



Benefits Pulse

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Wellness champions take charge of their health

By Dave Schafer

Sometimes, it happens in a doctor's sterile office, with words of warning. Or early in the morning one day, out of the blue, you realize that you're not as happy with yourself as you would like to be.

Or, it happens when a stranger says something unflattering, innocent words that cut you. Or a family member dies in poor health, and you think, "That could be me."

If you're fortunate, that's when it happens. If you're not so fortunate, it happens in an emergency room, with pain and needle pricks.

It's the epiphany that you need to live healthier and treat your body with respect.

For three city employees, that epiphany drove them to lose weight, gain energy and vibrancy and live a healthier life. Those women are "Wellness Champions."

A dress that falls off

Valerie Jackson didn't believe her doctor or the scale she was standing on. "That's not right," she told the doctor.

So, they tried a different scale. And it did give a different reading: one pound less.

"Which number do you want to go with?" her doctor asked. It didn't matter. Both showed a number that was much too high.

Although significantly overweight, Jackson had escaped taking maintenance drugs. But now her doctor was threatening to prescribe blood-pressure pills, diabetic pills, "this and that," she said.

She had a month to lower the number on that scale, her doctor told her. Jackson went home and hung up her khaki skirt and pink-and-khaki blouse. That would be the last time she would wear them.

A couple of days later, on Oct. 1, Jackson walked out her door to take the first steps to losing weight and getting healthier. She was going for a brisk, 15-minute walk.



Griselda Garza has lost 43 pounds and improved her metabolic numbers by exercising and eating right. Now, Garza is helping other employees lose weight and feel better with her Get Fit class. Photo by Dave Schafer.

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Three trees later, she was out of breath. “It was like I ran a mile,” she said.

The next day, she walked a little farther. Then the day after that, and the day after that, increasing her stamina a little each day. She started walking during her breaks at work, including her lunch hour. She started walking around Hermann Park Golf Course carrying canned goods as imitation weights.

She couldn't get back to visit her doctor for two months. When she did, she'd lost about 25 pounds. By Jan. 1, she'd lost 37 pounds.

She added Zumba and water aerobics, then weights and the elliptical machine. She added ankle and wrist weights to those Hermann Park walks. The canned goods went to a homeless guy.

“You have to incorporate movement,” she said. “Movement is what will actually get the weight off you.”

And then, she started Weight Watchers, counting points for everything she ate.

“Weight Watchers is a lifestyle change,” she said. “It makes me cognizant of what I put in my mouth. I used to just pop, pop, pop things in without thinking. Now, I think about everything I'm putting in my mouth, and how many points it will cost me.”



Valerie Jackson, Human Resources, didn't like the number on her scale. So she started walking every day, then added Zumba, water aerobics and light weight lifting. She's lost nearly 100 pounds. *Photo by Dave Schafer*

As of Nov. 15 – a little more than 13 months after she started exercising – she'd lost 93 pounds. She wants to lose about 80 more.

It hasn't always been easy, she said. She's had to reconfigure how she eats. But she's had a lot of support from family and friends, and from a higher power. When she eats, she says a little prayer, “Please lord, whatever hits my lips, don't let it hit my hips.”

And when the times are tough, she can still look at that dress to steel her resolve.

“It falls off of me now,” she said. “I will not go back to that weight. I refuse to go back to that.”

You really have to have discipline, will power and really want to make it happen for you to be able to make a change in your lifestyle

- *Griselda Garza*

Deleting diabetes

Twenty-nine months ago, Griselda Garza's doctor wanted to prescribe insulin to treat the type 2 diabetes she'd been diagnosed with in 2005.

“You're crazy. No. I'm not doing that,” she told him. “I refuse to stick myself.”

She knew there were other options, but she also knew that she would have to be proactive in taking them.

She joined a running group and started working out every day at Fitness Connection, running on the treadmill, lifting light weights and taking a cardio class.

She soon realized that she had a passion for working out in the gym.

“I really, really liked that,” said Garza, an administrative assistant in Human Resources. “Exercising and talking to people. It's a good feeling, and I leave feeling refreshed.”

Three months later, she ran her first half marathon, 13.1 miles in 1 hour, 58 minutes. She has since run four more

half marathons and a 30K marathon before injuring her knee.

She switched to a diabetic's diet, cutting out sugar and cutting down on carbohydrates. She started reading labels to closely monitor exactly what she was eating.

According to the onsite Cigna biometrics screenings in June, her diabetes has reversed as her A1C test was four, down from 11.5. Her glucose dropped from a high of 298 to between 70 and 80.

She's also lost 43 pounds.

“You really have to have discipline, will power and really want to make it happen for you to be able to make a

change in your lifestyle,” she said.

Garza earned her group-exercise certification through the Aerobics and Fitness Association of America, and now she teaches Get Fit and kickboxing classes at Fitness Connection on Tuesdays and is a substitute teacher for the Saturday step class.

She's bringing her hour-long Get Fit class, which focuses on cardio and toning the arms, legs and abs, to city employees. On Tuesdays and Thursdays starting Jan. 17, she'll be leading a class in the basement of 611 Walker.

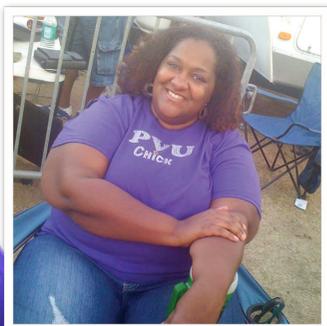
The class doesn't use weights; it just requires participants, up to 25 per class, to bring workout clothes, a towel, a mat and water.

But even if people can't make it to her Get Fit class, they need to do something, she said. Too often, people let excuses prevent them from taking care of themselves. They're too busy. They don't have the energy. They have chores to do. They have to cook dinner.

“You will never do it if you think like that,” she said. “Just throw your stuff in the car and go to the gym. You’ll feel better when you’re done. Then, go home and deal with your stuff.”

One year, 130 pounds

Kimberly Bowie woke up one morning at 364 pounds. She was afraid of hitting 400.



Kimberly Bowie, Planning and Development, used Quick Weight Loss to lose more than 130 pounds in a year. Photo courtesy Bowie.

Bowie, a planner in Planning and Development’s development-services section, had recently lost two aunts and two uncles who were in their late 70s and early 80s, so the specter of death loomed before her. She was 36, but she didn’t need health problems to impede her quality of life or shorten it.

She didn’t have any chronic health problems yet, but she knew they would come.

She couldn’t control getting cancer or another sneaky disease. But she was determined to control what she could.

She was going to change her life and her lifestyle.

She went to Quick Weight Loss and told them she wanted to lose 180 pounds. It would take a year to lose that, they said.

A year? That long? *That’s a long time not to eat fried chicken, not to eat pasta, not to drink (alcohol),* she thought.

Then, she rethought. One year in 36 to that point, hopefully 36 more to come. One year out of 75 or 80, and a better quality of life from it.

One year didn’t seem like so much, then.

So, she started the program that limits the amount of food she eats and cuts out

sugar, sodium, fat and processed foods. She started eating more fish, chicken, fruits and vegetables.

“Most of the problem is mental,” she said. “So you have to adjust the way you think about it.”

“Food is not your friend,” she told herself. Or, “It really doesn’t taste that good.”

She also had to challenge her preconceived notions about food, like the one that said paying \$5 for a salad at a fast-food restaurant was ridiculous. Now, on the rare occasion she visits a fast-food joint, she orders a salad and skips the dressing.

And she had to cut back on the number of commitments she had made. She was too busy, and that caused her anxiety, which caused her to eat.

After about three months, her body adjusted to her new diet. When she broke down and ate something she shouldn’t have, she found she didn’t really enjoy it. And her body couldn’t handle eating as much as it had before.

That had been her problem. She overate. Now, when she tried to do that, her body would tell her. “I can’t eat all that,” she said.

See **WEIGHT LOSS** on page 11

Discover Healthy Eating

Wake-Up Smoothie

Ingredients:

- 1 ¼ cups orange juice, preferably calcium-fortified
- 1 banana
- 1 ¼ cups frozen berries, such as raspberries, blackberries, blueberries and/or strawberries
- ½ cup low-fat silken tofu, or low-fat plain yogurt
- 1 T sugar, or Splenda Granular (optional)

Directions:

Combine orange juice, banana, berries, tofu (or yogurt) and sugar (or Splenda), if using, in a blender. Cover and blend until creamy. Serve immediately. Makes three servings, 1 cup each.

Nutrition per serving:

- 139 calories
- 2 g fat
- 0 g saturated fat
- 0 g monounsaturated fat
- 0 mg cholesterol
- 33 g carbohydrates
- 0 g added sugars
- 4 g protein
- 4 g fiber
- 19 mg sodium
- 421 mg potassium



Go online for a **Thermos-Ready Smoothie recipe** www.benefitspulse.org



Nutrition bonus:

110 percent of daily value of Vitamin C, 16 percent of daily value of fiber

Carbohydrate servings:

2

Exchanges:

2 fruit, 1/2 low-fat milk

— Source: www.eatingwell.com

Questions & Answers



Elizabeth Rodriguez, Human Resources customer service representative, answers important benefits questions. Do you have a benefits question? Email it to hrenewsletter@houston.tx.gov.

Q My daughter turns 26 Feb. 10. Does her coverage end the last day of the month she turns 26 or on her birthday?

A Health-care coverage lasts until the adult child turns 26. It ends at midnight Feb. 9 for your daughter, the night before her 26th birthday.

Q How does the deductible work?

A You pay the charges for covered services up to a certain amount. That amount is your deductible. After you meet your deductible, you pay a copayment or coinsurance for covered services. Certain services, like your preventive-care visits, are available immediately. You don't need to satisfy your deductible first.

Cigna KelseyCare has a prescription drug deductible that must be met before copayments become effective. In that plan, copayments do not count toward your deductible. In the Open Access plan, copayments do not apply toward the deductible, but coinsurance does apply. In the CDHP, the copayments and coinsurance you pay for out-of-network services count toward both your in-net-

work and out-of-network deductibles. The copayments and coinsurance you pay for in-network services count only toward your in-network deductible.

Annual deductibles start over at \$0 every May 1.

Q Does the plan deductible count toward the out-of-pocket maximum?

A In the CDHP, your out-of-network deductible and coinsurance apply to both the in-network and out-of-network annual out-of-pocket maximum. The in-network deductible and coinsurance apply only toward the in-network annual out-of-pocket maximum.

In the Cigna Open Access Plan, your deductible does not apply toward your annual out-of-pocket maximum.

In the KelseyCare plan, copayments for treatment at an inpatient or outpatient facility and for advanced radiological imaging count toward your out-of-pocket maximum. Other copayments do not.

After you meet the out-of-pocket maximum, the plans pay 100 percent of eligible medical expenses. The chart below illustrates the out-of-pocket maximum amounts for each plan.

Out-of-pocket maximum by plan				
	Cigna Open Access	CDHP	CDHP	Cigna KelseyCare
		in network	out of network	
Individual	\$3,000	\$5,000	\$10,000	\$1,500
Family	\$6,000	\$10,000	\$20,000	\$3,000

Q I'm in the Cigna KelseyCare plan. Can I enroll my dependents in the plan if they live in a different city or state?

A Although KelseyCare is an HMO, Cigna uses its HMO networks to provide guest benefits to out-of-city and out-of-state dependents. If Cigna has

an HMO network in the zip code in which your dependent is living or attending school, it will arrange guest privileges for your dependent to use doctors in the HMO network in their area. To ensure a smooth transition of coverage at your dependent's new location, call 800-997-1406, 713-837-9400 or 1-888-205-9266 at least one week before the move.

Q I am an active employee, and my spouse has had end-stage renal disease since August 2009. What are her options for coverage? My co-worker also has ESRD. Does he need to apply for Medicare?

A Based on the type of treatment your spouse is receiving for her disease, she became eligible for Medicare up to four months after treatment began, if she applied for coverage. During the first 30 months she's on Medicare, the city medical plan is the primary payer of her medical claims and Medicare is the secondary payer. At the end of 30 months, Cigna and Medicare will coordinate payment of medical expenses, with Medicare as the primary coverage and Cigna as the secondary coverage. If she does not enroll in Medicare, Cigna will pay as secondary payer, and you will be responsible for the portion of her claims that Medicare should pay.

January through March is the annual enrollment period for Medicare. Medicare becomes effective July 1, unless she is given another effective date.

Your co-worker must also apply for Medicare and pay the monthly premium. Otherwise, at the end of 30 months, Cigna will pay his claims as secondary payer and your co-worker will be responsible for the portion of medical claims that Medicare should pay.

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Rx News Corner

Financial pressures are leading more people to take potentially dangerous actions with prescription drugs, a Consumer Reports survey found.

Over the past three years, the Consumer Reports National Research Center asked consumers about their medications and ways they cut costs. This year, the percentage of people who reported skimping on medication and other forms of health care rose from 39 to 48 percent, the largest increase so far.

Of the 2,038 adults contacted this year, 1,226, or 49 percent, said they take at least one prescription medicine. The average number of drugs people reported taking regularly was 4.5.

Of those 1,226, 48 percent said they took steps to save money, including:

Putting off a doctor's visit **21%**

Delaying a medical procedure **17%**

Declining a medical test **14%**

In that group, 28 percent took significant risks with their medication to save money, including:

Not filling a prescription **16%**

Taking an expired medication **13%**

Skipping a scheduled dose **12%**

Splitting pills in half **8%**

Sharing prescription with someone **4%**

Generic drug use remains high. Three of every four of this group's prescriptions were filled with a less-expensive generic.

However, more than a third of respondents, 39 percent, said they had a concern about generic drugs. But generic drugs are made with the same

active ingredient as their brand-name equivalents and have the same regulations. And manufacturers must prove that the active ingredient enters and leaves the bloodstream at the same speed as brand-name versions, which means the therapeutic effect should be the same.

Other tips for safely saving money:

Talk to your health-care provider. If drug costs are an issue, tell your doctor, said Ira Wilson, chairman of Brown University's Department of Health Services, Policy, and Practice. Too often physicians prescribe the newest drug, when an older medicine may work better and cost less.

Get a medication review. Ask your doctor or pharmacist to review your medications, suggests Nicole Brandt, associate professor at the University of Maryland's pharmacy school. Some medicines intended for short-term use, such as sleeping pills or drugs that many hospital patients get to relieve stomach distress, unwittingly become long-term habits. Drug reviews also can lead to dose reductions for certain medicines or reveal that patients are taking similar medicines prescribed by different doctors.

Use mail-order pharmacy. Mail-ordering drugs can save you money on medications for chronic conditions. Through Cigna's mail-order program, you can get a 90-day supply for two and a half times copayment. To sign up, have your medication, doctor's name and credit card information ready and call 800-285-4812, then select option 1. Some local pharmacies also do this.



The Wellness Connection is dedicated to improving your health. Healthy employees are happy and productive employees.

And so in 2012, we're going to have a lot of new wellness programs – classes, seminars, Get Fit gatherings and more, all to help you change your lifestyle and get a handle on your health. We can't wait!

One initiative is Cigna's Picture Yourself Feeling Better. The city is sponsoring two classes, which start Jan. 31 and Feb. 2. The program is for people with metabolic syndrome, defined as having three of the following conditions: overweight, high glucose, high blood pressure, high triglycerides and low good cholesterol. The 10-week program, which includes two health screenings, weekly onsite classes and online social networking, is free to city employees who complete the program and are members of a Cigna plan.

The deadline for these classes has passed, but be on alert for emails and other notices of future classes.

For more information on the Picture Yourself Feeling Better and other programs, visit www.houstontx.gov/wellness. Information will be updated frequently, so check in often.

YOU'RE NEVER TOO OLD TO START A HEALTHY DIET

By Dave Schafer

The shrink-wrapped packages of beef in the meat case at the store, with blood collecting along the edges of the clear plastic, disgusted Clyde Wright. He thought about cattle pumped full of antibiotics and hormones, and how hard meat is to digest.

So, the 60-year-old Public Works and Engineering environmental investigator quit eating red meat except on rare occasions. A year before, he'd stopped eating bread, white rice, pasta and other starches. He'd given up all but the smallest amounts of refined sugar in 1995.

"As you get older, it's important to take care of yourself," he said. "Your younger body is abused, and it can bounce back. But as you age, your body can't handle

the amount of junk, fat and cholesterol it did when you were younger."

Good nutrition and healthy habits are important, and you should start as early as possible, said Toral Sindha, senior nutritionist with Health and Human Services. But if you haven't, it's never too late.

"As we age, our bodies naturally change," she said. "Some of those changes include loss of appetite,



Clyde Smith, Public Works and Engineering, focuses on a healthy diet to keep his body strong as he gets older. His usual lunch is sliced turkey, an avocado, a vegetable, and his cheat - a small portion of jalapeño potato chips. Photo by Dave Schafer.

Questions & Answers

Q I was opted out of the city's Cigna plan Dec. 31 because I have Medicare but did not enroll in one of the Medicare plans. When can I enroll in a Medicare plan?

A You may enroll in any of the Medicare plans at any time, with coverage effective the first day of the following month. If you are on Medicare but under age 65, you cannot enroll in Medicare supplement plan F.

Q On Dec. 31, I was opted out of Cigna coverage because I didn't switch to a Medicare plan. When that happened, my non-Medicare dependant was also opted out. When can he re-enroll in Cigna?

A When you enroll in a Medicare plan, you may also re-enroll your dependent in a Cigna plan. Those retirees who were automatically opted

out can enroll in a Medicare plan with coverage effective the first of the following month. If they re-enroll in a Medicare plan during the first quarter of 2012, they may also re-enroll their non-Medicare dependents in a Cigna plan. This only applies to retirees who were opted out Dec. 31. After the first quarter, the usual rules for re-enrolling apply: wait until open enrollment, apply and wait 90 days for your dependent's

coverage, or enroll the dependent within 31 days after a family-status change. To re-enroll your dependent, call 713-837-9400.

Q What are the differences between the Cigna Open Access and the Retirees of Texas Option Plus plans?

A See the chart below.

Description	Retirees of Texas Option Plus	Cigna Open Access
Service area	State of Texas	Nationwide plan
Residency requirement	Cannot live in Kelsey-Seybold service area	No requirement
Deductible	No deductible	\$400/individual, \$800/family
Preventive services	\$0 copayment	\$0 copayment
Provider network	Same as Open Access	Nationwide providers
Covered services	The same copayments as Cigna KelseyCare	Copayments and coinsurances
Prescriptions	Copayments after deductible is met	Copayment for generics: Coinsurance (<i>min and max amount</i>) for brand

difficulty chewing, constipation, and decrease in the senses. So it's important to practice as many healthy habits as possible to minimize those effects."

After Smith began exercising, eating smaller meals and avoiding starches – cutting back a little at a time until he wasn't eating any – he lost 40 pounds in nine months. He felt good and had more energy. He's hoping cutting out the meat and sticking to his protein-rich diet will help him remain healthy, fit and active for many years.

"I feel excellent. I'm never tired."

Portion control

Devaki Radhakrishnan, an administrative assistant with the Houston Emergency Center, has been a lifelong vegetarian. That has helped keep her trim. But recently, she cut back on the carbohydrates she eats at dinner and started eating smaller portions. Since then, she's lost 22 pounds and four inches around her waist.

See **HEALTHY DIET** on page 11

As people age, they need fewer calories but just as many nutrients. A healthy diet pulls from all the food categories, includes variety and has smaller portions, said Toral Sindha, senior nutritionist with Health and Human Services.



Consider these factors:

- » Metabolism decreases after age 40.
- » Seniors have a weakened sense of taste and smell. They may salt their food more heavily because they can't taste salt as much. Seniors tend to lose sensitivity to salty and bitter tastes first.
- » Prescription medications and illnesses can lead to a decrease in appetite and may also affect taste.
- » As people age, their digestive system slows, they generate less saliva and stomach acid, making it more difficult for the body to process certain vitamins and minerals that are necessary to maintain mental alertness, a keen memory and good circulation.
- » Chewing could be difficult. Drinking smoothies made with fresh fruit, yogurt and protein powder, steamed vegetables and soft foods such as couscous, rice and yogurt can ease this problem. See page 3 for a healthy smoothie recipe.

Health Notes

Check your check

Does your pension check have a little more money than usual? If your answer is yes, and if you have medical insurance through the city, you may not have enrolled in a Medicare plan. All Medicare-covered retirees who have city insurance must be enrolled in a Medicare plan, or they were opted out of coverage Dec. 31. So, be sure to check your pension check. If your insurance contribution wasn't taken out, call HR benefits, 713-837-9400, for more information on enrolling in a Medicare plan.

Medicare-covered retirees with End Stage Renal Disease were not opted out, if we know about their ESRD.

Medicare-age retirees who don't have enough work quarters to qualify for Medicare may keep a Cigna plan.

Dangerous drugs – if used incorrectly

Four medications commonly used by older Americans account for two-thirds of drug-related emergency hospitalizations, HealthDay News reports. Those four medications, used alone or together, most often cited for those hospitalizations are:

- 1 The blood-thinning medication warfarin (Coumadin/Jantoven) used to treat blood clots, was involved in 33 percent of emergency hospitalizations.
- 2 Insulin, used to control blood sugar in diabetes patients, was involved in 14 percent of cases.
- 3 Antiplatelet drugs such as aspirin and clopidogrel (Plavix) used to prevent blood clots, were involved in 13 percent of cases.

- 4 Oral hypoglycemic agents, diabetes medications taken by mouth, were involved in 11 percent of cases.

With anti-platelet or blood thinning drugs, bleeding was the main problem. For insulin and other diabetes medications, about two-thirds of cases involved changes in mental status such as confusion, loss of consciousness or seizures.

Forty-eight percent of the hospitalizations occurred among adults 80 and up, according to the study, published in the Nov. 24 issue of the New England Journal of Medicine. Sixty-six percent were the result of unintentional overdoses.

Researchers said the study emphasizes the need for patients, doctors and pharmacists to make sure medications are being taken correctly, and consider the patient's age, overall health, other medications and how patients keep track of blood sugar and dosages.

Fatigued? Weight fluctuating? It may be your thyroid

That small gland under your neck plays a major role in your health

By Andrew Guy Jr.

Beverly Gill loves to eat. “Anyone who knows me knows I won’t give up food if I don’t have to,” Gill, a paralegal in the City Attorney’s office, joked. “I love good food.”

In 1992, she mysteriously stopped eating. At first, she didn’t notice. She led an active life and was busy with many projects at work, at home and in the community. Her lack of appetite had to be because she was so busy, she reasoned.

She lost weight. A lot: She shrank from a size 6 to a size 4. That was alarming. The last time she’d been a size 4 was when she was in elementary school, she recalled. Her weight kept dropping. During a six-week period, she dropped 30 pounds.

Her mind raced: Cancer?

She was terrified of going to the doctor to find out.

“A friend who works in the pharmaceutical industry told me that I should get my thyroid checked,” Gill said. “I didn’t even know what a thyroid was.”

She went to the doctor. Diagnosis: hyperthyroidism.

“I was relieved because I knew why I wasn’t eating, and why I was losing weight,” Gill said. “At least I had some kind of answer.”

Gill’s experience is common. Many people have undiagnosed thyroid conditions, doctors say. The main reason is because thyroid-condition symptoms are often mistaken for other ailments. This makes regular checkups even more critical.

Thyroid primer

The thyroid is a butterfly-shaped gland in the neck area. It is part of the

endocrine system. The endocrine system regulates the body’s hormones and monitors the body’s use of energy. The thyroid is the organ that controls the body’s metabolism rate, which is how the body stores and uses energy.

In a normal person, the thyroid produces the right balance of hormone cell levels. These cells are called T3 and T4.

When T3 and T4 cell counts fall out of balance, the result is one of two conditions.

One condition is hyperthyroidism. This is when too many thyroid hormones are produced. The body’s metabolism increases, sending high amounts of hormones through the body. In turn, the body’s other organs react, speeding up their processes. The heart, for example, beats faster to respond to the increased hormones it is receiving.

People with hyperthyroidism often have an irregular heart-beat, shortness of breath, chest pain, muscle weakness and weight loss. The weight loss occurs even without a decrease in the amount of calories consumed.

A severe case of hyperthyroidism is Graves’ disease. According to the American Thyroid Association, Graves’ disease is an autoimmune disorder in which the patient’s own immune system produces antibodies that bind to the surface of thyroid cells and cause those cells to overproduce hormones.

The symptoms of Graves’ disease include those of hyperthyroidism, and also

inflammation and bulging of the eyes, swelling of tissues around the eyes, and double vision.

The opposite of this is hypothyroidism.

This is when not enough hormones are produced. Symptoms include fatigue, weakness, weight gain or increased difficulty losing weight, hair loss, cold intolerance, depression, memory loss, abnormal menstrual cycles and decreased libido.

Thyroid conditions are often checked by physicians during a physical exam. It’s why doctors feel and massage around the neck area during an exam.

Hypothyroidism

A more complete test of the thyroid is sometimes needed, said Dr. Anna Silva,

“Hypothyroidism is very common... Sometimes people are working a lot or stressed out and think that’s why they’re tired all the time or anxious all the time. But it could be the thyroid.”

- Dr. Anna Silva

family medicine physician at Kelsey-Seybold.

This consists of blood work to measure the correct amounts of T3 and T4 cells. These tests are also used to diagnose Graves’ disease, Silva said.

Doctors recommend that everyone 35 and older have their thyroid checked with a full blood panel every five years.

“Hypothyroidism is very common,” Silva said. “People don’t realize how bad it is and how tired they are until you treat the condition and suddenly

they feel better. Sometimes people are working a lot or stressed out and think that's why they're tired all the time or anxious all the time. But it could be the thyroid."

Women over 50 are more prone to hypothyroidism, Silva said. Hyperthyroidism tends to be seen in men and women younger than 40.

Genetics may also play a factor. If someone in a person's immediate family has a history of thyroid conditions, they should have their thyroid examined, Silva said.

Sometimes small cysts can form on the thyroid, she said. These nodules are not necessarily cancerous, but doctors conduct a biopsy to be sure. Patients should go to the doctor immediately if they suspect something is wrong.

"If you notice a lump in your neck area, and if you're also having a sore throat and difficulty swallowing and eating, you should get to your personal physician within a couple of days and get it examined," Silva said.

Elizabeth Spinnenweber, Housing and Community Development compliance officer, began menopause when she was 38. It ended when she was 45. Toward the end, Spinnenweber experienced a dramatic weight gain, going from 145 to 212 pounds within a couple of months.

She was also warm all the time.

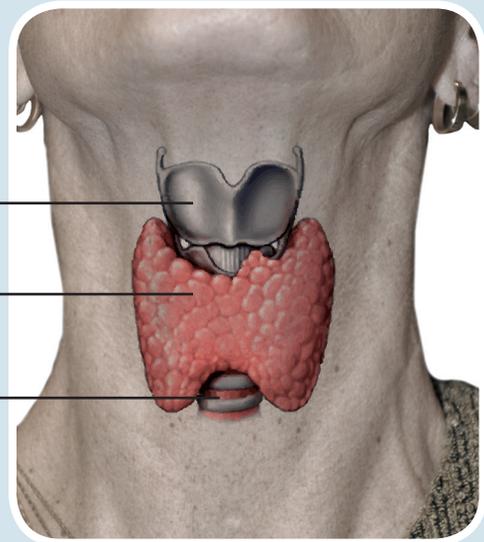
"At first I thought it was just menopause," Spinnenweber, now 51, said. "Well, when I was finished with menopause, I was still going through that. Then, shortly after (menopause) is when I got the rapid weight gain."

Diagnosis: hypothyroidism.

Her doctor put her on Levothyroxine, which she has been taking for several years.

"Now, I feel normal," Spinnenweber said. "It's amazing, people think you're crazy but you're not. I had all these mood swings and didn't know why. My children thought I was crazy. My co-workers thought I was crazy. People were always looking at me strangely. They were asking me why I was so angry

Quick facts about the thyroid gland



Cartilage

Thyroid gland

Trachea (windpipe)

- 1** *The thyroid gland is found in the neck and regulates the body's hormones.*
- 2** *The thyroid regulates how the body uses and stores energy and interacts with other organs within the body.*
- 3** *Hyperthyroidism is the overproduction of hormones. Some of the symptoms are weight loss, muscle weakness, sensitivity to heat and increased appetite.*
- 4** *Hypothyroidism is the underproduction of hormones. Some of the symptoms are abnormal weight gain, tiredness, sensitivity to cold and hair loss.*

all of the time. I didn't know why.

"I actually forgot to pay bills. Think about that. Who forgets to pay bills on time? My memory was all over the place."

She can relate to Spinnenweber's mood swings, Gill said. On more than one occasion, a co-worker or friend asked her about something fairly common, and she yelled, screamed and went off on that person.

"I'm a calm person," Gill said. "So for me to have gone off on someone for something simple, I knew something was wrong. People were like, 'What's wrong?' But I didn't know. I was a mess. My memory was shot. I didn't remember

what I was doing five minutes ago. My emotional stability was way off."

She started medication. After three months, she'd gained back her weight, Gill said.

Those who are diagnosed with thyroid disease should monitor stress, she said.

"You have to be aware of the things that will set you off and get you upset," Gill said. "I try and make sure I don't get overstressed, and I don't allow people to sap my energy. Once I started cutting off all the stress, it made it easier to control my life and to control this (condition)." 🌸

Fewer are puffing smoke

Fewer U.S. adults are smoking, and those who do light up are smoking fewer cigarettes each day, the Centers for Disease Control and Prevention reported recently. According to the report, 19.3 percent of adults said they smoked last year, down from about 21 percent in 2005. The rate for smoking 30 or more cigarettes daily dropped to about 8 percent from almost 13 percent during the same time period.

Three million fewer adults are smoking now than in 2005. However, the five-year decline was slower than the previous five-year period. Of course, any decline is a good step, but tobacco use remains a significant health burden, said Dr. Thomas Frieden, director of the Atlanta-based agency.

Cigna's Quit Today program can help you quit smoking. Visit www.mycigna.com for information.



New drug to eliminate obesity?

Researchers at the University of Texas M.D. Anderson Cancer Center have developed a drug that helped rhesus monkeys lose an average of 11 percent of their body weight in just four weeks. The monkeys' waistlines also shrank and body mass index decreased.

Potentially, this drug could counteract the nation's obesity problem. Primates are considered a good model for humans, on whom the drug could be tested during the next few years. This primate model also shares other physiological features associated with human obesity, such as an increased resistance to insulin, which can lead to the development of type 2 diabetes and cardiovascular disease.

The experimental drug, Adipotide, destroys the blood supply of fat tissue. Previous attempts to treat obesity have predominantly focused on drugs aimed at suppressing appetite or increasing metabolism. Those efforts have been hampered by their toxic side effects. The M.D. Anderson group designed a new drug, which includes a homing agent that binds to a protein on the surface of fat-supporting blood vessels and a synthetic peptide that triggers cell death. With their blood supply gone, fat cells are reabsorbed and metabolized.



Crown cost

Members of the National Pacific Dental plan who get a crown are responsible for paying the \$210 copayment plus the lab fee for making the crown. The "Benefits and Copayment Schedule" states that the cost of the crown, "Does not include the cost of the noble metal, high noble metal or titanium."

Now you have one less excuse

If you think you don't have time to take the stairs, you may be out of an excuse, Reuters reports.

Researchers at the Royal University Hospital in Saskatoon, Saskatchewan, found that when doctors took the stairs instead of the elevator, it saved each an average of 15 minutes a day. The stairs were more efficient because they didn't have to wait for a lift.

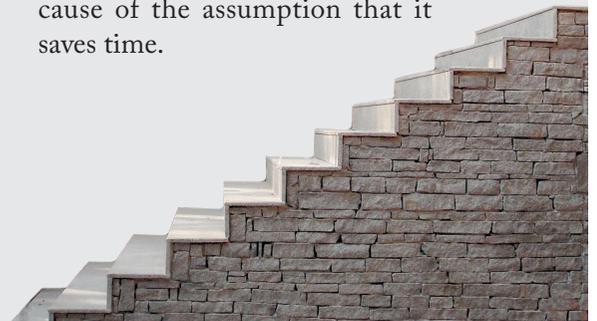
Experts recommend that people find ways to add "incidental" exercise to their daily lives. That includes small steps like parking farther away from your destination and bypassing the elevator for stairs.

But many people habitually head straight for the elevator, partially because of the assumption that it saves time.

Updated each Friday, the blog delivers the latest benefits, health and wellness information. Become a subscriber and have the latest posts delivered straight to your inbox.



www.benefitpulse.wordpress.com



WEIGHT LOSS continued from page 3

Six months later, on her 37th birthday last April, she dropped below 300 pounds. In late November, slightly more than a year after starting the program, she'd lost 130 pounds.

Food has become her friend again. But it's like any other group of friends: Some are good to be around, others – like cupcakes and those pasta dishes with the creamy sauce she so loved – are bad influences. She tries to hang with the good ones and ignore the bad ones. Her program is forgiving, so even when she spends time with the bad boys, she can make up the indiscretion elsewhere in her diet.

She feels a lot lighter now, and she has more energy. "Sometimes," she said, "I want to jump up and down. I never wanted to do that before. I can cross my legs. Oh, my stomach, I can see it!"

The words, and wonder, of a champion. 🍎

Drawing Conclusions by Paul Beckman



HEALTHY DIET continued from page 7

"I'm getting older, and it's better to lose a little weight so I can continue to be able to move around and remain healthy," said Radhakrishnan, 58. "I didn't want to end up with medical problems."

Radhakrishnan, like Maricela Kruseman, an executive secretary in the Mayor's Office of Cultural Affairs, drinks a homemade smoothie in the mornings. They use soy milk, protein powder, berries, nuts, maybe some yogurt and whole milk, in Kruseman's case.

"It's delicious," Kruseman said. "It tastes like a smoothie, and it's a complete breakfast because you have everything, your fiber, protein, everything."

Adjusting your eating habits and eliminating heavy, fatty foods may not be easy, but once you do, it becomes easier, Smith said. Start by cutting back a little at a time.

"After a while, you get used to it and you don't even want that other stuff," he said.

A variety of fruits and vegetables, whole grains, low-fat dairy, lean protein and healthy fats are important for seniors, Sindha said. Most importantly, seniors need to be conscious of what and how much they're eating.

Stick to the USDA My Plate recommendations: a quarter of your plate protein, a quarter grains, a quarter fruits and a quarter vegetables, Sindha said. (See insert.)

"Enjoy a variety of foods, but be aware of portion sizes."

The effects of aging

After age 50, the stomach produces less gastric acid, making it difficult to absorb vitamin B-12, which helps keep blood and nerves vital, Sindha said.

Getting the recommended daily intake of 2.4 mcg per day from fortified foods or vitamins is essential.

Seniors should talk to their doctors about supplementing their diet with fortified foods or a multivitamin so they get more vitamin D. And, Sindha recommends posting a note in your kitchen reminding you to drink water every hour and with meals to avoid urinary tract infections and constipation.

Adequate calcium intake is essential to prevent osteoporosis and bone fractures, helpguide.org reminds us. Seniors need 1,200 mg of calcium a day.

It all comes down, though, to healthy eating. Even if you have a chronic condition.

"Medicine can help if it's a chronic condition, but you want to supplement and support it with a healthy lifestyle," Sindha said. 🍎

Benefits Pulse

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The city of Houston reserves the right to change, modify, increase or terminate any benefits.



Anika Isaac
Counselor

Q: In the New Year, I'd like to improve my wellness in all areas. How can I do that?

A: It's the time of year when we look at our lives and begin to re-evaluate. Most of us are trying to achieve a type of wellness. Let's look at the idea of wellness.

There are many types, but two good starts are mental and physical. True wellness must address both of these. Most of us have experienced the results of neglecting one or the other. We may ignore mental symptoms until we have to deal with painful physical symptoms. Or, we might have begun to work on our emotional or mental wellness only to find our physical and nutritional health suffers.

It might be helpful to envision that connection as parts of a greater whole, in the same way we would a family, business, machine, or human body. When there is a problem with one part of the unit, it affects all the others parts. The other parts must work that much harder to compensate. Eventually, all the parts will show signs of the stress that started with the one problem.

Think about the last time you were stressed or didn't feel like yourself. That "off-kilter" feeling impacted other areas of your life and others. It is essential to be proactive and have a keen awareness of yourself. Don't

ignore those little warning lights of discomfort, stress or pain. It is usually easier to deal with issues when they are small and affect a few areas than when they get bigger and have done damage that might be irreversible.

Ask yourself: How do you define wellness? What are your criteria? What is your current level of wellness? Start with how you think about wellness, what you want, where you are and where you want to be. Talk to professionals and other trusted people. Add research to enhance your understanding of what would be reasonable and realistic wellness goals.

Contact EAP at 713-964-9906.
Appointments can be scheduled at 611 Walker, the Galleria area and Bush Airport.