**Ultraviolet Safety**

*From the US Dept. of Health and Human Services* [www.hhs.gov](http://www.hhs.gov)

**What’s your UV:IQ?**

The skin is the body’s largest organ. It protects against heat, sunlight, injury, and infection. Yet, some of us don’t consider the necessity of protecting our skin.

**It’s just smart to take good care of your skin.**

The need to protect your skin from the sun has become very clear over the years, supported by several studies linking overexposure to the sun with skin cancer. The harmful ultraviolet (UV) rays form both the sun and indoor tanning “sunlamps” can cause many other complications besides skin cancer – such as eye problems, a weakened immune system, age spots, wrinkles, and leathery skin.

**How to protect your skin.**

There are simple, everyday steps you can take to safeguard your skin from the harmful effects of UV radiation from the sun.

*Wear proper clothing.* Wearing clothing that will protect your skin from the harmful UV rays is very important. Long-sleeved shirts and pants are good examples of protective clothing. Also, remember to protect your head and eyes with a hat and UV-resistant sunglasses. You can fall victim to sun damage on a cloudy days as well as in the winter, so dress accordingly all year round.

*Avoid the burn.* Sunburns significantly increase one’s lifetime risk of developing skin cancer. It is especially important that children be kept from sunburns as well.

*Go for the shade.* Stay out of the sun, if possible, between the peak burning hours, which, according to the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO), are between 10 a.m. and 4 p.m. You can head for the shade, or make your own shade with protective clothing – including a broad-brimmed hat, for example.

*Use extra caution when near reflective surfaces, like water, snow, and sand.*

Water, snow, sand, even the windows of a building can reflect the damaging rays of the...
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the sun. That can increase your chance of sunburn, even if you’re in what you consider a shady spot.

*Use extra cautions when at higher altitudes. You can experience more UV exposure at higher altitudes, because there is less atmosphere to absorb UV radiation.

*Apply broad-spectrum sunscreen. Generously apply broad-spectrum sunscreen to cover all exposed skin. The “broad spectrum” variety protects against overexposure to ultraviolet A (UVA) and ultraviolet B (UVB) rays. The FDA recommends using sunscreens that are not only broad spectrum, but that also have a sun protection factor (SPF) value of at least 15 for protection against sun-induced skin problems.

*Re-apply broad-spectrum sunscreen throughout the day. Even if a sunscreen is labeled as “water-resistant,” it must be reapplied throughout the day, especially after sweating or swimming. To be safe, apply sunscreen at a rate of one ounce every two hours. Depending on how much of the body needs coverage, a full-day (six-hour) outing could require one whole tube of sunscreen.

**When to protect your skin**

UV rays are their strongest from 10 a.m. to 4 p.m. Seek shade during those times to ensure the least amount of harmful UV radiation exposure. When applying sunscreen be sure to reapply to all exposed skin at least 20 minutes before going outside. Reapply sunscreen every two hours, even on cloudy days, and after swimming or sweating.

**Protecting your eyes**

UV rays can also penetrate the structures of your eyes and cause cell damage. According to the CDC, some of the more common un-related vision problems include cataracts, macular degeneration, and pterygium (non-cancerous growth of the conjunctive that can obstruct vision).

*Wear a wide-brimmed hat. To protect your vision, wear a wide-brimmed hat that keeps your face and eyes shaded from the sun at most angles.

*Wear wrap-around style sunglasses with 99 or higher UV block. Effective sunglasses should block glare, block 99-100% of UV rays, and have a wraparound shape to protect eyes from most angles.

**Using the UV index**

When planning your outdoor activities, you can decide how much sun protection you need by checking the Environmental Protection Agency’s (EPA) UV Index. This index measures the day intensity of UV rays from the sun on a scale of 1 to 11. A low UV index requires minimal protection, whereas a high UV index requires maximum protection.

For more information visit www.cdc.gov keyword “sun safety.”
Senior Adult Immunizations:
• Flu shot – every year
• Tetanus booster – every 10 years
• Pneumococcal Pneumonia – at least one dose after age 65
• Herpes Zoster (Shingles) – one time after age 60

Dr. Fowler’s Feature

In my June article, I wrote about the value of having a Primary Care Physician as well as the importance of checkups and well visits. Today, I would like to point out a few things that you should be prepared to discuss with your physician or Advanced Practice Clinician.

Let me begin by saying that the recommendations I am about to make are based on proven medical studies. This information comes from researchers, doctors, medical scientists, and other clinicians who make recommendations based on the most reliable method to prove that the receiving this care produces a favorable outcome.

I stated in June that tests are not without risk. You may believe a simple blood test has no risk of something bad happening, but from the time the needle enters your arm to the reassurance that all is well there are many risks that you may be unaware of. All of the recommendations to follow have been evaluated to show that the benefit far outweighs the risk.

Please be assured this does not come from the desire to sell a drug, immunization, or procedure for a specific company or provider. These are not Medicare’s recommendations. Medicare works with us to recommend them because they are proven to be in your best health interest.

I want to begin with the recommendation for immunizations. If you live in the US, I know you have heard the recommendation for a flu shot each season. My patients often express much reluctance. They say, “It gave me the flu last time,” or “I heard on TV that it did not work this year.” The facts are that 25,000 to 50,000 people die each flu season from complications of influenza. Most all of them were not immunized. Influenza related hospitalizations range 140,000 to 710,000 per year. Many studies have proven that we can reduce that in half if everyone is vaccinated.

Flu vaccines have no live components. Even though reports say a small percentage of patients get the flu, we know that it takes 2 weeks for the immunization to be effective. Most people who get the flu, especially in the first 5 days after the immunization, were exposed just before they got the shot, and it was already incubating in their bodies. They were going to get sick whether the shot was taken or not.

Even if the individual protection of the immunization is only 70%, it protects all of us. Through immunizing everyone, 70% fewer will contract the flu, and we can reduce the deaths from the flu up to 50%. It does not cost a Medicare patient anything to get the immunization. The flu immunization becomes available in the first week of September, and it is provided through March. If you get it at a location other than your Primary Care Physician, please take proof that you received it to your PCP’s office for documentation.
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The next very important immunization to discuss is the pneumonia vaccine. Again, for the indicated person, this immunization does not cost anything to the patient. Pneumococcal pneumonia, a bacterial infection, is a significant cause of death in the U.S. About 900,000 people get this each year in the U.S., and 5-7% die of the disease. That is 45,000-63,000 deaths yearly from pneumococcal pneumonia and its complications.

There are now two vaccines recommended to prevent the pneumococcus infection. These immunizations are recommended for a group of patients younger than 65 years old who are at high risk for the disease and for everyone over the age of 65 years of age. Each immunization is recommended once only, whether you have received it before or not. This immunization has nearly wiped out this bacterial cause of meningitis, ear infections, and pneumonia in our pediatric population because of its universal administration. Astonishingly, 67 million vulnerable adults have not received this pneumonia preventing immunization. What is preventing you?

Lastly, I would like to discuss colorectal cancer (CRC) screening. CRC is the #2 leading cause of cancer deaths of both men and women in the U.S. It is a PREVENTABLE cause of cancer death. More than 135,000 people are diagnosed with CRC yearly and more than 51,000 people die yearly from this dreadful disease. If we were to all be screened as recommended, those deaths could be reduced up to 90%. Again, this screening is required to be provided to you at no copay if you have insurance coverage. If you do not have insurance, most cities, counties, and charitable health organizations help make this testing available to you at no or little cost. It is that important, and it is that effective in preventing death from colorectal cancer. As a Medicare patient, it costs you nothing to be screened. What is stopping you? Seeing those grandkids graduate high school or college or seeing the birth of your great-grandkids is worth it!

Next month we’ll look at the numbers on breast cancer, prostate cancer, and depression.

Happy Independence Day & Thank You to those who served

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