What’s the score?

Do you know how the following factors affect your risk of heart disease?

- smoking
- high blood pressure
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The Framingham Study is one of the most important public health studies in American medical history. Its goal is to learn why people get cardiovascular disease, and how it evolves and results in death in the general population. The findings will help researchers find out how those who develop cardiovascular diseases differ from those who don’t. By age 40, everyone should know their risk score using this tool and should assess their risk every five years (or more often if risk factors change).

For the assessment, you must know your blood pressure, cholesterol levels, and blood sugar levels. See your doctor to get these tests if you have not already had them. You also need to know your height, weight, and waist size. If you don’t know some of these numbers, the tool will use average numbers, the tool will use average

arterial disease, abdominal aortic aneurysm or carotid artery disease. You are already at high risk (more than 20 percent) to have a heart attack or die from coronary heart disease in the next 10 years. Talk to your doctor about your risk of a heart attack or future heart problems.

Note: If your risk score is low, it doesn’t mean you’re off the hook. Even one risk factor, such as high cholesterol, that is not treated, may lead to a higher risk later in life. Work to modify all of your risk factors to improve your overall health.

Take the test at the National Cholesterol Education Program site below:

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HIV testing locations
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Know Your Rights: Advance Directives

Living wills and advance directives are written instructions about your medical care preferences in end-of-life situations. These legal documents speak for you when you’re not able to speak for yourself. Injury, illness and death aren’t easy subjects to talk about, but by planning ahead you can make sure that you receive the type of medical care you want and take the burden off of your family in trying to guess what to do. Also, having written instructions can help reduce confusion or disagreement.

How to plan for end-of-life issues:
Start by having a conversation with your loved ones. Let them know you are creating advance directives and explain your feelings about medical care and what you’d want done in specific instances. Your family and doctors will consult your advance directives if you’re unable to make your own health care decisions.

Advance directives include –

- Living will. This spells out the types of medical treatments and life-sustaining measures you do and don’t want, such as tube feeding or resuscitation.
- Medical power of attorney (POA). The medical POA designates a person of your choice to make medical decisions for you in the event that you’re unable to do so. A POA may also be a good idea if your family is opposed to some of your wishes or is divided about them.
- Do not resuscitate (DNR) order. This is a request to not have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing. Advance directives do not have to include a DNR order, and you don’t have to have an advance directive to have a DNR order. Your doctor can put this in your medical chart.

Visit our website: www.camc.org/ryanwhite

Fall 2010

What treatments would you want?
In determining your wishes, think about your values, such as the importance to you of being independent and self-sufficient, and what you feel would make your life not worth living. Would you want treatment to extend life in any situation? Would you want treatment only if a cure is possible? Would you want palliative care to ease pain and discomfort if you were terminally ill?

Although you can’t predict what medical situations will arise, be sure to discuss the following treatments. It may help to talk with your doctor about these, especially if you have questions.

Continued on page 2
Why did they have to pull the plug on poor ol' Grandma?

Linda Davis, MSW

How often have we heard, "They will just pull the plug on you," or read the horror stories of families fighting over the care of a comatose family member? Just file those stories in the "Hairy-Palm/Old Wives' Tales" Book of Knowledge.

Advance directives or living wills are for YOUR peace of mind, and your family must abide by your wishes. REMEMBER that you can change your living will instructions at anytime. Nothing is written in stone. Advance directives are for YOUR peace of mind, and your family must abide by your wishes. In other words, when in writing, nobody can pull the plug on poor old Grandma!

Davis is a medical social worker and a member of the Ryan White Care Team.

No Pain, No Excuses

You've read all of the scary statistics. You've watched the commercials; you've driven by the huge billboards. So why are you still getting infected?

Getting tested is easier than it's ever been. Now you can know your status in 20 minutes, through oral fluid testing. Getting tested is a key part of HIV prevention. The approval for oral fluids provides an HIV test for persons who don't like to have blood drawn.

In the clinical studies by the manufacturer, the oral fluid test correctly identified 99.3 percent of people who were infected with HIV and 99.8 percent of people who were not infected with HIV. The Food and Drug Administration expects clinical laboratories to obtain similar results.

If you are interested in getting tested this way, contact the CAMC Ryan White Clinic or talk to your health-care provider. Rapid testing makes an enormous difference for someone who suspects he will test positive and does not want to wait for blood-test results.

(Source: CDC--Centers for Disease Control and Prevention)

Oh yes, It's SEX

Researchers at The Kinsey Institute at Indiana University asked 486 men and women ages 18 to 96 what "having sex" means.

• 30 percent of participants didn't consider they'd had sex if they had participated in oral sex.
• 20 percent said engaging in anal intercourse wasn't having sex.
• And some thought that vaginal intercourse wasn't sex either, if there was no ejaculation.

Seems it's time for some comprehensive sex education!
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Advance directives or living will, sounds scary. But, don’t be afraid. YOU are choosing whom you can trust to make decisions concerning your health care agent and your family members. You are stating your values and wishes in the event you are unconscious and unable to interact with others.

A living will states what life-prolonging medical interventions you wish to have and if and when these interventions are to be stopped. (OK, maybe, it would be wise not to appoint your ex-mother-in-law…)

Advance directive forms and booklets that explain life-prolonging interventions are available right here at the CAMC Ryan White Clinic. Our staff members can help you fill out the forms and provide a notary to legalize your documents. Ask us for more information about this process.

It is important that you make your wishes known to your family. This is your life and your decision to make concerning your end-of-life care. And, REMEMBER that you can change your living will instructions at anytime. Nothing is written in stone.

Advance directives are for YOUR peace of mind, and your family must abide by your wishes. In other words, when in writing, nobody can pull the plug on poor old Grandma!

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If you have a family member who had heart disease at an early age you should know about your risk factors and be screened earlier than age 20.

Take the test!

The decision to be tested for HIV is the first step in taking responsibility for yourself and the health of others with whom you may be intimately involved.

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