Making Your Resolutions Stick

How to create Healthy Habits

By: http://newsinhealth.nih.gov

New Year’s resolutions—they’re easy to make but easier to break. Why is it so hard to make the healthy changes that we know can help us feel better and live longer? And why is it so hard to make them last? NIH-funded scientists are learning more about how we can make healthy changes and, even more important, how we can sustain them.

“Change is always possible,” says Dr. Linda Nebeling, an expert in behavioral change and nutrition at NIH. You’re never too out-of-shape, too overweight, or too old to make healthy changes. Some of the most common New Year’s resolutions are losing weight, getting more physical activity, eating more nutritious foods, quitting cigarettes, cutting back on alcohol, reducing stress, and sleeping better. But no matter which healthy resolution you choose, research suggests that some common strategies can boost your chance of making the change a habit, a part of your daily lifestyle.

“One challenge with New Year’s resolutions is that people often set unrealistic goals. They can quickly become frustrated and give up,” says Nebeling. “Any resolution to change needs to include small goals that are definable and accompanied by a solid plan on how you’ll get to that goal.” For instance, a resolution to lose 30 pounds may seem overwhelming. Instead, try setting smaller goals of losing 5 pounds a month for 6 months. Think baby steps rather than giant leaps.

Next, develop an action plan. You might decide to walk a half hour each day to burn calories. You might stop buying vending machine snacks. Or you might limit and keep track of your daily calories. “These are specific behaviors that could help you meet your larger goal of losing 30 pounds,” says Dr. Deborah Tate, an obesity and behavioral researcher at the University of North Carolina.

To make a long-lasting change in your life, prepare yourself for the challenges you might face. “Think about why you want to make the change. Is it important to you, or is it mostly influenced by others—like your doctor, your spouse or a friend?” says Tate. “Research suggests that if it’s something you really want for yourself, if it’s meaningful to you, you’re more likely to stick to it.”

Think of exactly how the change will enhance your life. For instance, when you stop smoking, your risk plummets for cancer, heart disease, stroke and early death. Reducing stress might cut your risk for heart disease and help you fight off germs.

(Resolutions, cont pg. 4)
Glaucoma

By: https://www.nih.gov/

Glaucoma is a group of diseases that can damage the eye’s optic nerve and result in vision loss and blindness. While glaucoma can strike anyone, the risk is much greater for people over 60.

How Glaucoma Develops

There are several different types of glaucoma. Most of these involve the drainage system within the eye. At the front of the eye there is a small space called the anterior chamber. A clear fluid flows through this chamber and bathes and nourishes the nearby tissues.

In glaucoma, for still unknown reasons, the fluid drains too slowly out of the eye. As the fluid builds up, the pressure inside the eye rises. Unless this pressure is controlled, it may cause damage to the optic nerve and other parts of the eye and result in loss of vision.

Open-angle Glaucoma

The most common type of glaucoma is called open-angle glaucoma. In the normal eye, the clear fluid leaves the anterior chamber at the open angle where the cornea and iris meet. When fluid reaches the angle, it flows through a spongy meshwork, like a drain, and leaves the eye.

Sometimes, when the fluid reaches the angle, it passes too slowly through the meshwork drain, causing the pressure inside the eye to build. If the pressure damages the optic nerve, open-angle glaucoma -- and vision loss -- may result.

There is no cure for glaucoma. Vision lost from the disease cannot be restored. However, there are treatments that may save remaining vision. That is why early diagnosis is important.

Causes and Risk Factors

Nearly 2.7 million people have glaucoma, a leading cause of blindness in the United States. Although anyone can get glaucoma, some people are at higher risk. They include:

- African-Americans over age 40
- everyone over age 60, especially Hispanics/Latinos
- people with a family history of glaucoma.

In addition to age, eye pressure is a risk factor. Whether you develop glaucoma depends on the level of pressure your optic nerve can tolerate without being damaged. This level is different for each person. That’s why a comprehensive dilated eye exam is very important. It can help your eye care professional determine what level of eye pressure is normal for you.

Another risk factor for optic nerve damage relates to blood pressure. It is important to make sure that your blood pressure is at a proper level for your body by working with your medical doctor.

Symptoms of Glaucoma

Glaucoma can develop in one or both eyes. The most common type of glaucoma, open-angle glaucoma, has no symptoms at first. It causes no pain, and vision seems normal.

Without treatment, people with glaucoma will slowly lose their peripheral, or side vision. They seem to be looking through a tunnel.

Tests for Glaucoma

Glaucoma is detected through a comprehensive eye exam that includes a visual acuity test, visual field test, dilated eye exam, tonometry that measures the pressure in the eye, and pachymetry, which measures the thickness of the eye’s cornea.

Treatment

Although open-angle glaucoma cannot be cured, it can usually be controlled. While treatments may save remaining vision, they do not restore sight already lost from glaucoma. The most common treatments for glaucoma are medication and surgery.

Medications for glaucoma may be either in the form of eye drops or pills. Some drugs reduce pressure by slowing the flow of fluid into the eye. Others help to improve fluid drainage.
Laser surgery is another treatment for glaucoma. During laser surgery, a strong beam of light is focused on the part of the anterior chamber where the fluid leaves the eye. This results in a series of small changes that make it easier for fluid to exit the eye. Over time, the effect of laser surgery may wear off. Patients who have this form of surgery may need to keep taking glaucoma drugs.

If You Are at Higher Risk
Studies have shown that the early detection and treatment of glaucoma, before it causes major vision loss, is the best way to control the disease. So, if you fall into one of the higher risk groups for the disease, make sure to have a comprehensive dilated eye exam at least once every two years by an eye care professional.

Medicare Coverage for Those at Higher Risk
Medicare covers an annual comprehensive dilated eye exam for some people at higher risk for glaucoma. These include

- people with diabetes
- people with a family history of glaucoma
- African Americans aged 50 and older
- Hispanics/Latinos aged 65 and older.

If You’re Being Treated for Glaucoma
If you are being treated for glaucoma, be sure to take your glaucoma medicine as prescribed.

If eye drops have been prescribed for treating your glaucoma, you need to use them properly and as instructed by your eye care professional. Proper use of your glaucoma medication can help maximize the medicine’s effectiveness and reduce your risk of side effects.

Applying Eye Drops
To properly apply your eye drops, follow these steps.

- Wash your hands.
- Hold the bottle upside down.
- Tilt your head back.
- Hold the bottle in one hand and place it as close as possible to the eye.
- With the other hand, pull down your lower eyelid. This forms a pocket.
- Place one drop into the lower eyelid pocket. If you are using more than one eye drop, be sure to wait at least five minutes before applying the second eye drop.
- Close your eye OR press the lower lid lightly with your finger for at least one minute. Either of these steps keeps the drops in the eye and helps prevent the drops from draining into the tear duct, which can increase your risk of side effects.

Visit Your Eye Care Professional Regularly
If you are being treated for glaucoma, see your eye care professional regularly. You can protect yourself against vision loss by working in partnership with your eye care professional. Ask questions and get the information you need to take care of yourself and your family.

Glaucoma Fast Facts

What are the numbers?
2.7 million people in the U.S. have glaucoma

50% KNOW 50% DON’T KNOW

By 2030, 4.2 million people in the U.S. will have glaucoma

Who’s at higher risk?
African Americans 40+ Everyone 60+ especially Mexican Americans with a Family history of glaucoma

What to do?
Get a comprehensive dilated eye exam every 1-2 years

Early detection and treatment can help save your sight

Where can I learn more?
Visit http://www.nei.nih.gov/glaucoma

Source: National Eye Institute, 2013
Resolutions, cont’d from Pg. 1

Even small improvements in your physical activity, weight, or nutrition may help reduce your risk for disease and lengthen your life.

In one study, overweight or obese people who lost just 7% of their body weight slashed their risk for diabetes by nearly 60%. Keeping facts like this in mind can help you maintain your focus over the long haul.

Setting up a supportive environment is another step toward success. “Think about the physical support you’ll need, like the right equipment for exercise, appropriate clothing and the right kinds of foods to have at home,” says Dr. Christine Hunter, a behavioral researcher and clinical psychologist at NIH. Remove items that might trip up your efforts. If you’re quitting smoking, throw away your ashtrays and lighters. To improve your nutrition, put unhealthy but tempting foods on a hard-to-reach shelf, or get rid of them.

Social support is also key. Research shows that people’s health behaviors—like smoking or weight gain—tend to mirror those of their friends, family, and spouses. “You can enlist friends and family to help you eat better, to go on walks with you, to remind you to stay on track,” says Tate. “Find things that are fun to do together and you’ll be more likely to stick with it.”

“It helps when you’re connected to a group, where lifestyle change like weight loss is a joint goal,” says NIH’s Dr. Sanford Garfield, who heads a large study called the Diabetes Prevention Program. Participants who lost weight through dietary changes and physical activity reduced their chances of developing diabetes. Group counseling that emphasized effective diet, exercise, and behavior modification were credited, in part, with participants’ success. “There’s a long history of group support leading to good results,” Garfield says. “People learn from each other and reinforce each other in working toward their goals.”

While making a change is one thing, sticking to it is something else. “Maintaining a change requires continued commitment until the change becomes a part of your life, like brushing your teeth or washing your hair,” says Nebeling. “People who can maintain or engage in efforts to change their behavior, and do it for 6 to 8 weeks, are more likely to be able to support that effort longer term.”

Some researchers are studying people who’ve made lasting healthy changes. The ongoing National Weight Control Registry compiles information on more than 5,000 adults who’ve dropped at least 30 pounds and kept it off for a year or more. Although the way these people lost their weight varied, those who’ve maintained their weight loss tend to use similar strategies. Notably, many participants track their progress closely, often in a daily journal or diary. If the numbers rise, they have an early warning to adjust their behaviors.

“The self-monitoring or tracking seems to be critical for almost every sort of behavior change,” says Hunter. That includes jotting down the foods you eat, keeping an exercise diary or making a record of your sleep patterns.

Monitoring yourself might feel like a burden, but it’s one of the best predictors of successful change. “Think about how you can make tracking more convenient, so it fits naturally into your life,” Hunter says. For some people, that might be a pad of paper in a purse or pocket; for others, a mobile app or a computer program. Make sure to have a plan to get back on track if you start to slip. “If you feel that your motivation is waning, think back and remind yourself why the change was important to you in the first place,” says Tate. “Maybe you wanted to have more stamina, feel better, to be able to play with grandchildren. Recalling these personal reasons can encourage you to get back on track.” Of course, you don’t need a new year to make healthy changes; you can make them any time of the year. But New Year’s is an opportunity to think about the improvements you’d like to make and then take concrete steps to achieve them. Set realistic goals, develop an action plan, and set it in motion. Make your new year a healthy one.
Get Your Medicare Wellness Visit Every Year

By: http://www.healthfinder.gov

Be sure to schedule a yearly wellness visit with your doctor. A yearly wellness visit is a great way to help you stay healthy.

What happens during a yearly wellness visit?
The doctor or nurse will first ask you to fill out a questionnaire called a “health risk assessment.” Your answers will help you and the doctor or nurse get the most from your yearly wellness visit.

During your visit, the doctor or nurse will:
• Go over your health risk assessment with you
• Ask about your medical and family history
• Measure your height and weight
• Check your blood pressure
• Ask about other doctors you see and any medicines you take
• Give advice to help you prevent disease, improve your health, and stay well

The doctor or nurse will give you a short written plan – like a checklist – to take home with you. This plan will include the screening tests and other preventive services that you will need over the next 5 to 10 years.

What about cost?
With Medicare Part B, you can get a wellness visit once a year at no cost to you. Check to make sure the doctor or nurse accepts Medicare when you schedule your appointment.

If you get any tests or services that aren’t included in the yearly wellness visit (like an extra blood test), you may have to pay some of those costs.

Schedule your Medicare yearly wellness visit.
Call your doctor’s office and ask to schedule your Medicare yearly wellness visit. Make sure it’s been at least 12 months since your last wellness visit.

For questions or additional information about the Accountable Care Organization
Visit: www.medicare.gov/acos.html
Or 1-800-MEDICARE (1-800-633-4227)
To contact us:
CHRISTUS Louisiana ACO
80 Versailles Blvd, Ste C
Alexandria, LA 71303
Website: www.christushealth.org/acopublic-report-information-louisiana
Beneficiary Help Line
(844) 361-HELP (4357)
Compliance Hot Line
(844) 881-INFO (4636)
Healthy Resolutions for 2017

The American Geriatrics Society’s Health in Aging Foundation recommends these top 10 healthy New Year’s resolutions for older adults to help achieve your goal of becoming and staying healthy. For more on each of these, visit www.healthinaging.org

10. Eat fruits, vegetables, whole grains, fish, low-fat dairy, and health fats
9. Consider a multivitamin
8. Be active
7. See your health care provider regularly
6. Limit alcohol intake
5. Guard against falls
4. Give your brain a workout
3. Quit smoking
2. Speak up when you feel down or anxious
1. Get enough sleep!

Using the Medicare Compare Website

Did you know that Medicare has a website to help you find and compare doctors, hospitals, and other providers? You can:

- Find out about the services they offer
- Make side-by-side comparisons on the care they provide and more
- Get helpful tips on choosing providers and plans

The site provides information, including quality performance data, on:

- Hospitals
- Home health services
- Long-term care hospitals
- Doctors and other health professionals
- Where to get covered medical items
- Nursing homes
- Dialysis facilities
- Inpatient rehabilitation facilities
- Health and drug plans

Visit https://www.medicare.gov to find or review the information on a provider.

Do you know?

1950’s: Which president was in office from January 20, 1953 to Jan 20, 1961?

1960’s: What was the name of the conflict in 1961 in which CIA-trained forces tried, but failed to invade Cuba and overthrow Fidel Castro?

1970’s: What major sports award did Stanford quarterback Jim Plunkett win in 1970?

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