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NEBRASKA ACADEMY OF
FAMILY PHYSICIANS



All-around specialty

Family physicians' work often includes acute care, prevention and screening.

By Dr. Robert Rauner

The Nebraska Academy of Family Physicians, or NAFP, represents family physicians in Nebraska. The organization has more than 1,200 members — from medical students to doctors who have retired.



Rauner

Family physicians offer the largest single primary care specialty in the state. They practice in all sizes of communities throughout Nebraska. Because of their training, family doctors can care for approximately 90 percent of the problems their patients present to them.

Most family physicians provide acute care, work with their patients to help them prevent illness, and do appropriate screening for health problems. Family physicians are trained through medical schools and a three-year family medicine residency.

The majority of practicing family physicians keep up with certification from the American Board of Family Medicine, which means that they must pass a test every 10 years and average at least 50 hours of continuing medical education each year.

Unfortunately, many of our members are getting older, and we will need to promote our specialty with young physicians to make sure that family physicians are available to care for Nebraskans during the next several decades.

Family physicians, along with general internal medicine specialists and pediatricians, are at the forefront of providing a patient-centered medical home.

We, as a specialty, are excited to be a part of this movement, as we feel that it will benefit our patients and provide better care for all Nebraskans. We look forward to being a part of "Caring for You, Caring About You" now and in the future.

Robert Rauner, M.D., is president of the Nebraska Academy of Family Physicians.

How to know when it's time to see a doctor

By Dr. Dale E. Michels

Patients regularly comment when they come to my office, "I wasn't sure whether I needed to see you, but ..." How do you know when you should see your family physician? Let's talk about some of the issues.

Children's illness

All parents want the best for their children, and worry about their kids when they are ill.

Children often become ill quickly. Thankfully, they often get well almost as quickly. Fever is common, and a fever over and above 103 degrees can occur frequently.

When children get a fever, treat the fever but recognize that a fever is a symptom. In children, it often stems from a viral illness.

If a fever goes on for more than 48 to 72 hours, contact your family physician. If the child has a fever, acts sick and won't eat, it's likely that something more serious is happening and that you should contact your family doctor. If your child is less than 2 months old, a fever above 100.4 degrees merits a visit to the doctor.

Trauma

If you have experienced trauma, contact your family physician and get advice on what to do.

Many times the trauma is such that you can do initial treatment at home and be seen in the office later or the next day.

If a loss of consciousness occurred or if there is significant bleeding, numbness or obvious deformity, it is probably best to go to an emergency room or call your family physician immediately.

Adult illness

Adolescent and adult illness can often be treated at home without a visit to the doctor.

However, if the illness is getting progressively worse or seems to get better and then gets worse again, it's time to see the doctor.

With certain illnesses that cause severe pain and discomfort (such as a bladder infection), it's wise to seek care sooner rather than later.

Well-child care

Making sure that a child's growth and development are the best they can be is an important reason for your children to see your family physician regularly.

Immunization is one of the most important preventive measures you can take for your children. Getting them the appropriate immunizations can avoid illnesses that could result in disability or death.

Chronic illness care

Many visits to family physicians' offices are for ongoing care of chronic illness.

Because the illnesses family doctors treat can lead to other problems if not treated properly, it is important to make sure these ongoing conditions are monitored.

Family physicians need to see patients regularly to make sure the treatments are effective.

When your family doctor recommends a regular visit schedule, it is for your benefit. Just because the illness or disease is controlled today doesn't mean it will stay controlled in the future.

After-retirement care

The effects of our lifestyle and our control of chronic illnesses have a direct effect on what we can do after retirement, how long we live and what happens at the end of our lives. It is important to talk with your family physician about such issues. Family physicians, who often take care of multiple generations of the same family, can provide information so patients truly understand and do what is best for their situation.

Family physicians know and are known by their patients. If you as a patient have questions, it often is best to make an appointment with your family physician and bring your list of concerns.

Though the doctor might not have time to cover your whole list in one visit, your family physician is committed to "Caring for You, Caring About You."

Dale E. Michels, M.D., is chairman of the Nebraska Academy of Family Physicians' public affairs and marketing committee.

Take time to read the labels

By Dr. Jeff Strohmeyer

We often rely on common nonprescription pain medication for everyday aches and pains.

Because the medications are produced by big-name manufacturers, we sometimes don't bother to read the label. We take the pill and forget it.

However, four of the most common over-the-counter pain relievers have significant side effects. Before taking these medications, know the key differences between them. To figure out what is best for your needs, talk with your pharmacist.

Tylenol (acetaminophen) is best for fever and pain, and lasts four to six hours per dose. It is also good for minor sprains and aches. Taking more than eight extra-strength pills in two days and consuming more than seven alcoholic drinks a week may cause significant liver damage. People with pre-existing liver conditions should consult their pharmacist.

Excessive, long-term use of acetaminophen might have additive adverse effects on kidney function. Consult your doctor if you use acetaminophen regularly. Keep in mind that it is easy to get additional acetaminophen in combination with other prescription and nonprescription medications. Prescription pain medicine and cold preparations can contain significant amounts of acetaminophen.

Advil or Motrin (ibuprofen) is used for fever, sprains and pain associated with osteoarthritis. It also can help relieve the pain of menstrual cramps. One dose lasts

four to six hours. Side effects include bloating, heartburn, stomach pain, dizziness and constipation. Prolonged use can cause ulcers, kidney problems, liver problems and high blood pressure. If you have heart or kidney disease, high blood pressure or ulcers, consult your pharmacist. Take this medication with food, not milk.

Aspirin is best for fever, pain, inflammation and joint pain. There is evidence that at low doses, aspirin can help prevent heart disease and stroke. Though high doses can help pain and inflammation from arthritis, levels high enough to prevent arthritis pain can harm the stomach and cause ulcers.

Side effects of aspirin include stomach pain and heartburn. Prolonged use can cause dizziness, ringing in the ears and stomach ulcers.

Aleve (naproxen) is also good for pain, fever and inflammation. It helps ease joint pain associated with osteoarthritis. Aleve can be a good medication for longer pain relief, as each dose lasts eight to 12 hours.

Naproxen products also cause stomach pain, heartburn and dizziness. Prolonged use may cause ulcers, high blood pressure, kidney and liver damage. To reduce the risk of stomach problems, be sure to take naproxen with food. Be sure to discuss potential interactions and side effects with your doctor.

Jeff Strohmeyer, M.D., is a member of the Nebraska Academy of Family Physicians' public affairs and marketing committee.

Doctor, how can I . . .

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Reduce your risk

Exercise offers many benefits, even for those who have not been active.

By Dr. Jeff Strohmeyer

Evidence suggests that regular physical activity provides substantial health benefits, reducing the risk of many chronic diseases. Physical activity is associated with reduced medical costs, especially for women, and these cost reductions become more significant with increasing age.

Current recommendations encourage activity on most or all days of the week, but only 31 percent of persons ages 65 to 74 report regularly engaging in moderate physical activity for 20 minutes or more three days a week.

Research has consistently shown that adults who remain or become active have a significantly decreased risk of cardiovascular mortality compared with their inactive counterparts.

Starting an exercise program can significantly reduce risk factors, even if the person was not physically active when he or she was younger.

There are four ways for individuals to improve physical fitness: aerobics, resistance training, flexibility training and lifestyle modification.

Aerobic training

To reap a benefit from physical activity, do 20 to 60 minutes of continuous or intermittent exercise, three to seven days per week. Examples include walking the dog briskly, bicycling or elliptical training, dancing and swimming. Thirty minutes of aerobic activity easily consumes 500 calories of energy per hour.

Resistance training

Examples include group circuit-training classes and circuit weight training of various intensities. The key to successful resistance training is frequent repetition at low intensity, progressing to increasing length of duration.

Flexibility training

This includes yoga-type activities that improve flexibility of all muscle groups. Many commercial alternatives are available using tai chi methods or a balance ball.

These activities lengthen muscles and increase joint capacity to move through a full range of motion. It is important to include these activities with aerobic and resistance training.

Lifestyle modification

Use opportunities in daily routines to increase energy expenditure. This includes manually opening doors, carrying groceries, using stairs and parking some distance from entrances to buildings.

Talk with your doctor about how much exercise is right for you. A good goal for many people is to work up to exercising four or six times a week. Any amount of exercise is better than none.

Here are some tips that will help you stick with an exercise program.

Choose an activity you like to do.

Get a partner. Exercising with someone else can make it more fun.

Vary your routine. You may be less likely to get bored or injured if you change your routine frequently. Walk one day, bicycle another. Consider activities like dancing and racquet sports.

Choose a comfortable time of day. Don't work out too soon after eating or when it's excessively hot or cold outside.

Don't get discouraged. It can take weeks or months before you notice improvement in how you feel.

Don't forget about "no pain, no gain." It's normal to be a little sore after you first start exercising.

Make exercise fun.

Jeff Strohmeyer, M.D., is a member of the Nebraska Academy of Family Physicians' public affairs and marketing committee.

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The doctor is 'in'

Nebraska Family Physician of the Year has helped Seward patients for nearly four decades.

He knows his patients personally and is more than just a family doctor to many of them.

Practicing in Seward for more than 37 years, Dr. Van Vahle and his colleagues have provided a medical home for Seward residents for much of that time.

The principles of a patient-centered medical home are at the forefront of what family doctors are trying to provide their patients.

The goal is to give patients continuity of care by making sure that they receive the care they need from conception through the end of life. Family physicians care for 85 to 90 percent of patient needs, and can make sure that the right consultant is used for other problems.

Another goal is to see patients when they need to be seen based on their needs, not waiting until patients are sicker or must use the more expensive emergency room.

Family doctors also want to make sure that patients know the steps they should take to

keep themselves healthy and get the services they need to avoid health problems — services such as mammography, colon cancer screening, and methods to control blood sugar, cholesterol and high blood pressure.

Still another goal is to have a medical records system that lets patients and physicians get tests done when they need to be done.

As chairman of the Memorial Health Systems Clinic in Seward, Vahle has been in the forefront of making sure these things are done in a way that is best for patients and physicians.

For those efforts and his many other accomplishments, the Nebraska Academy of Family Physicians honored Vahle by naming him the 2009 Nebraska Family Physician of the Year.

Knowing the patient, attempting to meet their needs in a timely way, keeping track of drugs, treatments and complex tests — all while making sure the patient is at the center of the effort — is critical to the success of the patient-centered medical home concept.



STATE OF NEBRASKA

The Nebraska Academy of Family Physicians named Dr. Van E. Vahle, center, as its 2009 Nebraska Family Physician of the Year during an August ceremony at the state capitol. Vahle is flanked by NAFP President Dr. Robert Rauner of Lincoln, left, and Dr. Dale E. Michels of Lincoln, chairman of the NAFP public affairs and marketing committee.

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Creighton UNIVERSITY Medical Center

How to add life to your years

By Dr. Carol A. Lacroix

Here are some tips to remain sharp and keep active.

Cultivate relationships with family and friends. This keeps your mind stimulated. When you need help, you will have someone to call.

Challenge your mind. Have hobbies, read, work crossword puzzles or do Sudoku.

Exercise. Walk at least 30 minutes each day. Stay limber with stretching exercises or yoga.

Sleep. Don't fret if you cannot sleep straight through the night. Consider reading a boring book or listening to music until you fall asleep again.

If someone in the household snores enough to disturb your sleep, urge them to go to their family doctor.

If you take a sleeping pill, try not to take it at least two nights per week. If you feel anxious or depressed, talk to your doctor.

Get your vision checked. Do this every two years unless you need to go more often because of cataracts, diabetes or macular degeneration.

Use a hearing aid if you need one.

Eat properly. If cooking has become a chore, consider Meals on Wheels.

Get your shots. You should have at least one Pneumovax (pneumonia shot) after age 65. If you have not had shingles, Zostavax is recommended (as a one-time shot).

Take vitamin supplements. Options include calcium and vitamin D to prevent osteoporosis, fish oil as an antioxidant and to lower cholesterol, glucosamine to control musculoskeletal pain, and multivitamins.

HERE ARE SOME OTHER WAYS TO TAKE CARE OF YOURSELF.

Update your will. It should include designations for durable power of attorney and medical power of attorney.

Make your wishes known. Give your children or other family members a copy of your wishes for end-of-life issues.

Though not a legally-binding document, it will guide the people around you to be as aggressive as you want if you cannot decide for yourself.

Carol A. Lacroix, M.D., is vice president of the Nebraska Academy of Family Physicians.

Clean and clear

Whether it's winter or summer, your skin needs attention.

By Dr. James F. Shelton

Healthy skin is your first line of defense against many attacks on your body. If you can remember a few pointers, taking good care of your skin can be simple.

It is important to cleanse your skin according to the season, use sunscreen year-round, apply appropriate moisturizer and dress in clothing suitable for the season.

Cleansing

You do not have to feel dry to be clean. Many people mistake dry skin with clean skin. A good rule of thumb is to use the mildest soap that will remove dirt. For example, you may find that you get better facial cleansing if the face soap you use is milder than what you use on your body. If you have dry skin in winter, it is likely related to the strength of soap you are using.

Though hot showers might feel good, they also dry out the skin. The hotter the water, the more skin oils you lose. Take a warm shower instead.

Don't be too aggressive with your skin and scrub it too hard, such as with a Loofah sponge.

Don't wash too frequently. Some people take a shower in the morning, after work and after exercise or swimming. Unless you are really dirty, consider just rinsing your body without soap in that second shower or bath.

Moisturizing

In the winter, there is less moisture in the air. We lose more moisture to the atmosphere and our skin can dry out faster. Consider using a humidifier in your home.

After getting out of the shower, lightly towel-dry your skin by patting it. Don't rub. Then apply an oil-based moisturizer. Doing this will help hold in the moisture from the shower and condition your skin. In the summer, use a lighter moisturizer to avoid clogging pores and interfering with sweating. Try several moisturizers and find the one that works best for you.

Dressing appropriately

In winter, it is important to dress in layers. Doing this can help you avoid sweating and overheating, which can trigger the scratch-and-itch cycle. If you wear wool, prevent irritation by putting another fabric under it, such as cotton.

Wearing good-fitting gloves or mittens is important. However, they should be removed as soon as possible if they become wet from snow or sweat. If left on, the moisture could contribute to dry, cracked and painful skin later.

In the summer, wearing lighter-colored clothing is important to prevent overheating. Clothing made of sun protective fabrics can stop penetration of ultraviolet, or UV,



STOCKXPRT

In winter, dress in layers to avoid overheating, which can lead to skin irritation.

sun rays that can damage skin. Such fabrics have a tighter weave. Some manufacturers put this protective value on the label. Only clothes with values from 15 to 50-plus are considered sun protective.

Sunscreen

Though we think about using sunscreen in the summer, its use is just as important during the winter.

In summer, skin can burn in as few as 10 to 15 minutes in midday sun (between

10 a.m. and 2 p.m.). Use a sunscreen with an SPF value of at least 15 for normal skin to 30 for fair skin. To be effective, it must be applied liberally 30 minutes before sun exposure. Reapply after heavy sweating or swimming.

Sunscreen may be even more important during the winter. Snow reflects 80 percent of the sun's UV rays, compared to a sandy beach, which reflects just 30 percent.

James F. Shelton, M.D., is chairman of the Nebraska Academy of Family Physicians' publications committee and editor of Cornhusker Family Physician magazine.

To test or not to test?

Your family doctor can help determine which screening exams you should have.

By Dr. Robert Rauner

The first way to figure out which screenings you need is to look at the tests recommended by experts.

Unfortunately, this is more complicated than it sounds. One reason is because a large number of guidelines have been produced lately, some of which disagree with each other or are self-serving. This is because not all guidelines are independently produced or written by those with appropriate training.

To avoid these problems, make sure you look to a well-researched, independent source. One such source is the United States Preventive Health Services Taskforce, which offers its guidelines at www.ahrq.gov/clinic/uspstfix.htm. These guidelines serve as the source of most physician and health-plan recommendations.

At the Web site, you will find an indexed list of screening recommendations for cancer, heart disease, diabetes and other conditions. The list includes the year the recommendations were written and the strength of evidence behind them.

You might be surprised to find that some tests recommended in the past, such as a PSA for prostate cancer, are

listed as having uncertain evidence behind them.

You also might be surprised that some widely promoted health screenings, such as vascular screening for carotid artery disease, are specifically not recommended in healthy adults. An additional guide to recommended screenings is at www.familydoctor.org.

Another way to answer the question is to find someone who can help you sort through the recommendations. The best way for most people to do this is during an annual check-up with a family physician or general internist.

Your physician can help you determine which tests apply to you. This can be challenging, because whether a test is advisable can depend on things specific to you — your age, gender, family history, past medical history and any medications you take. A review of these should be part of your annual check-up. Many of these tests can be accomplished at the same time as your visit (blood-pressure checks, cholesterol screening, etc).

Another reason to review these tests with your physician is because the results of the tests and what to do about them might not be straightforward.

For example, in some individuals an LDL cholesterol of

150 might be acceptable and would not warrant treatment. In others, an LDL of 110 might warrant treatment with prescription medication.

Some tests, such as those used to screen for colorectal cancer, might have more than one option. The test you choose will depend on your overall health and the risks and benefits of each option.

You might find that a visit to your primary care physician is less expensive in the long run when compared with the cost of having the screening tests done on your own. Many health plans include an annual check-up as part of their wellness benefit.

Some screening programs will require you to pay for tests you might not need. For example, a bone-density screening might not be something you need.

If you are healthy, some tests should be done less frequently. For example, if you have normal cholesterol levels and no health problems, you only need to have your cholesterol checked once every five years.

For many people, the appropriate screenings can be lifesaving, and more than worth the expense.

Robert Rauner, M.D., is president of the Nebraska Academy of Family Physicians.

‘Take none and call me in the morning’

Extra effort at controlling common conditions
can reduce your reliance on medication.

By DR. DALE E. MICHELS

Many patients come into their doctor's office with a sack of the pills they take each day. If you have many doctors writing prescriptions for you, it's a good idea to bring your medications or at least a list of all the medications (prescription and over the counter) for your family doctor to review at each visit.

Because the other doctors taking care of you might make changes, your family doctor needs to know what you are taking. Different pill colors, shapes and sizes can make things very confusing.

Looking at a few of the most common health problems and the medications for them might help you find a way to cut out some of your pills.

Colds and upper respiratory infections.

Good scientific studies have indicated that many of these infections are viral. An antibiotic won't help such conditions.

So wait and watch, rest, take a sick day and drink lots of water and juice.

Complain if you must, but don't ask for an antibiotic right away. Even many ear infections turn out to be viral.

If your throat gets very sore, your fever goes up, your neck is swollen and sore or if you get a rash, check with your family doctor about testing for strep throat.

High blood pressure (hypertension).

Many patients take from one to four different drugs to control their blood pressure.

It is important to control blood pressure — ideally under 130 on the top (systolic) reading and under 80 on the bottom (diastolic) reading.

Check your blood pressure at least monthly, and more often if you have changed drugs or if your pressure seems to be up.

Many patients see their family physician to make sure their blood pressure is controlled and to determine that they are not experiencing side effects from medications.

Patients often can control their blood pressure with regular exercise, which can lower blood pressure by 20 points or more.

Other effective techniques include decreasing the amount of salt in your diet; limiting caffeine intake to two drinks per day; learning to relax and lower your stress level; limiting alcohol to two drinks per day or less; stopping smoking or other tobacco use; and controlling your weight if you are overweight and have high blood pressure.

High blood sugar or type 2 diabetes.

Nearly all patients who learn they have type 2 diabetes tell their family doctor that they don't want to take insulin.

Though many patients control their type 2 diabetes with pills, doing so can require taking one to three different pills more than once a day.

To take fewer pills or stop taking them completely, work with your family doctor to make sure your blood sugar stays down so you don't have a stroke or develop blindness or kidney disease.

You can lower your blood sugar by taking regular walks or doing other exercise, since exercise makes your body use up its sugar.

Losing weight and cutting out much of the sugar in your diet can really improve your blood sugar level. Decreased sugar intake also can help you lose weight.

Keep in mind that while sugar-free foods don't include sugar, they often have as many or more calories than foods that do, so they won't help you lose weight.

Other illnesses.

Many other illnesses can be controlled in ways other than by taking pills. Using creams or lotions, undergoing counseling or even taking a class might help you to take fewer pills, depending on the condition. When you see your family doctor, ask about something other than pills to keep yourself healthy.

Dale E. Michels, M.D., is chairman of the Nebraska Academy of Family Physicians' public affairs and marketing committee.