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**NOVEL H1N1 VIRUS
(SWINE FLU)**

WHAT IS NOVEL H1N1 (SWINE FLU)?

Novel H1N1 (referred to as "swine flu" early on) is a new influenza causing illness in people. This new virus was first detected in people in the United States in April 2009. This virus is spreading from person-to-person worldwide, probably in much the same way that regular seasonal influenza viruses spread. On June 11, 2009, the World Health Organization (WHO) signaled that a pandemic of novel H1N1 flu was underway.

WHY IS NOVEL H1N1 VIRUS SOMETIMES CALLED "SWINE FLU"?

This virus was originally referred to as "swine flu" because laboratory testing showed that many of the genes in this new virus were very similar to influenza viruses that normally occur in pigs (swine) in North America. But further study has shown that this new virus is very different from what normally circulates in North American pigs. It has two genes from flu viruses that normally circulate in pigs in Europe and Asia and bird (avian) genes and human genes. Scientists call this a "quadruple reassortant" virus.

ARE THERE HUMAN INFECTIONS WITH NOVEL H1N1 VIRUS IN THE U.S.?

Yes. Most people who have become ill with this new virus have recovered without requiring medical treatment. CDC routinely works with states to collect, compile and analyze information about influenza, and has done the same for the new H1N1 virus since the beginning of the outbreak. This information is presented in a weekly report, called FluView.

IS NOVEL H1N1 VIRUS CONTAGIOUS?

The novel H1N1 virus is contagious and is spreading from human to human.

HOW DOES NOVEL H1N1 VIRUS SPREAD?

It is thought to occur in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something- such as a surface or object- with flu viruses on it and then touching their mouth or nose.

WHAT ARE THE SIGNS AND SYMPTOMS OF THIS VIRUS IN PEOPLE?

The symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. (Continued)

HOW SEVERE IS ILLNESS ASSOCIATED WITH NOVEL H1N1 FLU VIRUS?

Illness with the new H1N1 virus has ranged from mild to severe. With the seasonal flu, certain people are at "high risk" of serious complications. This includes people 65 years and older, children younger than five years old, pregnant women and people of any age with certain chronic medical conditions. About 70 percent of people who have been hospitalized with this novel H1N1 virus have had one or more medical conditions previously recognized as placing people at "high risk" of serious seasonal flu-related complications. This includes pregnancy, diabetes, heart disease, asthma and kidney disease.

One thing that appears to be different from seasonal influenza is that adults older than 64 years do not yet appear to be at increased risk of novel H1N1-related complications thus far.

HOW DOES NOVEL H1N1 FLU COMPARE TO SEASONAL FLU IN TERMS OF ITS SEVERITY AND INFECTION RATES?

With seasonal flu, we know that seasons vary in terms of timing, duration and severity. Seasonal influenza can cause mild to severe illness, and at times can lead to death. Each year, in the United States, on average 36,000 people die from flu-related complications and more than 200,000 people are hospitalized from flu-related causes. Of those hospitalized, 20,000 are children younger than 5 years old. Over 90% of deaths and about 60 percent of hospitalization occur in people over 65.

When the novel H1N1 outbreak was first detected, CDC began working with states to collect, compile and analyze information. The information analyzed by CDC supports the conclusion that novel H1N1 flu has caused greater disease burden in people younger than 25 years of age than older people. At this time, there are few cases and few deaths reported in people over 64 years old, which is unusual when compared with seasonal flu. However, pregnancy and other previously recognized high risk medical conditions from season influenza appear to be associated with increased risk of complications from this novel H1N1. These underlying conditions include asthma, diabetes, suppressed immune systems, heart disease, kidney disease, neurocognitive and neuromuscular disorders and pregnancy.

HOW LONG CAN AN INFECTED PERSON SPREAD THIS VIRUS TO OTHERS?

People infected with seasonal and novel H1N1 flu virus may be able to infect others from 1 day before getting sick to 5 to 7 days after.

PREVENTION AND TREATMENT

TAKE THESE EVERYDAY STEPS TO PROTECT YOUR HEALTH:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth.
- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, stay at home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Keep away from others as much as possible to keep from making others sick.

Information is from the CDC (Center for Disease Control and Prevention) www.cdc.gov

OCTOBER
"Healthy Lung Month"

WHAT IS ASTHMA?

It is an inflammatory condition of the lungs that makes it difficult to breathe. Asthma is chronic, meaning that inflammation is always present, even when there are no noticeable symptoms. When provoked by a trigger, the inflammation worsens and the insides of the airways produce extra mucus, swell even more, and the muscles that wrap around the airways may tighten. These changes produce airway obstruction, chest tightness, coughing and wheezing that can lead to asthma attacks. If severe, the symptoms can cause severe shortness of breath and low levels of oxygen in the blood.

Asthma is characterized by excessive sensitivity of the lungs to various stimuli. Triggers range from viral infections to allergies, to irritating gases and particles in the air. Factors that may trigger asthma, include:

- respiratory infections and colds
- cigarette smoke
- allergens such as pollen, mold, animal dander, *(Continued)*

feathers, dust, food and cockroaches

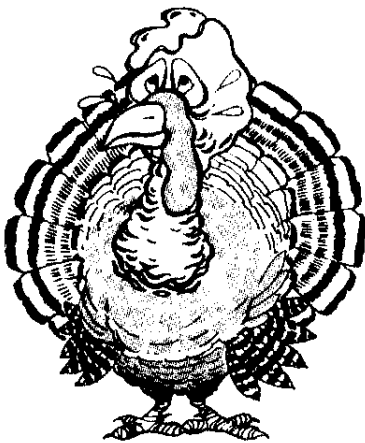
- exercise
- exposure to cold air or sudden temperature change
- odors and fumes
- excitement or stress

A recent study conducted by researchers at the National Institutes of Health found that more than 50 percent of current asthma cases in the United States can be attributed to specific allergies. Thirty percent of those are associated with allergies to cats.

Secondhand smoke exposure in both adults and children is a risk factor for new asthma cases. Secondhand smoke exposure at work is related to a 116 percent increase in the risk of adult onset asthma.

Tobacco smoke contains more than 4,000 chemicals; many of them are toxic, carcinogenic (capable of causing cancer) and mutagenic (capable of causing genetic mutation or change). These substances can be transferred across the placenta to the fetus either by a mother's smoking or her exposure to secondhand smoke during pregnancy. Recent studies have suggested that children of smokers are twice as likely to develop asthma as the children of nonsmokers, and that even apparently healthy babies born to women who smoked during pregnancy have abnormally narrowed airways, which may predispose them to asthma and other respiratory disorders. This research was extended by a recent study that reported a child's risk of being diagnosed with asthma by the age of seven increased by 23 percent if their mother smoked even less than 10 cigarettes a day during pregnancy. The chance of developing asthma increased by 35 percent if the mother smoked more than 10 cigarettes a day while pregnant.

This information is from the American Lung Association. www.lungusa.org



Happy Thanksgiving!

NOVEMBER

“National Alzheimer’s Disease Awareness Month”

10 SIGNS OF ALZHEIMER'S

1) *Memory changes that disrupt daily life*

One of the most common signs of Alzheimer's, especially in the early stages, is forgetting recently learned information. Others include forgetting important dates or events; asking for the same information over and over; relying on memory aides (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own.

What's normal? Sometimes forgetting names or appointments, but remembering them later.

2) *Challenges in planning or solving problems*

Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before.

What's normal? Making occasional errors when balancing a checkbook.

3) *Difficulty completing familiar tasks at home, at work or at leisure*

People with Alzheimer's often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game.

What's normal? Occasionally needing help to use the the settings on a microwave or to record a television show.

4) *Confusion with time or place*

People with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there.

What's normal? Getting confused about the day of the week but figuring it out later.

5) *Trouble understanding visual images and spatial relationships*

For some people, having visual problems is a sign of Alzheimer's. They may have difficulty reading, judging distance and determining color or contrast. In terms of perception, they may pass a mirror and think someone else is in the room.

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They may not realize they are the person in the mirror. What's normal? Vision changes related to cataracts.

6) New problems with words in speaking or writing

People with Alzheimer's may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name.

What's normal? Sometimes having trouble finding the right word.

7) Misplacing things and losing the ability to retrace steps.

A person with Alzheimer's disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time. What's normal? Misplacing things from time to time, such as a pair of glasses or the remote control.

8) Decreased or poor judgment

People with Alzheimer's may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean.

What's normal? Making a bad decision once in a while.

9) Withdrawal from work or social activities

A person with Alzheimer's may start to remove themselves from hobbies, social activities, work projects or sports. They may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced.

What's normal? Sometimes feeling weary of work, family and social obligations.

10) Changes in mood and personality

The mood and personalities of people with Alzheimer's can change. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone.

What's normal? Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

The difference between Alzheimer's and normal age-related changes

Signs of Alzheimer's

- Poor judgment and decision making
- Inability to manage a budget
- Losing track of the date or the season
- Difficulty having a conversation
- Misplacing things and being unable to retrace steps to find them

Normal age-related changes

- Making a bad decision once in a while
- Missing a monthly payment
- Forgetting which day it is and remembering later
- Sometimes forgetting which word to use
- Losing things from time to time

Information from the Alzheimer's Association www.alz.org

DECEMBER

“National Drunk & Drugged Driving Prevention Month”

Every day, 36 people in the United States die, and approximately 700 more are injured, in motor vehicle crashes that involve an alcohol-impaired driver.

THE PROBLEM

- About three in every ten Americans will be involved in an alcohol-related crash at some point in their lives.
- In 2006, 12,470 people died in alcohol-impaired driving crashes, accounting for nearly one-third (32%) of all traffic-related deaths in the United States.
- In one year, over 1.4 million drivers were arrested for driving under the influence of alcohol or narcotics.
- Alcohol-related crashes in the United States cost about \$51 billion a year.

PROTECT YOURSELF AND YOUR FAMILY AND FRIENDS

- During the holiday season, and year-round, take steps to make sure that you and everyone you celebrate with avoids driving under the influence of alcohol. These tips can help you stay safe:
- Plan ahead. Always designate a non-drinking driver before any holiday party or celebration begins.
- Take the keys. Do not let a friend drive if they are impaired.
- Be a helpful host. If you're hosting a party this holiday season, remind your guests to plan ahead and designate their sober driver, always offer alcohol-free beverages.

KNOW HOW COMMUNITIES CAN HELP

- Sobriety checkpoints. Studies found that fatal crashes thought to involve alcohol dropped by about 22% following implementation of sobriety checkpoints.
- Minimum legal drinking age (MLDA) laws. Studies found that raising the MLDA to 21 reduced crashes by about 16% among people ages 18-20 years.
- 0.08% BAC laws. Fatal alcohol-related crashes declined about 7% after 0.08% BAC laws were passed.
- “Zero tolerance” laws for young drivers. Three studies found that zero tolerance laws resulted in declines in fatal crashes among drivers ages 18-20 years of between 9% and 24%.

Information is from the CDC (Center for Disease Control and Prevention) www.cdc.gov

Merry Christmas
and
Happy Chanukah!

PREVENTING FALLS AND FRACTURES

A fall can be the start of a slippery slope that sends a person from relatively independent living to a nursing facility.

A simple thing like tripping on a rug or slipping on a wet spot on the kitchen floor leads thousands of elderly men and women each year to fall and break or fracture a bone. For older people, a break can be the start of more serious problems.

Many things can make the elderly more likely to fall. Their eyesight, hearing, muscles, and reflexes might not be as sharp as when they were younger. Diabetes, heart disease, or problems with thyroid, nerves or blood vessels can affect balance. Some medications can cause dizziness.

Then there's osteoporosis — a disease that makes bones weak and more likely to break easily.

Even so, it is important that people keep active despite the fact that they may fear falling. Doing things like getting together with friends, gardening, walking, or going to the local senior center are also important for staying healthy. The good news is that there are simple ways you can help to prevent most falls in the home.

KEEPING A CLIENT'S HOME SAFE

A few safety rules:

In stairways, hallways, and pathways:

- See that there are handrails on both sides of all stairways, from top to bottom, and be sure they are tightly fastened.
- Hold the handrails when using the stairs, going up or down. If you must carry something while on the stairs, hold the item in one hand and use the handrail with the other so that the item doesn't block your view of the steps. A person can also go down or up the stairs sitting on each step in turn if there are problems with vision or balance.
- Make sure there is good lighting with light switches at the top and bottom of stairways and at each end of a long hall way.
- Don't leave things on the floor that can cause tripping.
- Check that all carpets are fixed firmly to the floor so they won't slip. Put no-slip strips on tile and wooden floors. These strips are available at hardware stores.

In bathrooms and powder rooms:

- Be sure there are grab bars near toilets and on both the inside and outside of your tub and shower.
- See that there are nonskid mats, strips, or carpet on all surfaces that may get wet.
- Keep night-lights on.

In the bedroom:

- Night lights and light switches should be close to the bed.
- The telephone should be close to the bed.

In other living areas:

- Keep electrical cords and telephone wires near walls and away from walking paths.
- Check that furniture (especially low coffee tables) is arranged so that it is not in the way when you walk.
- Make sure sofas and chairs are the right height so you can get in and out of them easily.
- Stay away from a freshly washed floor.
- Keep within easy reach the things you use regularly in the kitchen. Don't stand on a chair or table to reach something that's too high, but use a "reach stick" instead. Reach sticks are special grabbing tools that you can buy. If you must use a step stool, make sure it is stable and has a handrail on top.
- Is the home too cold or too hot? It can make people dizzy. In the summer, if the home is not air conditioned, keep cool with an electric fan, drink lots of liquids, and limit physical activity. In the winter, the nighttime temperature should be kept at 65 F or above.
- Keep emergency numbers in large print near each telephone.

FOR MORE INFORMATION

Check with your local health department, division of elder affairs.

National Institute on Aging Information Center

P.O. Box 8057, Gaithersburg, MD 20898-8057

Telephone: 800-222-2225

Website: www.nia.nih.gov or www.nia.nih.gov/Espanol

Reprinted from the Home Health Aide Digest. It may be contacted at info@hhadigest.com.

A Testimonial about a Utopia Caregiver

I just wanted to take a moment to thank you all. Everyone was so wonderful in helping. Please note that Marilu is a pleasure. Grandma was asking for her and is very grateful. Sincerely, S.C.

BANISHING BAD BREATH

No matter how beautiful a smile, bad breath negates a positive first impression

One of the first things many people notice about other people is their smile. A beautiful smile can make a strong first impression and boost an individual's confidence as well.

But as strong an impression as a beautiful smile can make, the breath behind that smile can quickly negate a good smile, no matter how beautiful it is. While what you eat plays a role in whether or not you have bad breath, other factors influence how your breath smells as well.

LIFESTYLE HABITS

Certain lifestyle habits strongly influence an individual's breath. People who do not brush or floss daily, for instance, are far more likely to have bad breath. That's because food particles remain in the teeth after eating, promoting the growth of bacteria between teeth, on the tongue and around the gums. That bacterial growth results in bad breath.

Another factor that contributes to bad breath is smoking or chewing tobacco. Tobacco-based products are very detrimental to a person's oral hygiene, causing bad breath but potentially contributing to gum irritation, stained teeth and a reduced ability to taste foods as well.

INDIVIDUAL HEALTH

Bad breath isn't always a reflection of a person's diet or lifestyle choices. Sometimes bad breath might be indicative of a larger issue such as gum disease. As plaque builds up on the teeth, the resulting bacteria cause toxins to form in the mouth. Those toxins irritate the gums. While gum irritation is often painful enough, allowing it to go untreated can result in worse problems, including damage to the jawbone.

Other ailments can contribute to bad breath as well. In addition to diabetes, liver or kidney problems can contribute to bad breath, as can chronic respiratory problems such as bronchitis or pneumonia. Acid reflux can also contribute to bad breath.

PREVENTION

While there's no guaranteed way to banish bad breath forever, there are ways to reduce or prevent it.

- Stop smoking. Smokers or people who chew tobacco can greatly reduce their risk for bad breath by quitting. While that's easier said than done, it's as close to a guarantee to reducing bad breath as smokers will find.
- Stay hydrated. Dry mouth often results in bad breath, so staying hydrated by drinking lots of water can reduce bad breath. Also, chewing sugarless gum can stimulate the production of saliva, helping to keep the mouth moist in the process.
- Visit the dentist. Many people fear the dentist's chair, but visiting the dentist at least twice a year can greatly reduce the risk of bad breath. A dentist can give a thorough cleaning and will be able to monitor and detect the common problems that contribute to bad breath, such as gum disease or dry mouth.
- Remember Mom and Dad's advice, to brush twice per day and floss after meals, and that advice is as true today as it was back then. In addition to brushing your teeth, brush your tongue as well. And be sure to replace your toothbrush every two to three months, or when it begins to look frayed.

To learn more about oral hygiene, visit the American Dental Association website at www.ada.org.

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LAUGHTER IS THE BEST MEDICINE



Suffering from a bad case of the flu, the outraged patient bel-lowed, "Three weeks? The doctor can't see me for three weeks??? I could be well dead by then!"

Calmly the voice at the other end of the line replied, "If so, would you please have your wife call to cancel the appointment?"