

Health Matters

Summer Issue

**SMOKING
CESSATION
PROGRAM**

HEADACHES

**MENTAL HEALTH
RESOURCES**

**YOUR MEDICAL
HOME**

Syndrome X:
Keith's story



Message from the CWC PCN

Whether you are learning about the Calgary West Central Primary Care Network (CWC PCN) for the first time, or already understand the benefits of PCN programs and services, *Health Matters* magazine is a great resource about health issues and their possible solutions.

In this issue of *Health Matters*, you will hear from Keith Shaw, a patient who felt he was healthy but learned he was headed for possible danger. You can also read about the team of health professionals working with your family doctor, the range of mental health resources available to you and the things you need to know about headaches. These stories include information on free PCN programs and services that may be available to you by referral.

The CWC PCN is one of the largest primary care networks in Calgary with over 360 physician members working in 114 clinics and servicing over 306,000 patients. Operating like a cooperative for family doctors, the CWC PCN supports patients through the guidance of their family physician by offering additional resources that enhance care.

The CWC PCN's vision is guided by the idea of helping family doctors through programs that support their practices as a community of medical homes. Read on to learn how this concept is leading to healthier outcomes in our community and how building your medical home is a shared responsibility between patient, physician and the care team.

Subscribe to receive a free electronic copy of this magazine, published twice a year, and pass this copy on to a friend. You can also view *Health Matters* online while learning more about us at www.cwcpcn.com.

Dr. Brendan Vaughan
Board Chair

Dr. Jane Ballantine
Medical Director

Dan Doll
Executive Director



Smoking cessation



This is a great program - informative, educational, motivating, encouraging. I liked that the emphasis was on strategies and planning, instead of ‘did you quit yet?’

~ 3T program patient



Your doctor and the collaborative care team at the CWC PCN understand the challenge of quitting smoking and are ready to support you.

If you think it's time to quit smoking, talk to your family physician about a referral to the smoking cessation program at the CWC PCN Clinic at Westbrook. This referral-based program, called Tackling Tobacco Together (3T), is offered monthly at no charge to patients of member physicians.

Tackling Tobacco Together consists of four one-hour sessions facilitated by pharmacists. In these nightly sessions you will learn to form a support network, manage withdrawal symptoms, identify triggers that create your urges, learn about medications that can help and develop new skills to help you remain smoke-free.

The primary facilitators are pharmacists, who provide essential advice on medications that can significantly reduce withdrawal symptoms and increase your chances of success. Options include nicotine-free medications or nicotine replacements such as nicotine patches, gum, inhalers and lozenges.

To date, over 1,000 patients have been referred to the smoking cessation program since it began in fall 2010. Significantly, about 50 per cent of those who completed the program have either quit entirely or successfully reduced their smoking.

What's inside:

- 3 Smoking cessation
- 4 Syndrome X: *Keith's story*
- 6 Headaches
- 8 Mental health resources
- 9 Team approach to care: Physiotherapist
- 10 Your medical home
- 11 Ask the dietitians: Cholesterol Q&As

Calgary West Central Primary Care Network

401, 1812 4th Street SW
Calgary, AB T2S 1W1

p: 403.258.2745

f: 403.258.2746

www.cwpcpn.com

To share your suggestions, feedback or experiences, please email us at communications@cwpcpn.com.

Editorial and Design Team:

Bart Goemans

Brett Tiesmaki

Angela Torres

Chrissie Worth

Making Health Happen.

Syndrome X: *Keith's story*

Health team
helps patient
swim around
disease risks

“I thought I was fit and healthy,” says Keith Shaw, a 71-year-old retired school teacher and competitive swimmer. “I was surprised to learn that I wasn’t.”

Keith had learned from his physician that he had a deadly mix of health issues that when combined forms Syndrome X. Keith did not seem to fit the model of a patient with this type of diagnosis, so how did he get here?

Upon seeing his physician, Dr. Phillip van der Merwe, in April 2013, Keith learned that he had a combination of increased blood pressure, problematic blood sugar levels and, potentially, pre-diabetes (a condition in which blood sugar levels are higher than normal, but not high enough to be full-blown diabetes). In addition, Keith had an increased waist circumference.



“Patients with this syndrome are five times more likely to develop diabetes and twice as likely to have heart attacks and strokes,” says Dr. van der Merwe, who has been Keith’s doctor for more than 15 years.

When Keith sustained an injury to his arm and shoulder, it prevented him from enjoying his regular swim at maximum effort and distance. As a result, his waist circumference increased and his energy levels were lower. Until that point, Keith had been swimming up to 15 kilometers regularly each week and sometimes enjoying bread or fast food as a reward afterwards.

“This was like a crystal ball, because the path to avoid major problems was now clear,” says Dr. van der Merwe, who immediately provided Keith with some resources to start him on the path to wellness.

One of those resources was Natasha Veric, a chronic disease management nurse with the Primary Care Network (PCN). Natasha is a member of the allied health teams integral to PCNs. These teams include registered nurses, licensed practical nurses, pharmacists, behavioural health consultants, social workers, dietitians, kinesiologists and physiotherapists who work alongside family physicians in PCNs (availability varies by clinic and PCN).

Natasha began meeting with Keith monthly. “I learned a lot from Natasha right away, and she was always very positive,” says Keith.

“

Treatment is about better quality of life and healthier outcomes.”

~ Dr. van der Merwe



“Keith immediately started to use the *Live Well – Daily Diet Tracker* provided by the PCN, in addition to following advice on healthy versus unhealthy fats,” says Natasha. In particular, Keith reduced the amount of bread and starchy carbohydrates he consumed and cut out the occasional fast food. He also started eating more protein from nuts and included different forms of carbohydrates, such as those from fruits and milk.

“I actually had more energy when I returned to the pool, so I could work out even harder,” Keith adds.

Within weeks, Keith had started to lose weight and his LDL cholesterol (bad cholesterol) level dropped remarkably in just a few months. “My keys to success were returning to exercise, the education and nutritional support from Natasha and also from my wife, Marilyn, who not only did a lot of research on diet but also helped prepare the right foods and gave me encouragement, too,” says Keith.

Recently Keith participated in the 70–74 age group Alberta swim meet and earned a new provincial record – beating his previous time by 7.5 seconds. Keith also participated in a swimming competition in Victoria on March 1, where he set four more records.

“Treatment is about better quality of life and healthier outcomes,” says Dr. van der Merwe. “Imagine if we knew where the iceberg was and could arrange to adjust the Titanic’s course ahead of time?”

Syndrome X affects almost one-quarter of all patients. “Physicians are advocating the team approach to care, and patients like Keith are proof of the outcomes,” adds Dr. van der Merwe.



Things you need to know

“Three, four, sometimes five times a month, I spend the day in bed with a migraine headache, insensible to the world around me,” wrote Joan Didion in the 1979 essay *In Bed*, from her collection *The White Album*.

Didion’s *In Bed* is a deeply personal essay depicting her experience with a debilitating migraine, but headaches can come in many forms – migraine, tension or cluster, to name a few. The diagnoses and treatment of headaches varies, depending on the type of headache and the severity of your symptoms.

According to Dr. Lara Cooke, Associate Professor of Neurology at the University of Calgary, approximately 46 per cent of Canadians have active headaches, and of those people, about 26 per cent of women and eight per cent of men have migraines. When determining the underlying cause of any type of headache, Dr. Cooke recommends starting with a number of factors, such as weather changes; stress levels; menstrual and sleep cycles; and dietary patterns, including caffeine and alcohol consumption. Certain medications and lifestyle factors, such as a lack of exercise, may also contribute to headaches.

Common migraine triggers

Tension headaches, also called chronic daily headaches or chronic non-progressive headaches, are the most common type of headaches among adults and adolescents. These headaches are caused by muscle contractions in the head, leading to mild to moderate pain. Tension headaches can come and go over long periods.

Another common headache type is the **migraine headache**. Migraine pain may be moderate to severe and is often described as a pounding, throbbing pain, sometimes located on only one side of the head. Migraine headaches can last from four hours to three days, and a serious migraine can interfere with daily activities and lead to complete bed rest. Migraines are often associated with sensitivity to light, noise, or odours; nausea or vomiting; loss of appetite; and stomach upset or abdominal pain.

In about 20 to 30 per cent of patients with migraines, the headaches produce an unusual sensation known as an aura. The best way to describe migraine aura is a slow onset of zigzagging light spectrums from sensory activation that may also be accompanied by dizziness, weakness and confusion.

A third type of headache, the **cluster headache**, is a severe form of headache with unique symptoms. People describe the pain of a cluster headache as being frequent but brief pain behind one eye that may cause you to tear up. People say they are also usually very restless during an attack, mainly because of the pain. Cluster headaches occur one to three times per day during a cluster period, which may last two weeks to three months.

Dr. Cooke recommends early treatment for all types of headaches, but she warns about medication overuse. Ibuprofen and hydration are usually enough to calm symptoms of mild headaches, but further pharmaceutical treatments may be necessary for people with chronic, severe headaches. Other treatments may include physiotherapy, the use of antidepressants, prescribed vitamin usage, and the use of a special family of medications called triptans. Depending on your diagnosis, Botox injections may also be a treatment option.

If you are concerned about your headaches, speak to your family doctor. If your doctor thinks you are a good candidate, you may be referred to the Calgary Headache Assessment & Management Program (CHAMP). In addition to medical management, CHAMP offers workshops, lectures and an education session to empower patients and teach them skills in headache self-management. Ask your doctor if you might benefit from a referral to CHAMP.

If you have a combination of “red flag” symptoms, such as fever, sudden headache onset (called a thunderclap), acute glaucoma or major changes in your cognitive function, go immediately to urgent care or the emergency room.

Red wine and other alcohol

Caffeine excess/
caffeine withdrawal

Citrus fruits

Nuts

Onions

Monosodium
glutamate (MSG)

Often found in Chinese food, meat tenderizer, and many canned, packaged and prepared foods.

Nitrites

Found in processed, cured or preserved meats.

Aged or strong
cheeses, sour cream,
yogurt, other dairy
products

Smoked fish/pickled
herring

Chocolate

Eggs

Beans

Fatty foods

Yeast extracts

Aspartame

Mental health resources

Help when you need it

Mental health is a state of complete physical, mental and social well-being and not just the absence of a mental illness. It is determined by socioeconomic, biological and environmental factors and can be affected by any number of things in your daily life, including work stress, health concerns and your personal relationships.

One in every five Canadian adults under age 65 will have a mental health problem at some point in their lives. The financial impact of mental illness is staggering, costing billions of dollars every year because of lost productivity, sick days, and health care costs. The social impact of mental illness is just as enormous in terms of the pain and despair it causes.

If you are dealing with mental health concerns, you are not alone. In fact, many appointments in family doctors' offices are related to issues of mental and emotional well-being. Usually, most people can solve life's day-to-day problems without needing outside help. But when more serious life problems occur, such as an illness or an emotional crisis, it can sometimes be too much to cope with our feelings.

You shouldn't feel embarrassed or afraid about reaching out to your family doctor or looking into other available community resources. The most important thing is getting the help you need.

Do you need help right now? If you or someone you know is in crisis, call 911 or go immediately to the nearest hospital.

Do you need someone to talk to? Make an appointment with your family doctor. Ask if there is a behavioural health consultant (BHC) at your doctor's clinic or if you might benefit from a referral to a BHC. As part of the multidisciplinary teams within Primary Care Networks, BHCs provide consultation-based services at no cost to patients with mental and behavioural health concerns. If you do not have a family doctor or there is not a BHC in your doctor's office, you can access mental health services through the South Calgary Health Centre. For more information, please call Access Mental Health at 403.943.1500 or the Distress Centre at 403.266.HELP (4357).

Sometimes you need help getting started or just to talk with someone about your emotional well-being. An appointment with your family doctor is your first step to getting the help you need.



Learn more about resources in your community.

Health Link Alberta
403.943.5465

AHS Addictions Help Line
1.866.332.2322

Calgary Association of Self Help
403.266.8711 | www.calgaryselfhelp.com

Calgary Counselling Centre
403.691.5991 | www.calgarycounselling.com

Calgary Family Therapy Centre
403.802.1680 | www.familytherapy.org

Physiotherapists are function specialists

Collaborative Care Teams (CCTs) are physician-led teams of health care professionals who assist with chronic disease prevention and enhance care of medically complex patients. In this issue of Health Matters, we discuss the role of the Primary Care Network's physiotherapy team.

The CWC PCN's three physiotherapists – Yaara Eilon-Avigdor, Lauren Baker and Mercedes Eustergerling – do much more than just treat sprains and sports injuries. In a primary care environment such as your family doctor's clinic, physiotherapists are important members of the CCT and vital to the diagnostic and education process. In fact, you might call them "function specialists."

"We help patients maintain function," says Mercedes Eustergerling. "We treat pain because it interrupts function."

Much like an auto mechanic traces a red light on a dashboard to its source, a function specialist can recognize if someone is moving from acute to chronic pain. As a result, physicians often refer patients to physiotherapists for early, in-depth assessments and to educate them about disease prevention. Not only do physiotherapists have the time to do more testing, which can lead to a faster diagnosis, they can also refine a diagnosis, such as osteoarthritis versus bursitis, and recommend treatment plans. And because physiotherapy doesn't always require diagnostic imaging, it reduces stress on the health system by having patients receive comprehensive diagnostics in their doctor's office.

This focus on disease prevention and education has resulted in earlier referrals for issues such as bone density and early-stage arthritis in patients of all ages, including children.

"The profession has spent a lot of time putting out fires for patients and is now shifting to prevention," says Yaara Eilon-Avigdor. In this respect, CCTs are now looking at how other professions encourage prevention. For example, just as dentists promote prevention through regular check-ups, brushing and flossing, so too could physiotherapists prescribe regular exercise and stretching regimens for preventative purposes.

The importance of physiotherapists in CCTs is further supported by the fact they have handled more than 2,000 patient referrals since April 2013, including referrals for chronic pain management, fall prevention and bone health maintenance, to name just a few.



Your medical home

Building better health

Having a medical home ensures that you have greater access to primary health care.

Dorothy was right when she said, “There’s no place like home.” After all, in an often busy and stressful world, it’s the one place we always feel comfortable, safe and secure. At Primary Care Networks (PCNs), we believe patients can feel a similar sense of home under the care of their family doctors. In fact, your medical home is your family doctor’s office.

PCNs support your family doctor to help him or her build a medical home for you – the place where you can feel most comfortable talking about your health and medical concerns

and where you’ll receive streamlined and coordinated primary health care. In your medical home, you may have access to an extended team of health professionals, such as nurses, behavioural health consultants, physiotherapists, kinesiologists and pharmacists (availability varies by PCN and clinic), who enhance your doctor’s ability to care for you.

Having a medical home ensures that you have greater access to primary health care. And because your medical home is part of a larger health community or neighbourhood, you not only have timely access to appointments at your doctor’s office, but also to health and medical services outside of your doctor’s office.

By having a family doctor that you see regularly, you are building a lifelong relationship of appropriate, consistent and coordinated primary care. And research has shown that this continuity of care leads to better health outcomes for patients!



Cholesterol Q & A

How much cholesterol can be in a healthy person's diet? What about people with heart disease or diabetes?

Although the cells in your body use cholesterol, you do not actually need to eat cholesterol to survive as your liver makes it when you need it. Healthy people should consume less than 300 mg of dietary cholesterol per day. However, those with heart disease or diabetes should aim for less than 200 mg per day. Dietary cholesterol is found in foods that come from animals, such as meats, eggs, and dairy products.

Can I still have fat in my diet?

Of course. You need fat in your diet because it helps your body make hormones and absorb nutrients like vitamins D, E and A. The key is to be aware of how much you're having. Added fat should be limited to two to three tablespoons per day. Choose unsaturated fats over saturated and trans fats. Examples of unsaturated fat are nuts, seeds, oils (other than coconut and palm kernel) and fatty fish like salmon, mackerel and trout. Examples of saturated fat include animal meats, high-fat dairy products, and coconut and palm kernel oils. Trans fats are hidden in many packaged foods, so it's important to read ingredient lists and avoid foods that have hydrogenated or modified oils.

Will eating more fibre help to lower cholesterol?

It will! Fibre, particularly soluble fibre, helps to lower cholesterol by binding to bile acids in the intestines. With fewer bile acids available, the liver must use cholesterol to make more, thereby decreasing blood cholesterol levels. Examples of soluble fibre include oats, barley, psyllium, oranges, dried beans and lentils.

Eggs contain cholesterol – can they still be part of a healthy diet?

Yes! Eggs have many nutritious properties and can be part of a healthy diet. If you have heart disease, a good guide for eggs would be four whole eggs per week, along with an overall reduction in saturated and trans fats. Or, you could eat egg whites more often. For example, if you are having two eggs, try eating only the egg whites or having one full egg and one egg white.

What are plant sterols and should they be part of a cholesterol-lowering diet?

Plant sterols are natural substances found in vegetables, fruits, nuts, grains and vegetable oils. Plant sterols are also called phytosterols. They work by partly blocking cholesterol absorption so that dietary cholesterol can be removed as waste.



Overnight Oatmeal

A new kind of oatmeal for hot summer days!

¼ cup	Rolled oats (not steel cut or instant)
⅓ cup	Milk or fortified milk alternative (soy or almond)
1½ tsp	Chia seeds
¼ cup	0% plain Greek yogurt
1 tsp	Honey

Place all ingredients in a container with a tight seal – mason jars, a Tupperware container or old yogurt or glass containers (pasta sauce or salsa) will do. Cover the container and shake until the ingredients are mixed well. Then stir in toppings – below are some suggestions. Place the container in the fridge to sit overnight. In the morning, simply stir and enjoy!

Toppings

Variation #1:

¼ cup fresh or frozen mango, diced
1/8 tsp almond extract

Variation #2:

¼ cup unsweetened apple sauce
1 tsp ground cinnamon

Nutrition Information: 5 g fat, 73 mg sodium, 36 g carbohydrates, 6 g fiber, 13 g protein, 226 calories.

