



Wellness World

Welcome New Clients!

Clinical Outcomes Group, Inc. (COGI) would like to take this opportunity to say “Thank You!” and recognize the following companies for partnering with COGI during the last quarter to offer Workplace Wellness services to their employees:

- * B Green Loft
- * Cedar’s Shopping Centers, Inc.
- * Honeysuckle Student Apartments
- * Keystone Area Health and Human Services
- * Schmid Advertising
- * The Maple Tree
- * Windsor Foods

SEPTEMBER 2009

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October is National Down Syndrome Awareness Month

- Down syndrome occurs when an individual has three, rather than two, copies of the 21st chromosome. This additional genetic material alters the course of development and causes the characteristics associated with Down syndrome.
- Down syndrome is the most commonly occurring chromosomal condition. One in every 733 babies is born with Down syndrome.
- There are more than 400,000 people living with Down syndrome in the United States.
- Down syndrome occurs in people of all races and economic levels.
- The incidence of births of children with Down syndrome increases with the age of the mother. But due to higher fertility rates in younger women, 80 percent of children with Down syndrome are born to women under 35 years of age.
- People with Down syndrome have an increased risk for certain medical conditions such as congenital heart defects, respiratory and hearing problems, Alzheimer's disease, childhood leukemia, and thyroid conditions. Many of these conditions are now treatable, so most people with Down syndrome lead healthy lives.
- A few of the common physical traits of Down syndrome are low muscle tone, small stature, an upward slant to the eyes, and a single deep crease across the center of the palm. Every person with Down syndrome is a unique individual and may possess these characteristics to different degrees or not at all.
- Life expectancy for people with Down syndrome has increased dramatically in recent decades - from 25 in 1983 to 60 today.
- People with Down syndrome attend school, work, participate in decisions that affect them, and contribute to society in many wonderful ways.
- All people with Down syndrome experience cognitive delays, but the effect is usually mild to moderate and is not indicative of the many strengths and talents that each individual possesses.
- Quality educational programs, a stimulating home environment, good health (continued on page 6)

Rett Syndrome Awareness Month is Celebrated in October

What is Rett Syndrome?

Rett syndrome is a childhood neurodevelopmental disorder that affects females almost exclusively. Loss of muscle tone is usually the first symptom. Other early symptoms may include problems crawling or walking and diminished eye contact. As the syndrome progresses, a child will lose purposeful use of her hands and the ability to speak. Compulsive hand movements such as wringing and washing follow the loss of functional use of the hands. The inability to perform motor functions is perhaps the most severely disabling feature of Rett syndrome, interfering with every body movement, including eye gaze and speech.

Is there any treatment?

There is no cure for Rett syndrome. Treatment for the disorder is symptomatic, focusing on the management of symp-

toms, and supportive. Medication may be needed for breathing irregularities and motor difficulties, and antiepileptic drugs may be used to control seizures. Occupational therapy, physiotherapy, and hydrotherapy may prolong mobility. Some children may require special equipment and aids such as braces to arrest scoliosis, splints to modify hand movements, and nutritional programs to help them maintain adequate weight. Special academic, social, vocational, and support services may also be required in some cases.

What is the prognosis?

The course of Rett syndrome, including the age of onset and the severity of symptoms, varies from child to child. Despite the difficulties with symptoms, most individuals with Rett syndrome continue to live well into middle age and beyond. Because the dis-

order is rare, very little is known about long-term prognosis and life expectancy.

What research is being done?

The National Institute of Neurological Disorders and Stroke (NINDS) and other institutes of the National Institutes of Health (NIH) conduct research related to Rett syndrome in laboratories at the NIH, and also support additional Rett syndrome research through grants to major medical institutions across the country. The discovery of the Rett syndrome gene in 1999 provides a basis for further genetic studies. Understanding the cause of this disorder is necessary for developing new therapies to manage specific symptoms, as well as for providing better methods of diagnosis.

Organizations

International Rett Syndrome Foundation
4600 Devitt Drive
Cincinnati, OH 45246
admin@rettsyndrome.org
<http://www.rettsyndrome.org>
Tel: 513-874-3020

Easter Seals
233 South Wacker Drive
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<http://www.easterseals.com>
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Fax: 312-726-1494

National Institute of Child Health and Human Development (NICHD)
National Institutes of Health, DHHS
31 Center Drive, Rm. 2A32 MSC
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Source: National Institute of Neurological Disorders and Stroke <http://www.nichd.nih.gov>

November is Pulmonary Hypertension Awareness Month

Facts on Pulmonary Hypertension

Pulmonary hypertension is a rare lung disorder in which the blood pressure in the pulmonary artery rises far above normal levels, usually with no apparent reason.

Symptoms include chronic fatigue, shortness of breath (dyspnea), chest pain (angina), palpitations, fainting, swollen ankles and legs (edema), and fluid in the abdomen (ascites). These are also symptoms for other diseases such as congestive heart failure; therefore, physicians should rule out other diseases before making a diagnosis of pulmonary hypertension.

Pulmonary hypertension may develop after pregnancy, valvular heart diseases, chronic thromboembolic dis-

ease, lung diseases, liver diseases, sleep-disordered breathing and hypoxemia, lupus, scleroderma, rheumatoid arthritis, vasculitis, or human immunodeficiency virus (HIV) infection.

In 2002, there were 15,668 deaths and 260,000 hospital visits among persons with pulmonary hypertension.

Among 807,000 patients hospitalized with pulmonary hypertension as one of the diagnoses between 2000 and 2002, 61% were women and 34% were younger than age 65.

It is unclear whether pulmonary hypertension is truly rare or whether pulmonary hypertension is undetected and under-reported. At present there are no statistical data to determine how many

people currently have pulmonary hypertension in the United States or how many new cases are diagnosed each year.

Increases in hospitalizations for persons with pulmonary hypertension and increases in death rates for women, African-Americans, and the elderly with pulmonary hypertension during the past two decades may reflect an increase in physician awareness of the disease rather than a growing epidemic of pulmonary hypertension.

During the past decade, advances have occurred in knowledge about the evaluation and diagnosis of several different types of pulmonary hypertension and in the treatment of pulmonary arterial

hypertension.

CDC's Public Health Efforts

CDC currently funds health departments in 32 states and the District of Columbia to develop effective strategies to reduce the burden of cardiovascular diseases and related risk factors with an overarching emphasis on heart healthy policies and physical and social environmental changes. Through these state programs, CDC aims to reduce disparities in treatment, risk factors, and disease; delay the onset of disease; postpone death from cardiovascular disease; and reduce disabling conditions.

For more information on CDC's State Heart Disease and Stroke Prevention Program, **(Continued on Page 6)**

Celebrate National Physical Therapy Month in October

Why a Physical Therapist?

Physical therapists can help improve or restore the mobility you need to move forward with your life. If you are looking for a possible alternative to surgery and/or pain medication, consider a physical therapist.

Your Physical Therapist Can Help You With:

Arthritis, Back Pain, Knee Pain, Osteoporosis, Overuse Injuries, Shoulder Pain, Stroke, Sprains, strains, and fractures, and much more

About Physical Therapists

Intensive Education & Clinical Expertise...

Physical therapists apply research and proven techniques to help people get back in motion. All physical therapists are required to receive a graduate degree – either a masters or a clinical doctorate -- from an accredited physical therapist program before taking the national licensure examination that allows them to practice. State licensure is required in each state in which a physical therapist practices. They are trusted health care professionals with extensive clinical experience who examine, diagnose, and then prevent or treat conditions that limit the body's ability to move and function in daily life.

More and more physical therapists are now graduating with a Doctor of Physical Therapy (DPT) degree. More than 92 percent of the 210 accredited academic institutions nationwide offering professional physical therapist education programs now offer the DPT degree – and more than 75% of all 2008 PT graduates hold a DPT degree.

Caring to suit anyone's needs...

Physical therapists provide care for people in a variety of settings, including hospitals,

private practices, outpatient clinics, home health agencies, schools, sports and fitness facilities, work settings, and nursing homes.

Physical therapists diagnose and treat people of all ages, including newborns, children, and elderly individuals. They may consult and practice with other health professionals to help you improve your mobility.

Easy access to professional care...

In most states, you can make an appointment with a physical therapist directly, without a physician's referral.

What to Expect from a Physical Therapist

The optimal combination of treatments...

Blending science with inspiration, your physical therapist will teach you how to prevent or manage a health condition and help motivate you during your treatment so you can function optimally. Your physical therapist will work with you to help you understand your body so you will achieve long-term health benefits.

A personal wellness plan tailored for you...

Your physical therapist will examine you and develop a plan of care using a variety of treatment techniques that help you move, reduce pain, restore function, and prevent disability. Your physical therapist can also help you prevent loss of mobility and motion by developing a fitness- and wellness-oriented program tailored to your specific needs.

Your partner in health...

A physical therapist is your partner throughout your journey to restoring and maintaining motion so that you can function at your personal best.



Did you know?

84%

of physical therapy users refer friends and family to their physical therapist.*

88%

of physical therapy users say the care they received was beneficial to helping them return to normal activity, increasing their range of motion, and relieving their pain.*

*APTA Consumer Survey, October 2007

Source: American Physical Therapy Association

http://www.moveforwardpt.com/why_physical_therapy/

The Great American Smokeout Celebration is held each November



All About The Great American Smokeout

Every year, on the third Thursday of November, smokers across the nation take part in the American Cancer Society's Great American Smokeout® by smoking less or quitting for the day on the third Thursday of November. The event challenges people to stop using tobacco and helps make people aware of the many tools they can use to quit for good.

In many towns and communities, local volunteers support quitters, publicize the event, and press for laws that control tobacco use and discourage teenagers from starting.

Research shows that smokers are most successful in kicking the habit when they have some means of support, such as:

- nicotine replacement products
- counseling
- stop-smoking groups
- telephone smoking cessation hotlines
- prescription medicine to lessen cravings
- guide books
- encouragement and support from friends and family members

Using 2 or more of these measures to help you quit works better than using any one of them alone. For example, some people use a prescription medicine along with nicotine replacement. Other people may use as many as 3 or 4 of the other measures listed above.

Telephone stop smoking hotlines are an easy-to-use resource. And as of 2008, they are available in all 50 states. Call 1-800-ACS-2345 (1-800-227-2345) to find telephone counseling or other support in your area.

Support is out there, but the most recent information suggests that fewer than 1 in 4 smokers reports having tried any of the recommended therapies during his or her last quit attempt.

How the Great American Smokeout began

The Smokeout has helped bring about dramatic changes in Americans' attitudes about smoking. These changes have led to community programs and smoke-free laws that are now saving lives in many states. Annual Smokeouts began in the 1970s when smoking and secondhand smoke were

commonplace.

The idea for the Great American Smokeout grew out of a 1974 event. Lynn R. Smith, editor of the *Motocello Times* in Minnesota, spearheaded the state's first D-Day, or Don't Smoke Day. The idea may have been inspired by Arthur P. Mullaney of Randolph, Massachusetts. Three years earlier, Mullaney asked people to give up cigarettes for a day and donate the money they would have spent on cigarettes to a high school scholarship fund.

The idea caught on, and on November 18, 1976, the California Division of the American Cancer Society successfully got nearly 1 million smokers to quit for the day. That California event marked the first Smokeout, and the Society took it nationwide in 1977.

The Great American Smokeout fuels new laws and saves lives

Each year, the Great American Smokeout also draws attention to the deaths and chronic diseases caused by smoking. Throughout the late 1980s and 1990s, many state and local governments responded by banning smoking in workplaces and restaurants, raising taxes on cigarettes, limiting cigarette promotions, discouraging teen cigarette use, and taking further actions to counter smoking.

Those states with strong tobacco control laws are now reaping the fruits of their labor. They have markedly lower smoking rates and [fewer people dying of lung cancer](#), according to a 2003 report in *Cancer Causes and Control*. The study found that lung cancer death rates among adults age 30-39 were lower and falling in most states that had strong anti-tobacco programs. In states with weak tobacco control, lung cancer rates were higher and climbing. Another study published in 2008 showed this trend between tobacco control and lung cancer continues.

Today, about 43 million US adults smoke. Tobacco use can cause lung cancer, as well as other cancers, heart disease, and lung disease. Smoking is responsible for nearly 1 in 3 cancer deaths, and 1 in 5 deaths from all causes. Another 8.6 million people are living with serious illnesses caused by smoking.

Fortunately, the past few decades have seen great strides in changing attitudes about smoking, in understanding the ad-

diction, and in learning how to help people quit.

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Source:

http://www.cancer.org/docroot/subsite/greatamericans/content/All_About_Smokeout.asp

Lung Cancer Statistics - November is Lung Cancer Awareness Month

More people die from lung cancer than any other type of cancer. This is true for both men and women. In 2005 (the most recent year for which statistics are currently available), lung cancer accounted for more deaths than breast cancer, prostate cancer, and colon cancer combined.† In that year,

- 107,416 men and 89,271 women were diagnosed with lung cancer*†
- 90,139 men and 69,078 women died from lung cancer*†

Among men in the United States, lung cancer is the second most common cancer among white, black, Asian/Pacific Islander, American Indian/Alaska Native, and Hispanic men. Among women in the United States, lung cancer is the second most common cancer among white, black, and American Indian/Alaska Native women, and the third most common cancer among Asian/Pacific Islander and Hispanic women.† For more information, visit [Cancer Data and Statistics by Demographic](#).

*Note: Incidence counts cover 96% of the

U.S. population and death counts cover 100% of the U.S. population. Use caution in comparing incidence and death counts.

†U.S. Cancer Statistics Working Group. [United States Cancer Statistics: 1999–2005 Incidence and Mortality Web-based Report](#). Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2009. Available at: <http://www.cdc.gov/uscs>.

Source: <http://www.cdc.gov/cancer/lung/statistics/index.htm>

Celiac Disease

Celiac disease is an autoimmune digestive disease that damages the villi of the small intestine and interferes with absorption of nutrients from food. What does this mean? Essentially the body is attacking itself every time a person with celiac consumes gluten.

Celiac disease is triggered by consumption of the protein called gluten, which is found in wheat, barley and rye. When people with celiac disease eat foods containing gluten, their immune system responds by damaging the finger-like villi of the small intestine. When the villi become damaged, the body is unable to absorb nutrients into the bloodstream, which can lead to malnourishment.

Left untreated, people with celiac disease can develop further complications such as other autoimmune diseases, osteoporosis, thyroid disease, and cancer.

Celiac Symptoms

There are more than 300 symptoms of celiac disease and some people may experience no symptoms at all. Learn about the varying symptoms and how different people are affected.

Diagnosis & Treatment

Celiac disease can be difficult to diagnose because it can present in a variety of different ways. The disease can be diagnosed using a blood test and confir-

mation biopsy. The only treatment is a life-long gluten-free diet. Here you'll find everything you need to know to get diagnosed and get started on a gluten-free diet.

Related Diseases

Celiac is related to a number of other conditions such as infertility, migraine headaches, osteoporosis, type 1 diabetes and thyroid disease. Learn about the different diseases that can co-exist with celiac and how they could affect your or a loved one.

Facts & Figures

Did you know that three million Americans have celiac disease but only about 5% of them are accurately diagnosed! There are several surprising and little known facts and figures regarding celiac disease. Be informed and spread the knowledge!

Here are some of the most staggering facts about celiac disease and the gluten-free marketplace. Each statement highlights the need for education and awareness amongst the medical and culinary communities as well as the general public.

- ◆ Celiac disease is an autoimmune digestive disease that damages the villi of the small intestine and interferes with absorption of nutrients from food.
- ◆ One in 133 Americans have celiac disease.
- ◆ Three million Americans across all races, ages and genders suffer from celiac.
- ◆ 95% of celiacs are undiagnosed or misdiagnosed with other conditions.
- ◆ 10 years is the average time a person waits to be correctly diagnosed.
- ◆ 17% of celiac patients have an immediate



family member who also has celiac.

- ◆ Celiac disease can lead to a number of other disorders including infertility, reduced bone density, neurological disorders, some cancers, and other autoimmune diseases.
- ◆ \$5,000-\$12,000 is the average cost of misdiagnosis per person/per year of celiac, not including lost work time.
- ◆ There are NO pharmaceutical cures for celiac disease.
- ◆ A **100% gluten-free diet is the only existing treatment** for celiac today.
- ◆ A positive attitude, 100% of the time, helps celiacs create a gluten-free lifestyle for themselves and their affected family members.
- ◆ 500,000 new celiac diagnoses are expected to occur in the next 5 years thanks to efforts to raise public awareness of celiac disease.
- ◆ The gluten-free marketplace is expected to reach \$1.7 billion by 2010 thanks to new vendors manufacturing better tasting and more affordable products.

Source: <http://www.celiaccentral.org/About-Celiac-Disease/21/?gclid=COWUi5n2rZwCFeFM5QodOgOPjg>

October 2009

- ◆Celiac Sprue Awareness Month
- ◆Domestic Violence Awareness Month
- ◆Healthy Lung Month
- ◆National Family Sexuality Education Month
- ◆National Lupus Awareness Month
- ◆National Physical Therapy Month
- ◆National Spina Bifida Awareness Month
- ◆Rett Syndrome Awareness Month
- ◆SIDS Awareness Month
- ◆Talk About Prescriptions Month
- ◆National Glaucoma Awareness Month
- ◆Clean Air Month
- ◆Health Literacy Month
- ◆National Medical Librarians Month
- ◆National Orthodontic Health Month
- ◆Let's Talk Month
- ◆National Brain Injury Awareness Month
- ◆National Liver Awareness Month
- ◆National Down Syndrome Awareness Month
- ◆Children's Health Month

November 2009

- ◆Diabetic Eye Disease Month
- ◆National Alzheimer's Disease Awareness Month
- ◆American Diabetes Month
- ◆Great American Smokeout
- ◆National Hospice Month
- ◆Pancreatic Cancer Awareness Month
- ◆Lung Cancer Awareness Month
- ◆National Adoption Month
- ◆National Healthy Skin Month
- ◆Jaw Joints - TMJ Awareness Month
- ◆COPD Awareness Month
- ◆Pulmonary Hypertension Awareness Month
- ◆National Family Caregivers Month

December 2009

- ◆National Drunk and Drugged Driving (3D) Prevention Month
- ◆Safe Toys and Gifts Month
- ◆National Aplastic Anemia Awareness Month

SOURCE:



Edward G. Rendell, GOVERNOR

www.dsf.health.state.pa.us**(Continued from Page 1)**

care, and positive support from family, friends and the community enable people with Down syndrome to develop their full potential and lead fulfilling lives.

- Researchers are making great strides in identifying the genes on Chromosome 21 that cause the characteristics of Down syndrome. Many feel strongly that it will be possible to improve, correct or prevent many of the problems associated with Down syndrome in the future.

Source: National Down Syndrome Society www.ndss.org**(Continued from Page 2)**

please visit our Web site at http://www.cdc.gov/cvh/state_program/index.htm.

For More Information

More information on pulmonary hypertension can be obtained from the following CDC partners: Pulmonary Hypertension Association*, American Heart Association*, National Heart, Lung, and Blood Institute

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Source: http://www.cdc.gov/DHDSP/library/fs_pulmonary_hypertension.htm

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