SPRING AHEAD TO YOUR PERSONAL-BEST HEALTH

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Welcome

WELCOME TO YOUR BEST SELF

CareMore is making it easier for you to reach and maintain your personal health goals with a diverse array of programs, services and resources that can be tailored to your needs. We’re providing more access to care with more Care Centers in more neighborhoods, more PCP networks, more programs to help with chronic disease management, behavioral health, weight control and nutrition information, medication assistance, transportation and social connections. Whatever your health needs call for, CareMore is here for you!

In our April issue, we’re offering insights and information on a range of topics that will help you reach your personal-best health. If you have any questions, please contact your CareMore Care Team for help or guidance.

As always, thank you for your continued trust in us.

To your health,

Karen Schulte

KAREN SCHULTE
CHIEF OPERATING OFFICER
It can be hard to figure out if you have an overactive bladder. Take the quiz below to find out if you have symptoms that you should talk over with your primary care clinician.

1. **Is it normal to go to the bathroom more than 8 times a day?**
   - Yes
   - No
   
   No. People blame frequent bathroom trips on drinking too many beverages, getting older or having a small bladder. But the reason may be an overactive bladder (OAB). Some common symptoms of OAB can include going to the bathroom more than 8 times in 24 hours; the need to get up several times during the night; a sudden, desperate need to urinate; and concern about being someplace without convenient access to a toilet.

2. **Can certain medications cause overactive bladder?**
   - Yes
   - No
   
   Yes. Urinary incontinence, or wetting oneself, can be caused by some types of medicine, including diuretics, also known as “Water Pills.” Caffeinated beverages can also cause OAB. Urinary tract infections, nerve damage or diabetes can also be a cause.

3. **Is overactive bladder just another name for wetting oneself (urinary incontinence)?**
   - Yes
   - No
   
   No. Not all people with OAB have wetting accidents.

4. **Is overactive bladder only a problem for older women?**
   - Yes
   - No
   
   No. While OAB is more common in women, men and women of any age can be affected. OAB is not a normal part of aging.

5. **Are older women the only ones experiencing wetting during exercise?**
   - Yes
   - No
   
   No. Even young, competitive college and professional athletes can have urinary incontinence. People with OAB often limit or stop their exercise routines because of the condition, but this can be harmful to overall health.
6. Is cutting back on the amount of fluids you drink a good way to cut down on how often you need to use the bathroom?  

Yes  No

No. While this may ease symptoms, drinking less liquid can cause dehydration, one of the main reasons that older adults fall or feel confused. Dehydration is a dangerous condition in which the body’s fluid levels drop too low. Severe cases can put you in the hospital.

7. Can bladder-control problems affect your job or how much you enjoy social activities?  

Yes  No

Yes. People with OAB often worry and hide their condition. They may start to check their clothes for wetness all the time, try to hide urine smells and frequently visit the bathroom. All these things make it hard to have a normal workday or join in activities with others.

8. Is there anything that can be done to treat overactive bladder?  

Yes  No

Yes. OAB is treatable and there are a variety of options available, including new medicines that have fewer side effects.

If you think you may have an overactive bladder, discuss your symptoms at your next healthcare visit. Visit not scheduled yet? Schedule it now with your healthcare provider and get on the road to treatment!

MEET YOUR VIRTUAL NURSE-ADVICE LINE

Our Virtual Nurse-Advice Line* is staffed by registered nurses and is fully dedicated to you.

Call 1-800-589-3148, Monday–Friday, 8am -5 pm, PST.

Get answers to questions like “I feel ill, what should I do?” “What resources are available to me at my neighborhood CareMore Care Center or from my Care Team?” “When should I go to urgent care?”

Call your Virtual Nurse-Advice Line to:

• Understand your symptoms and receive advice on care options
• Decide whether to visit your personal doctor, CareMore Care Center or urgent care
• Get answers to urgent health questions in the comfort of your home

HAVE QUESTIONS FOR YOUR VIRTUAL NURSE?

*The Virtual Nurse-Advice Line is currently available in AZ, CA, NV, TN, TX and VA only.
We live by numbers: phone numbers, PIN numbers, security numbers on credit cards. While these numbers can make us feel more secure, other numbers can literally save a life:

Blood Pressure • Cholesterol Levels • Waist Size

Here’s a quick guide to heart-health numbers:

**BLOOD PRESSURE: KEY TO HEART HEALTH**

Blood pressure has two numbers. Your systolic pressure (the top number) is a measure of the pressure your blood makes against your artery walls during a heartbeat, when your heart muscle contracts and it rushes out. The diastolic pressure (the bottom number) measures the pressure in the arteries when the heart rests between beats.

- Normal blood pressure is below 120/80
- Pre-hypertension is 120 to 139 (systolic) and/or 80 to 89 (diastolic)
- Hypertension, also known as high blood pressure — is 140 or higher (systolic) and 90 or higher (diastolic)

**CHOLESTEROL: PREDICTOR OF HEART ATTACK**

Cholesterol isn’t all bad—it's a type of fat that’s really a nutrient. But there is “good” and “bad” cholesterol. When we measure cholesterol and blood fats, we’re really talking about three different numbers: HDL, LDL and triglycerides. While they combine to give you a “lipid profile” score, it’s the three individual scores that are most important. LDL is the number most doctors and heart-health programs focus on. Even a single point of LDL decrease makes a difference. Adults 20 and older should get a lipid profile every five years.
WAIST SIZE: THE CONNECTION TO HEART DISEASE

Your waist size is an even better predictor of heart disease risk than BMI (Body Mass Index). If your waist size is equal to or more than 35 inches in women and equal to or more than 40 inches in men, it increases your risk of cardiovascular disease, diabetes, metabolic problems, high blood pressure and abnormal cholesterol.

Losing even one inch from your waistline can help improve all the other heart-health numbers. Gaining even one inch can make those numbers worse.

WRITE DOWN YOUR NUMBERS

IN THE LAB: A GUIDE TO READING YOUR RESULTS | CHOLESTEROL & A1C

CHOLESTEROL LEVELS | NON-HDL, LDL & HDL

Together with other factors like age, gender and smoking status, cholesterol numbers can be used to estimate your risk for a heart attack in the next 10 years, which will help your clinician determine the benefit of starting a cholesterol medication. Either way, it’s important to focus on making lifestyle modifications, like making healthy food choices and getting regular physical activity.
DIABETES | **A1C**

The A1C test measures your average blood glucose for the past 2 to 3 months. The advantages of being diagnosed this way are that you don’t have to fast or drink anything. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

**NORMAL**
Less than 5.7%

**PREDIABETES**
5.7% to 6.4%

**DIABETES**
6.5% or higher

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**WE FEEL YOUR PAIN**

PHARMACY CORNER

Pain-relief medicines, also known as analgesics, are available over the counter (OTC) or by prescription. While they can help relieve pain, they might not always get rid of it completely, so talk with your doctor if you’re still experiencing pain; and never increase the dose on your own. If used appropriately, they’re safe and effective, so it’s important to follow your doctor’s instructions carefully and take only the recommended, prescribed dose.

**Acetaminophen:**
Available OTC pain relievers, cold medications or cough suppressants. Since they come in several types of combination medications, it’s important to check the label and avoid taking multiple medications containing acetaminophen at the same time. Talk with your local pharmacist or doctor to make sure you’re not taking too much at one time. Taking a higher dose than recommended can cause liver damage. This risk is higher in people who drink alcohol frequently.

**NSAIDs:**
Available OTC for relieving fever, aches and pain. Examples include aspirin, naproxen and ibuprofen. Taking too much can cause problems like higher risks of bleeding, especially for people who take blood thinners, are taking steroids or are over the age of 60. Other risks include kidney damage, especially for older adults who have high blood pressure, heart disease or kidney disease.

**Opioids:**
Available by prescription for moderately severe to severe pain, opioids include oxycodone and hydrocodone, and come in a combination with acetaminophen. Opioids can cause drowsiness, so it’s very important to avoid driving or performing any activity that requires you to be alert, especially when first starting the medication. Follow all the directions carefully because there can be severe side effects if too much is taken at once or if it’s combined with certain medications or alcohol.
In the last issue of Chronicles, we talked about the benefits and risks of some popular supplements. Let’s review what The Medical Letter had to say on the subject in its December 2011 issue:

Vitamin E: In food it can be different than vitamin E in most supplements. In supplements, vitamin E can actually block antioxidant activity. It can also interfere with vitamin K metabolism and your body’s blood-clotting mechanism.

Many people also believe that vitamin E reduces the risk of cardiovascular events or even cancer; but in fact, some studies have shown that vitamin E increased the risk of some strokes by as much as 22%.

Vitamin A and beta-carotene: If you’re eating right, what can happen if you take vitamin pills with even more vitamin A? High levels of this vitamin can accelerate bone loss in older people, which increases the chances of getting osteoporosis and bone fractures. Does it prevent cancer?
No. A study showed that higher serum concentrations of vitamin A in men are actually associated with an increased risk of prostate cancer. And a study conducted with smokers showed an increased rather than a decreased risk of lung cancer.

Vitamin C: Often thought to be good for treating and preventing colds, and for having a positive effect on cardiovascular disease and cancer. However, in 30 trials the use of vitamin C did not reduce the risk of developing a cold or prevent cardiovascular disease. It also failed to reduce the risk of cancer when compared to a placebo.

The B vitamins: Here we have slightly different issues:

Vitamin B12: In older adults B12 can help the lining of the stomach absorb vitamin B12 from food. These supplements can be taken orally or even by injection once a month.

Vitamin B6: While some studies have shown a reduced risk of developing colorectal cancer with B6, other studies have failed to show it having any effect in lowering the risk of any cancer.

Vitamin D: This vitamin is extremely important to good bone health. Sunlight is a major source of vitamin D, but many people limit their exposure to sunlight to avoid skin cancers. This can increase the risk of bone fractures in older adults. Supplements containing vitamin D with calcium can provide a meaningful way to decrease the rate of bone-density loss and the risk of fractured bones.

**THE TAKEAWAY**

The long-term use of supplements is not free of risks. Clearly, there appears to be little to no benefit to routinely taking vitamins A, C or E for anyone eating a normal diet. Moreover, almost no one should be taking high doses of vitamin A or beta carotene. Only vitamins D and B12 seem to have a benefit, mainly for older adults.
ANTI-INFLAMMATORY FOODS: LEAN BUT NOT MEAN

Inflammation can be both good and bad. On one hand, it helps your body defend itself from infection and injury. The downside is that chronic inflammation can lead to weight gain and disease. Stress, foods that increase inflammation and low activity levels can make this risk even greater. But studies show that some foods can fight inflammation.

Here are 10 anti-inflammatory foods that can keep you nice and lean:

Berries
Fatty Fish
Broccoli
Avocados
Green Tea
Peppers
Mushrooms
Grapes
Turmeric (Spice)
Extra Virgin Olive Oil

THE ANTI-INFLAMMATORY BLUEBERRY MUFFIN SMOOTHIE

A smoothie should keep you well-hydrated and include protein, healthy carbohydrates and good fats to fuel your body. In this simple and delicious recipe, the creaminess of the avocado balances the tartness of the smoothie. It also gives you loads of potassium from the avocado, plus vitamin C, fiber and antioxidants.

Ingredients:
½ medium-ripe banana
½ cup frozen blueberries
½ cup unsweetened vanilla almond milk
½ avocado (peeled and pitted)
2 tbsp chia or flax seed
¼ tsp pure vanilla extract
1 tsp Stevia or Splenda

Yields approximately 12 ounces.

Directions: Combine all the ingredients in a blender. Press the button for SMOOTHIE or PULSE — or just go for it and press ON!

YOUR BEST-HEALTH CROSSWORD

DOWN
1. Not approved by the FDA
2. Lean-keeping food
3. There are two types of these: good and bad

ACROSS
4. Type of fat that is a nutrient
5. Indicates heart health
6. Enables fitness success
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(804) 212-3450

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Washington, D.C. 20002
(202) 396-1780
A fitness program will only work if it’s as individual as you are.

BUILDING YOUR DESIGNER WORKOUT

• **Be clear about your fitness goals.** Are you trying to lose weight? To gain strength? Keep your cardio up to speed? Clear goals will help you track your progress and stay motivated.

• **Create a balanced routine.** Try to get about 30 minutes of aerobic exercise most days of the week. Two days a week, try to incorporate strength training for all the major muscle groups into your workout.

• **Start low and progress slowly.** If you have an injury or a medical condition, consult your doctor or an exercise therapist for help designing a fitness program that gradually improves your range of motion, strength and endurance.

• **Build activity into your daily routine.** Finding time to exercise can be hard, so make it part of something you do regularly. Watch your favorite show while walking on the treadmill, read while riding a stationary bike or take a break at work to go on a walk.

• **Allow time for recovery.** It’s easy to start exercising with a little too much enthusiasm, then give up when your muscles and joints become sore or injured. Make time between sessions for your body to rest and recover.