

AU InforMed

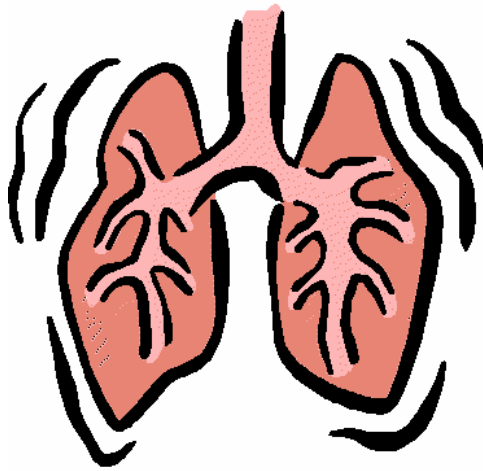
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October is ...



National Healthy Lung Month



Keep Your Lungs Healthy... **STOP SMOKING!**

- Smoking tobacco is the number 1 cause of preventable disease and death in the United States.
- Each year 1.3 million smokers quit.
- The FDA has approved 4 types of smoking cessation aids (gum, inhaler, nasal spray, and patch) that can help reduce withdrawal symptoms and urges for individuals who are trying to quit.
- The prescription medications bupropion (Zyban[®]) and varenicline (Chantix[®]) are also approved for smoking cessation.
- The use of smoking cessation medications along with counseling can increase your chance of success.

For more information on quitting smoking take a look at these smoking cessation resources:

www.smokefree.gov This website is intended to help individuals quit smoking. The Web site was created by the Tobacco Control Research Branch of the National Cancer Institute.

www.americanheart.org This website is sponsored by the American Heart Association. The mission of this organization is to reduce disability and death from cardiovascular disease and stroke. Resources for stopping smoking can be found at the Healthy Lifestyle link.

www.cancer.org This website is sponsored by the American Cancer Society whose mission is to eliminate cancer as a major health problem. Information about quitting smoking can be found at the Guide to Quitting Smoking link.

www.lungusa.org Information about quitting smoking can be found on this website which is sponsored by the American Lung Association. The goal of this organization is to prevent lung disease and promote lung health.

Selected Benefits of Smoking Cessation

Short-Term Benefits	Long-Term Benefits
Blood pressure returns to pre-smoking levels within 20 minutes.	Lung function improves up to 30% within 2 to 3 months.
Carbon monoxide levels drop within hours.	Risk of coronary heart disease is reduced by 50% after 1 year.
Money is saved each day by not buying cigarettes.	Risk of stroke is similar to that of a nonsmoker within 5 to 15 years.
Sense of smell and taste improve within days.	Patient enjoys increased self-esteem due to quitting smoking.

1. Jorenby DG. Smoking Cessation Strategies for the 21st Century. *Circulation*. 2001; 104:51-2.
2. Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence: Clinical Practice Guideline. Rockville, Md: US Dept of Health and Human Services Public Health Service; 2000.
3. US Department of Health and Human Services. *The Health Benefits of Smoking Cessation: A Report of the Surgeon General*. Rockville, Md: US Dept of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health promotion, Office on Smoking and Health; 1990. DHHS publication (CDC) 90-8416.

ABOUT THE FLU

Why should you worry about the flu?

- Complications of influenza (the flu) can include bacterial pneumonia, ear infections, sinus infections, and worsening of chronic medical conditions.
- More than 200,000 people are hospitalized each year due to flu complications.
- About 36,000 people die each year from flu complications.

What can you do to prevent the flu?

- **Get a flu vaccination**
- Wash your hands often
- Stay away from other people if they are sick
- Avoid touching your mouth, nose, and eyes



Who should get the flu vaccine?



- Anyone who wants to reduce their risk of getting the flu can get the flu vaccine.
- People at high risk for complications from the flu should get vaccinated every year. These people include:
 - Children aged 6-59 months of age
 - Pregnant women
 - People 50 years old and older
 - People at any age with certain chronic medical conditions such as diabetes, congestive heart failure, or asthma
 - People who live in nursing homes or long term care facilities
- People who live with or care for people at high risk for the flu should also get the flu vaccine.

When is the best time to get the flu vaccine?

- The official flu season is from December 1 to March 1.

- The best time to get vaccinated is during October or November; however getting the vaccine after November can still be beneficial since the flu usually does not peak until February.

What types of vaccines are available?

- Currently there are 2 types of vaccines available:
 - Trivalent inactivated vaccine (available as an intramuscular injection)
 - Live attenuated vaccine (available as a nasal spray)
- The nasal spray vaccine is not an option for certain people including those that are pregnant or have weakened immune systems.
- Ask your pharmacist or physician which vaccine is best for you.

1. CDC. Key facts about influenza and the influenza vaccine. Department of Health and Human Services. Atlanta, GA. <http://www.cdc.gov/flu/pdf/keyfacts.pdf>. 8/30/06. Accessed 9/14/06.
2. CDC. Prevention and Control of Influenza-Recommendations of the Advisory Committee on Immunization Practices (ACIP). 2006-07. Department of Health and Human Services. Atlanta,GA. <http://www.cdc.gov/mmwr/preview/mmwrhtml/r5510a1.htm>. 8/30/06. Accessed 9/14/06.
3. CDC. Preventing the flu: good health habits. Department of Health and Human Services. Atlanta, GA. <http://www.cdc.gov/flu/protect/preventing.htm>. 1/14/06. Accessed 9/14/06.

Another vaccine to consider ... It is important to identify patients in need of pneumococcal vaccination. According to the Centers for Disease Control (CDC) and the Advisory Committee on Immunization Practices, everyone over the age of 65 should receive the 23 valent pneumococcal vaccine (Pneumovax® 23 – Wyeth).¹ They also recommend that anyone over the age of two with the following chronic illnesses should receive the 23 valent vaccine: cardiovascular disease, pulmonary disease, immunocompromised patients and patients with myasthenia gravis, renal dysfunction, sickle cell anemia or alcoholism.¹ Revaccination is recommended when at least 5 years have passed for patients that are over 65 and received the vaccine before the age of 65.¹ Children should also be revaccinated if they received the first the vaccine before the age of 10 and they have asplenia, sickle cell, or other immunosuppressive disorders.¹ For more information about Pneumovax® or other vaccines check out the Pink Book from the CDC. <http://www.cdc.gov/nip/publications/pink/>

1. Grabenstein JD, Houge MD, Foster SL. Pharmacy based immunization delivery: A national certificate program for pharmacists, 10th ed. Washington, DC: American Pharmacists Association;2006:22-24.

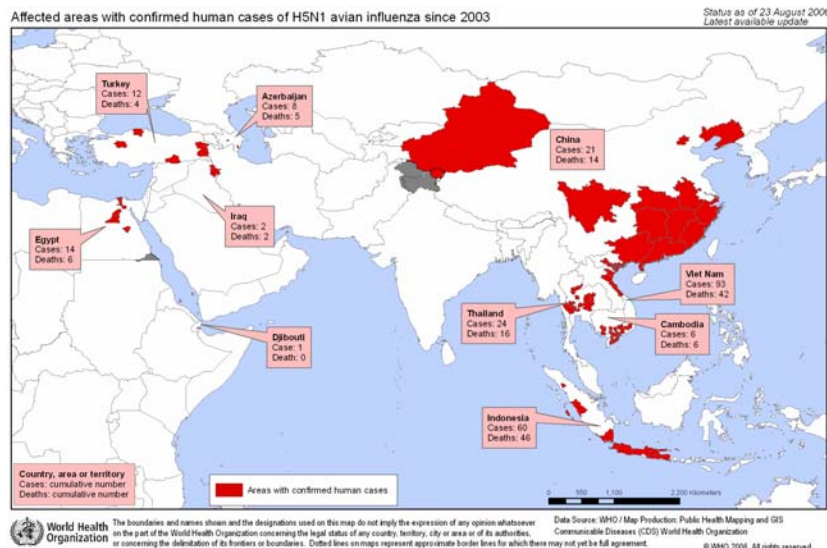
FROM THE HEADLINES ...

Avian Flu ... Since flu season is quickly approaching, many patients may have questions about



Photo from www.cnn.com

what exactly is the “**bird flu**” and if they are at risk of developing an infection. The avian influenza virus is an infectious disease that naturally occurs in birds.¹ The virus is highly contagious among birds and can cause death especially with ducks, chickens and turkeys.¹ There are two different forms of the disease which can either present as “low pathogenic” appearing with mild respiratory distress or as “high pathogenic” which is lethal and can cause death in 48 hours.^{1,2} The avian virus, which has also infected humans, is known as influenza virus type A subtype H5N1.^{1,2} The first outbreak of the “bird flu” infection in humans occurred in Hong Kong in 1997 with 18 cases and 6 deaths.³ Since then, the virus has spread from Asia to Europe, the Near East and Africa.¹



Infections result from direct contact with poultry or contaminated surfaces of H5N1.¹ Risk factors include close contact with birds especially in food preparation such as slaughtering, defeathering, and butchering infected birds, children playing in areas with wild birds or swimming in contaminated water with infected birds.² Signs and symptoms of the disease include fever, abdominal pain, diarrhea, vomiting, general “flu like” symptoms, bleeding from the nose and gums, and lower respiratory infections such as pneumonia.² The primary concern is that the virus will mutate so that it can be passed from human-to-human, causing a world-wide pandemic. However, the disease remains rare and is very difficult to spread from person to person.¹ Since 1997, there have been 246 documented human cases of avian influenza worldwide.⁴ Currently there is no vaccine available, but they are in development.¹ Avian influenza is treated with adamantanes (amantadine and rimantadine) or neuraminidase inhibitors (oseltamivir and zanamivir).³ First line therapy should not be with adamantanes due to viral resistance.^{1,3} For more information check out the CDC and WHO websites:

- <http://www.cdc.gov/flu/avian/professional/>
- http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html

1. CDC.gov [homepage on Internet]. Atlanta, GA: Centers for Disease Control and Prevention; c2005 [cited 24 September 2006]. Available from: <http://www.cdc.gov/flu/avian/>.
2. WHO.int [homepage on Internet]. Geneva, Switzerland: World Health Organization; c2006 [cited 24 September 2006]. Available from: http://www.who.int/csr/disease/avian_influenza/en/.
3. Wong SSY, Yuen K. Avian influenza virus infections in humans. *Chest*. 2006;129:156-168.
4. GlobalHealthFacts.org [homepage on Internet]. Menlo Park, CA: GlobalHealthFacts, a project of the Henry J. Kaiser Family Foundation; c2006 [cited 24 September 2006]. Available from: <http://www.globalhealthfacts.org/topic.jsp?i=23>.



The last “dose” ...

“Look! It's moving. It's alive. It's alive... It's alive, it's moving, it's alive, it's alive, it's alive, it's alive, IT'S ALIVE!”

-- Colin Clive as Henry Frankenstein *Frankenstein* 1931



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