we are better off when novel drugs are developed to treat disease. However we must question whether anyone except the drug companies benefits from the proliferation of “me too” drugs and drug reformulations which are often barely distinguishable from well-tested, effective and cheaper remedies.

...as a society, we have not addressed ...how people with limited means can pay for new and expensive medications.

Our country is nearly unique in the West in allowing direct-to-consumer advertising. Some claim that the media blitz of “ask your doctor” medications for everything from heartburn to depression increases public awareness of treatable health conditions. However, dozens of misleading ads compare new drugs to placebos (“sugar pills,” the standard control substance with no pharmacological effect) rather than to existing medications that may already be available as less costly and equally effective generics. Nor do these ads alert people to the downside of taking medications that they might not need and which may cause adverse side effects.

Another factor influencing these costs is that the U.S. has no formal national price-control policies. Our free economy stimulates competition and scientific enterprise, but as a society, we have not addressed the question of how people with limited means can pay for new and expensive medications.

Yale Health Plan and other conscientious plans face the challenge of offering the best therapeutic options to our patients while reining in costs. Our team of YHP clinical pharmacists works with our clinicians to identify preferred drugs, therapeutic substitution of equivalent, less costly medications, and cost-effective programs to help our members to stay healthy. Aware that 24% of elderly Americans receive inappropriate prescriptions, we are constantly asking whether new remedies will be beneficial and whether the benefits outweigh the risks.

Of course, even the costliest medications are worth the expense when they keep our members healthy and improve the quality of their lives. We serve our members by helping them maximize the value of their medications while helping to hold down the cost.

Talk with your clinician and pharmacist about your medications. We are fortunate to have experts at YHP with up-to-date advice about choosing the best and most cost-effective treatments.



SPORTS INJURIES

continued from page 1

Unfortunately, a variety of misconceptions about exercise, sports, and sports specific training can result in injuries that reduce the ability to engage in exercise or to perform optimally at a sport. Reasons for the increase in overuse injuries include:

- The mistaken idea that more is always better—that more running, heavier weight lifting, more swimming, more pitching will improve performance and fitness.
- Lack of understanding of the body's need for recovery from stress. Exercise stresses the musculoskeletal system—beneficial when the body adapts to the exercise stress and develops greater strength and coordination. However, the same activity when done without permitting the body to recover can lead to serious injuries.
- The increased valuing of high-level athletic performance, both economically (college scholarship, salaries of professional athletes) and as a source of prestige.
- The existence of the “no pain, no gain” work ethic which construes pain as a badge of pride.

- The fact that persistent localized pain is often not given medical attention until a serious injury results.

Any part of the musculoskeletal system—bones, joints, tendons, ligaments, muscles—can sustain overuse injuries. The results of these injuries can include:

- Stress fractures
- Growth plate injuries
- Arthritis
- Unstable joints
- Inflamed or torn tendons
- Stretched or torn ligaments
- Muscle pain, weakness and tears

The Committee on The Medical Aspects of Sports of the Connecticut State Medical Society is mounting an educational campaign on avoiding overuse injuries. The most obvious and publicized overuse injuries have occurred to pitchers both in youth leagues and at the high school, college and professional level.

Sports medicine physicians have been diagnosing more serious shoulder and elbow problems in younger and younger athletes. Youth league pitchers have presented with injuries previously seen only at the college and professional levels—injuries that could limit or prevent future pitching as well as interfere with the normal use of the arm and shoulder. Recent studies by USA Baseball and American Sports Medicine Institute have listed several risk factors for these injuries in young players:

- Excessive pitches in a single game
- Excessive pitches for a competitive season
- Use of the curveball and slider before the age of 12
- Participation on multiple teams
- Participation in sports without seasonal breaks

Young pitchers are throwing too much, too often and are generating forces that their bodies are unable to withstand. Recommendations to minimize these potentially debilitating injuries include:

- A maximum of 75–90 pitches in any game for those 12 and younger, and 90–100 pitches per game for those 13–18.
- Pitching on only one team during a competitive season.
- At least three days of rest should occur between pitching stints.
- Throwing no more than one thousand pitches in a season. A season of pitching should be separated by one-to-two months of rest or participation in a different sport or activity.
- Practice pitching at less than maximum intensity can be done between pitching stints and should include instruction and be limited to 40 pitches. Throwing during practice can be unlimited.
- Pitchers 12 years and younger should not throw curveballs or sliders. Those 13–18 should be instructed in the proper mechanics of throwing these pitches.
- Balanced muscle training should be encouraged and a low weight high repetition (shoulder) rotator muscle program should be a regular part of workouts 2–3 times per week.
- A pitcher at any age should be referred for medical evaluation if persistent pain in one area is present for more than 3–5 days.

The overuse of young pitchers' arms does not result in better pitching but rather incurs the risk of serious injuries that can interfere both with athletic performance and with activities of daily living. Whether the sport is baseball, basketball, tennis, soccer or anything else, appropriate amounts of activity, adequate rest, and diligent conditioning will result in athletes' being able to reach their potential. Discuss with your clinician or team physician the training and preventive techniques that can reduce overuse injuries.

DEPRESSION

continued from page 2

Answers to these questions will help to determine if D is experiencing normal feelings of sadness or if she is in the midst of a debilitating depressive episode. Unlike normal feelings of sadness, a major depressive episode is likely to affect all aspects of functioning and in the most severe cases may even lead to thoughts of suicide. If D's symptoms are mild or related to other life events that can be readily addressed, talking through her difficulties may be sufficient. If her symptoms are severe and/or long standing, medication or a combination of talking and medication may also be an option.



Depressive episodes also have a significant impact on those close to the sufferer. Living with or being close to someone who is depressed can feel overwhelming and family members and loved ones should consider seeking help for themselves both to receive support and to learn more about the illness. If you are concerned about possible depression in yourself or someone else, speak to your primary care clinician, who can make recommendations about what steps would be helpful.

SOME FACTS ABOUT DEPRESSION

- High levels of stress seem to play a more significant role in the first depressive episode than in subsequent ones.
- Untreated episodes of depression typically last six months or more, regardless of age of onset.
- Depression is often associated with chronic major medical conditions: Up to 20%–25% of individuals with certain general medical conditions (e.g., diabetes, cardiovascular disease, cancer, stroke) will develop major depressive disorders during the course of their general medical condition.
- Major depressive disorder (MDD)—single or recurrent—is twice as common in adolescent and adult females as in adolescent and adult males.
- MDD can begin at any age, with the average age of onset in the mid-20's.
- Rates of depression are highest in the 25–44 year-old age group, whereas rates are lower for both men and women over age 65.
- The prevalence of MDD appears to be unrelated to ethnicity, education, income, or marital status.
- Some individuals have isolated episodes that are separated by many years without any depressive symptoms, whereas others have clusters of episodes, and still others have increasingly frequent episodes as they grow older.
- The number of prior episodes predicts the likelihood of subsequent episodes.
- Depression is up to three times more common among first-degree biological relatives of persons with this disorder than among the general population.
- Depression in children and adolescents can result in irritability, aches and pains and social withdrawal, rather than the sadness associated with adult depression.

yhp staff



left to right: Mary Ann Rubano, Connie Rollinson, Cathy Delaney, Elaine Harris, Pat Joyner. Missing from photo: Mary Beth Massaro

YHP Claims Department

Pictured above is the YHP Claims Department—a major behind-the-scenes component of providing services to our members.

The staff of the department processes over 70,000 claims each year—insuring that payment is made to clinicians and

facilities to whom members are referred for medical services.

Most often, claims are made for services right here in the greater New Haven area—perhaps a routine visit to a local specialty clinician. However, about 20% of claims processed are from out of area; complex procedures ensure care for a member needing services such as emergency hospitalization in places as far away as China. “We want to remind members that we’re here to help,” notes Connie Rollinson, manager of the department, “and that if they receive a bill for specialty services, they should mail it right to us. And don’t forget to let us know when you are hospitalized or receive any kind of medical services out of area.”

In a function entirely separate from YHP, the Claims Department also administers the Yale University Major Medical retiree benefit.

books/information

Adult CPR Classes

Adult cpr classes are held monthly. For information, call 203-432-1892.

Blood Pressure Checks

Tuesdays and Thursdays from 9:00–11:00 in room 406. Open to the Yale community free of charge, by referral or on a walk-in basis. For info, call 203-432-0093.

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published by Yale Health Plan

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BOOKS



A few informative titles about clinical depression.

Rosalyn Carter
Helping Someone With Mental Illness:

A Compassionate Guide for Family, Friends, and Caregivers.

Meri Nana-Ama Dumquah. **Willow Weep for Me. A Black Woman's Journey Through Depression.**

Ronald R. Fieve. **Moodswing**

Kay Redfield Jamison. **An Unquiet Mind.** An eloquent and compassionate memoir by a successful clinical psychologist who treats, researches and herself suffers from depression.

William Styron. **Darkness Visible.** Memoirs of coping with depression by the well-known American author.

INFORMATION

OUTPATIENT REFERRALS

If you are referred for care outside of 17 Hillhouse Avenue, an outpatient referral form is generated by your clinician or another authorized person in the clinical department.

- In some cases, the referral may be generated and approved within the department and a copy given to you at the time.
- In other cases, the referral may need review by the Care Coordination Department. In this case, take the form to the referral coordinator in room 416. You or your clinician will be notified of the status of the review.
- From that office you will either receive a copy of the approved form **or** the approval will be faxed to the appropriate service site and you will receive a call to confirm the approval. Please confirm the status of your referral prior to your appointment.

PREGNANT? CONSIDER A FLU SHOT

Flu season extends from early November through mid-March. We recommend that women who will be in the second or third trimester of pregnancy during the flu season receive a vaccination against influenza. The flu vaccine is safe for use in pregnancy.

Pregnant women are not at increased risk for catching influenza. However, those who do develop influenza are at increased risk for complications. In particular, influenza-related pneumonia is more likely to occur and be more severe in pregnant women.



You should be vaccinated if your due date is between 11/1/02 and 9/15/03.

The vaccine will be given at Yale University Health Services (YUHS) and at other locations on campus. You may also receive a flu shot in the Ob/Gyn Department. Please check this newsletter and watch for mailings and for posters in the YUHS building to learn the dates and locations.

If you have questions please speak to your clinician or call the Ob/Gyn office at 203-432-0222. The CDC (federal Centers for Disease Control) also offers information at one of its web sites: www.cdc.gov/ncidod/diseases/flu/flu-virus.htm.

PAYING FOR PRESCRIPTIONS

Beginning in 2003: If you use the Smartflex Visa Card to pay for prescription medications at the YUHS Pharmacy, you no longer need to submit supporting documentation to the Benefits Office. For more information, contact the Yale Benefits Office at 203-432-5550.



healthy ideas

MORE OPTIONS FOR PREVENTING PREGNANCY

While we still have no “perfect” contraceptive method, three new birth control options allow women greater flexibility in preventing pregnancy.

All work similarly to the birth control pill. They are delivery systems for a daily dose of synthetic estrogen and progesterone which prevents ovulation and therefore prevents pregnancy. Additionally, some secondary effects, such as alteration of the cervical mucus, also make conception less likely.

Each can be used safely by women who can use the pill. Failure rates are similar to those for the pill (about 1%–3%). Side effects are also similar (spotting between periods, usually only the first month or two; nausea; breast tenderness). Some women may find these methods more convenient than remembering to take a daily pill, and they are options for those who have trouble swallowing pills.

The methods are:

THE INJECTION Must be given every 28–30 days and requires an office visit each time. May be especially useful for women who will be traveling.

THE PATCH May be worn on the upper chest, abdomen, buttocks, or upper arm. A new patch is applied once a week for three weeks. No patch is worn the fourth week and the period occurs during that week. A new patch is applied at the end of the fourth week. While any site can be used, a patch should not be placed over precisely the same spot as the previous patch.

THE RING Inserted into the vagina by the woman herself and remains in place for three weeks, then removed; the period occurs in the fourth week. A new ring is inserted at the end of the fourth week.

If you would like more information, please call 203-432-0222 or use “Yale Health Online” to schedule an appointment with your gynecology clinician.

COMFORTING FOODS

With the onset of cool weather, we look forward to certain foods—partly because they are in season, like apples and cider, and partly because they help us feel warm and snug, like chili. Hot drinks and soups are great ways both to eat healthfully and to enjoy the variety of our New England seasons.

As the weather cools, lemonade and iced tea lose their appeal, and cocoa and other hot drinks become more popular. Herbal teas and decaffeinated coffees are great low-calorie warm-up options. Coffee and cocoa can be perked up with a dash of cinnamon. Low calorie cocoa mixes usually provide about the same calories as milk. Also, instead of ready made cocoa mixes, which are usually full of sugar, put plain unsweetened cocoa powder into a blender with milk (skim or regular) or soy milk and add a small amount of your preferred sweetener. Microwave for a warming drink.

If you like cider, drink only pasteurized cider, as unpasteurized cider (and other unpasteurized juices) may contain harmful bacteria. Cider has about the same calories as juice.

Soups can be easily made from scratch. Starting with water instead of store-bought broth can reduce sodium intake and allow you to experiment with flavorings. If you prefer a meaty taste, make stock from bones and vegetables boiled together and strained; otherwise, strongly flavored vegetables such as onions and cabbage, along with spices, can provide flavor. Add beans, vegetables, and high fiber grains such as barley or brown rice to make a hearty dish that can also go into lunch boxes. Soup can be topped with roasted sunflower or pumpkin seeds, chopped scallions, plain yogurt (especially good on black bean soup or chili), chopped garlic or ginger, or virtually any herbs or spices. Soup may not cure the common cold, but a hearty bowl of soup can help us all cope with winter’s chill.

HEALTHY IDEAS
continued on back cover





DON'T TOY WITH SAFETY

Every year, thousands of children are treated for toy-related injuries. While the toy industry has adopted safety standards and the U.S. Consumer Product Safety Commission (CPSC) regulates and monitors toys, many toys are still recalled annually. Some safety tips.

- Make sure that children have good adult supervision while playing.
- Give your child age-appropriate toys, even if she is advanced for her age. Remember that age recommendation labels are related to safety, not to intellectual development. Teach older children to keep their toys away from younger children.

- Teach children to put away toys. Injuries occur when children trip over toys.
- Check regularly to see whether toys that were originally safe have become hazardous. Then repair or replace them. Some examples: wooden toys that have splintered; outdoor toys like bicycles that have developed weakened parts.
- Older toys, hand-me-downs and toys from tag sales pose particular hazards. Painted surfaces of toys made before 1978 may contain lead. There may be loose parts or sharp edges on older or used toys.
- Never give balloons to children under 8. Chewing on an uninflated balloon can result in ingesting and choking and an inflated balloon can pop without warning and be inhaled.
- If giving your child a bicycle, scooter, skateboard or skates, make sure to get him a helmet and other recommended safety equipment.
- When buying art supplies, make sure they are non-toxic by looking for the ASTM D-4236 designation on the package (meaning that the material has undergone toxicological review).
- Store toys in open containers to reduce the risk of a lid's falling down on a child.
- Keep toys clean with mild detergent and rinse thoroughly.

For more information, call the CPSC at 800-638-2772. Or check their web site at: www.cpsc.gov.

YUHS HOLIDAY RECESS HOURS	
<p>PRIMARY CARE AND ADMINISTRATIVE DEPARTMENTS December 26, 27, 30 (8:30 AM-5:00 PM) December 24, 31 (8:30 AM -12:30 PM)</p> <p>LABORATORY December 26, 27, 30 (8:30 AM-5:00 PM) December 24, 31 (8:30 AM-12:30 PM)</p> <p>RADIOLOGY December 24, 31 (9:00 AM-1:00 PM) December 26, 27, 30 (8:30 AM-5:00 PM)</p>	<p>PHARMACY December 24, 28, 31 (8:30 AM-3:30 PM) December 26, 27, 30 (8:30 AM-5:30 PM)</p> <p>SPECIALTY DEPARTMENTS Call each specialty department for its holiday schedule.</p> <p>URGENT CARE Care for urgent problems is available after hours, week-ends and holidays in the Urgent Care Department.</p>

yale health care

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Please remember that free parking for YHP members is available both in the lot right next to 17 Hillhouse Avenue and in parking lot 37, just across Trumbull Street.

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