



We have extended weekend hours at several MCCI centers. Please ask the staff at your MCCI center for more information. Keep in mind that these hours are for urgent care only.

We also have a MCCI Provider on call after normal working hours for any urgent concerns you may have. Simply call your MCCI Center, and our answering service will contact the on call Doctor who will return your call, answer your questions and direct you according to your health care concerns.

## Welcome Message

We are more than half way through 2015 and time has flown. Our partnership for a healthier you is well underway and in this quarter's newsletter, we want to check-in to see your progress with some of the strategies we have provided. In the checklist below, we have focused on encouraging you to strengthen your two-way relationship with your Doctor and MCCI team built upon trust and improved communication

- Develop a checklist to get the most from your appointments.
- Issues and updates to communicate with your Doctor.
- Any falls or bladder issues you may have experienced since your last visit.
- Any changes or concerns with your medication.
- Interval cancer prevention screenings (per your insurance benefits).

Check out the article on Heat Related Illnesses written by one of our MCCI doctors. If you have any questions, ask your primary care physician for more information. Visit your nearest MCCI Activity Center for several events and activities- education, social, and physical activities that are conducted on a daily or weekly basis, or just stop in for a refreshing beverage and get to know your Activities Coordinator. More exciting activities are expected to be included as the year moves forward. Since activities do vary by location, check the Activities Calendar at your MCCI office or visit us online at: <http://www.mccigroup.com/>.

We are privileged to continue our health care partnership with each of you, our valued patients, keeping you informed and involved in your healthcare decisions and providing you opportunities to attain optimal health and wellness.

## Net Promoter Score Campaign - **Ten&You**

**Your Care is Now in our 2 Hands. Our Future is in the Hands of your 10 Rating.**

We consistently review the service and care we provide to our members by calling and conducting satisfaction surveys. Our goal is to be rated at 10. Anything less means you would not recommend us to your friends or family. Please let us know if we're not meeting your level 10 expectations. We value your opinion.



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# DR. CLARKE'S MEDICAL MINUTE

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## FALLS IN THE SENIOR ADULT POPULATION

*By: Dr. Mark A. Clarke (Medical Director, MCCI Medical Centers, Jacksonville)*

Falls in the older adult population have serious consequences for the individual who falls and for society. The individual's health is very often greatly affected after a fall. The cumulative impact on society is also great as medical costs and rehabilitation costs are significant in many cases. The good news is that there are ways falls can be prevented.

Falls are those events when an individual, usually accidentally, comes to rest on a lower level, usually the ground, and very often having a body part striking an object that breaks the fall. Not everyone who fails to remain upright and ends up on the ground is considered to have fallen. For example, an individual who topples over because of a seizure or stroke is not considered to have suffered a fall.

Each year 30-40% of elderly people in the community suffer a fall and 50% of nursing home residents fall. Clearly, those over 65 years old are disproportionately impacted by falls when one considers that in the US

- Falls are the leading cause of accidental deaths in individuals over 65 years old
- Falls are the 7th most common cause of all deaths in the same group
- Seventy five percent of accidental deaths in all individuals occur in the 13% of the population that are over 65 years old
- Falls contribute to 40% of nursing home admissions

The economic costs are also significant and are expected to increase in the future. In 2000 the economic impact in the US was about \$20 billion and is estimated to increase to \$44 billion by 2020.

### **Causes**

Many factors may lead to a tendency to fall. The factors often combine in ways that may lead to an older adult falling. Generally, intrinsic factors, extrinsic factors and situational factors, medical conditions and medications may contribute to a tendency to fall.

### **Intrinsic Factors**

Conditions that contribute to falls and are related to the individual are considered intrinsic factors. These are frequently age related. Some may be related to problems with changing vision such as a decrease in depth

## *Continuation from Page 2*

perception, decreased vision and a decrease in ability to see well in dim settings or at night. Some factors are related to impaired muscle function such as decreased muscle strength or muscle quickness to prevent falls. Muscle weakness from any cause is a major risk factor for falls.

### **Extrinsic Factors**

These are factors that are related to the environment. These include slippery surfaces, poor lighting and uneven surfaces. Being in a new setting may also contribute to the risk of falling.

### **Situational Factors**

Situational factors are those where falling risk is increased because the individual is rushing or is distracted while walking. One example of this is a fall that occurs while rushing to the bathroom.

### **Medical Conditions**

There are many medical conditions in the older adult that contribute to falling more easily. Some more common conditions are:

- Lung Disease such as COPD
- Anemia
- Irregular Heart Rhythm
- Dehydration
- Infections
- Blood Pressure Instability
- Diabetes Problems
- Thyroid Problems
- Heart Valve Problem
- Acute Medical Illness
- Dementia
- Stroke
- Arthritis
- Foot Deformities
- Parkinson's Disease
- Neuropathy
- Vitamin B12 Deficiency
- Dizziness
- Visual Problems

### **Medications**

Taking four or more medications increases falling risk and the more medications an older person takes, the more likely that individual is to fall. There are many medications that make the senior adult more at risk for falling. They exert their influence by causing different types of effects that make falling more likely. Some examples are:

#### **Types of Effect**

- Balance System Damage
- Decrease Alertness and Thinking

#### **Examples**

- Aminoglycoside antibiotics
- Pain medications, especially narcotics or opioids, benzodiazepines such as Xanax (alprazolam), antidepressant medications, sleep medications

## Continuation from Page 3

- Confusion
- Decreased Brain Circulation
- Movement or Shaking Disorders
- Anticholinergic medications which include some bladder medications
- Blood pressure medications, heart rhythm medications, diuretic or “water pills”
- Some antipsychotic medications

*Alcohol, although not a prescribed medication, is a drug that can increase risk of falling.*

### Fall Complications

Very often falls result in consequences that persist long after the event. One half of falls in adults over 65 years old result in injuries. Five percent of hospital admissions in the elderly are related in some way to a fall. About one half of older adults who fall cannot get up without some help. Lying on the floor for two hours or more increases the risk of problems like dehydration, muscle breakdown and pneumonia that lead to hospitalization. Additionally, about one half of seniors who fall do not return to their previous level of activity and function because of injuries or fear of re-falling. This usually causes senior adults to limit what they do.

### Prevention

There are some things that help prevent and that decrease the risk of falling. Examples are:

- Exercising in a group or home setting reduces risk of falling and fractures in seniors living in the community. Exercises that improve strength and balance are beneficial. Tai Chi, a tyhpe of non-stressful exercise, has been shown to decrease falls in older adults.
- Performing home safety assessments if done by an Occupational Therapist in seniors who are at high risk, such as those with vision impairment, will improve fall risk.
- Correcting low vitamin D in seniors who are deficient will also reduce fall risk. Some authorities recommend supplemental vitamin D in seniors at risk for falling or who may have low vitamin D.
- Withdrawing some potentially harmful medications and reducing the number of medications will decrease falls. Medical providers should consider removing opiate(narcotic) medications, antianxiety medications, sleep medications which often contribute to falls.
- Improving vision with glasses and surgery. Cataract surgery reduces falls in women after the first eye is done. Bi-focal and tri-focal lenses increase risk of falling compared to single focal lenses.
- Having Cardiac pacemakers placed in those seniors that tend to faint and fall because of some circulatory instability causing a drop in heart rate and blood pressure.
- Improving foot wear, performing ankle and foot exercises and regular podiatry visits in patients with foot pain improve risk of falling.
- Using a cane or walker when there is a problem with walking or balance decreases falling.

## *Continuation from Page 4*

- Treating osteoporosis when detected with screening improves risk of bone fracture after a fall.

The most effective preventive measure to prevent falls is a combination of many different types of interventions including exercise that does balance and gait training, medication adjustments, medical evaluation and treatment, home safety evaluation and instruction by an occupational therapist in using canes and walkers.

### **Home Safety**

There are some steps that older adults can take to decrease risk of falling at home. The following are some reasonable steps one can take:

- Reduce tripping hazards by removing loose rugs, securing carpet edges, reducing clutter, removing loose wires or obstacles on the floors.
- Locate telephone where it can be reached from the floor.
- Add nonslip rubber mats in bathroom and shower/tub.
- Add grab bars inside and outside the tub or shower and next to the toilet.
- Adding railings on both sides of stairways.
- Repair uneven walkways/sidewalks.
- Improve the lighting in homes.

### **Home Safety**

It is important that seniors get evaluated by their medical providers for fall risk. There should be a discussion of past falls or fear of falling with the medical provider. Potentially hazardous conditions at home that may contribute to increased falls should be addressed and ways to improve or eliminate those conditions should be reviewed. It is often helpful for providers to review home safety with patients.

Reviewing medications and removing unnecessary medications, especially those known to contribute to falling, are also important steps medical providers can take to reduce falls in senior adults. An exercise plan that is formulated by seniors and their medical providers can have many health benefits including reducing the number of falls and fractures. Providers can also arrange for physical therapy to improve strength, balance and walking in those seniors who may benefit.

It is recommended that elderly individuals who suffer a fall get evaluated even though an isolated fall may not be a serious cause for concern. However, seniors who have two or more falls in a six month period should have a complete evaluation by their medical provider to try to identify a cause that could potentially be corrected.

## Continuation from Page 5

Although not every fall results in injury, there is a clear need to decrease falls because very often there is serious consequence to the fall. Having a discussion with a healthcare provider and taking some common sense steps can prevent falls in older adults.

### More Information

For more information on falls visit the Centers for Disease Control and Prevention web site:

<http://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>

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# HEALTH MONTH TOPICS

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## JULY HEALTH MONTH TOPIC: OSTEOPOROSIS AWARENESS

For more information, visit <http://nof.org/nationalosteoporosismonth>

### APPROXIMATELY 9 MILLION AMERICANS HAVE OSTEOPOROSIS

#### What Is It?

Osteoporosis is often called a “silent disease” because you cannot feel your bones getting weaker. It is a disease of the bone that makes a person’s bones weak and more likely to break. Nearly 60% of adults age 50 and older are at risk of breaking a bone and should be concerned about bone health. One in two women and up to one in four men will break a bone in their lifetime due to osteoporosis. There is no cure for osteoporosis, but there are steps that you can take to prevent, slow or stop its progress.

#### Five Steps to Improve Bone Health

- Get the calcium and vitamin D you need every day.
- Do regular weight-bearing and muscle-strengthening exercises.
- Don’t smoke and don’t drink too much alcohol.
- Talk to your healthcare provider about your chance of getting osteoporosis and ask when you should have a bone density test.
- Take an osteoporosis medication when it’s right for you.



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## Osteoporosis Is Manageable

- Although there is no cure for osteoporosis, there are steps you can take to prevent, slow or stop its progress. Eating a healthy diet and exercising regularly can help slow or stop the loss of bone mass and help prevent fractures.
- About half of osteoporosis-related repeat fractures can be prevented with appropriate treatment.
- A bone density test is the best way to diagnose osteoporosis and determine a treatment plan. If your T-score is -2.5 or lower, indicating that you have osteoporosis, or if you have other significant risk factors for breaking a bone, talk to your healthcare provider about starting an osteoporosis treatment plan that includes taking an osteoporosis medicine.
- In choosing an osteoporosis medication, be sure to discuss the risks and benefits of all treatment options with your healthcare provider to determine which treatment plan is best for you.
- In order for your medicine to work, it's important to exercise regularly and make sure you get the recommended amount of calcium and vitamin D every day from food and supplements
- Once you start taking an osteoporosis medicine, your bone density test by central DXA should be repeated at least every two years to monitor its effects. After starting a new osteoporosis medicine, many healthcare providers will repeat a bone density test after one year.

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## AUGUST HEALTH MONTH TOPIC: IMMUNIZATION AWARENESS

For more information, visit <http://www.cdc.gov/vaccines/events/niam.html>

### WHY IMMUNIZE?

#### Diseases Are Becoming Rare Due To Vaccinations

It's true, some diseases (like polio and diphtheria) are becoming very rare in the U.S. Of course, they are becoming rare largely because we have been vaccinating against them. But it is still reasonable to ask whether it's really worthwhile to keep vaccinating.

It's much like bailing out a boat with a slow leak. When we started bailing, the boat was filled with water. But we have been bailing fast and hard, and now it is almost dry. We could say, "Good. The boat is dry now, so we can throw away the bucket and relax." But the leak hasn't stopped. Before long we'd notice a little water seeping in, and soon it might be back up to the same level as when we started.



## Immunity Types

Immunity to a disease is achieved through the presence of antibodies to that disease in a person's system. Antibodies are proteins produced by the body to neutralize or destroy toxins or disease-carrying organisms. Antibodies are disease-specific. For example, measles antibody will protect a person who is exposed to measles disease, but will have no effect if he or she is exposed to mumps.

There are two types of immunity: **Active and Passive**

### Active Immunity

Results when exposure to a disease organism triggers the immune system to produce antibodies to that disease. Exposure to the disease organism can occur through infection with the actual disease (resulting in natural immunity), or introduction of a killed or weakened form of the disease organism through vaccination (vaccine-induced immunity). Either way, if an immune person comes into contact with that disease in the future, their immune system will recognize it and immediately produce the antibodies needed to fight it. Active immunity is long-lasting, and sometimes life-long.

### Passive Immunity

Is provided when a person is given antibodies to a disease rather than producing them through his or her own immune system. A newborn baby acquires passive immunity from its mother through the placenta. A person can also get passive immunity through antibody-containing blood products such as immune globulin, which may be given when immediate protection from a specific disease is needed. This is the major advantage to passive immunity; protection is immediate, whereas active immunity takes time (usually several weeks) to develop. However, passive immunity lasts only for a few weeks or months. Only active immunity is long-lasting.

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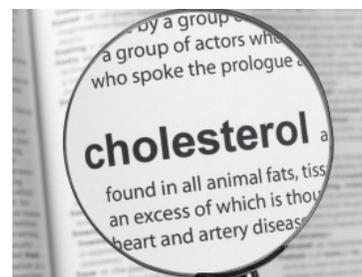
## SEPTEMBER HEALTH MONTH TOPIC: CHOLESTEROL AWARENESS

For more information, visit <http://www.cdc.gov/features/cholesterolawareness/>

### LEARN WHAT STEPS YOU CAN TAKE TO PREVENT HIGH CHOLESTEROL OR TO REDUCE YOUR LDL "BAD" CHOLESTEROL LEVEL

#### What Is Cholestrol

Cholesterol is a waxy, fat-like substance that your body needs. But when you have too much in your blood, it can build up on the walls of your arteries and form blockages. This can lead to heart disease, heart attack, and stroke.



There are two kinds of cholesterol: high-density lipoprotein (HDL) and low-density lipoprotein (LDL). HDL is also called “good” cholesterol. LDL is called “bad” cholesterol. When we talk about high cholesterol, we are talking about “bad” LDL cholesterol.

Seventy-one million American adults have high cholesterol, but only one-third of them have the condition under control. September is National Cholesterol Education Month—a good time to resolve to get your cholesterol screened.

## What Role Does Screening Play?

Screening is the key to detecting high cholesterol. Because high cholesterol does not have symptoms, many people do not know that their cholesterol is too high. Your doctor can do a simple blood test to check your cholesterol level.

The National Cholesterol Education Program recommends that adults aged 20 years or older have their cholesterol checked every 5 years.

You may need to have your cholesterol checked more often if any of the following statements applies to you:

- Your total cholesterol is 200 mg/dL or higher.
- You are a man older than age 45 or a woman older than age 50.
- Your HDL cholesterol is lower than 40 mg/dL.
- You have other risk factors for heart disease and stroke

Although the number of people who said they were screened for cholesterol within the previous 5 years increased from 73% to 76% from 2005-2009, only a handful of states have met the 82% Healthy People 2020 objective, and disparities in getting screened persist.



## How Can You Prevent or Treat High Cholesterol?

Make therapeutic lifestyle changes by:

- **Eating a Healthy Diet** - Avoid saturated fats and trans fats, which tend to raise cholesterol levels. Other types of fats, such as polyunsaturated fats, can actually lower blood cholesterol levels. Eating fiber also can help lower cholesterol.
- **Exercising Regularly** - Physical activity can help lower cholesterol. The Surgeon General recommends that adults engage in moderate-intensity exercise for 2 hours and 30 minutes every week.
- **Maintaining a Healthy Weight** - Being overweight or obese can raise your cholesterol levels. Losing weight can help lower your cholesterol.
- **Not Smoking** - If you smoke, quit as soon as possible

*At a Glance: MCCI Activities & Fun*

**MCCI Jacksonville -**

**Dunn Avenue Center**



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*At a Glance: MCCI Activities & Fun*

**MCCI Jacksonville -  
Middleburg Center**





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