



YOUR

HEALTH

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Processed Foods

Just what are they?





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On the Cover

The American Society for Nutrition said in a June 2014 position paper that processed foods are an essential part of the American diet, setting off a major debate among nutritionists over the definition of processed foods and whether a food that is unprocessed is necessarily healthy. Meanwhile, the U.S. Department of Agriculture is using a plate, rather than the dated food pyramid, to explain food proportions and the Food and Drug Administration is proposing a change in food labels to better reflect how much we actually eat of specific products. See our story on pages 4–6.



Correction

An article in the last “Your Health” magazine (V8, N1) incorrectly said that the Affordable Care Act (ACA) required health insurance plans to cover certain preventive services with no out-of-pocket expense to the insured. While the ACA actually requires this of a majority of health insurance plans (not all), according to HHS.gov, CHAMPVA is a health benefits plan and the requirement does not apply to CHAMPVA. Separate regulations would be required before CHAMPVA could offer covered preventive services with no cost to beneficiaries—above and beyond what is currently offered.

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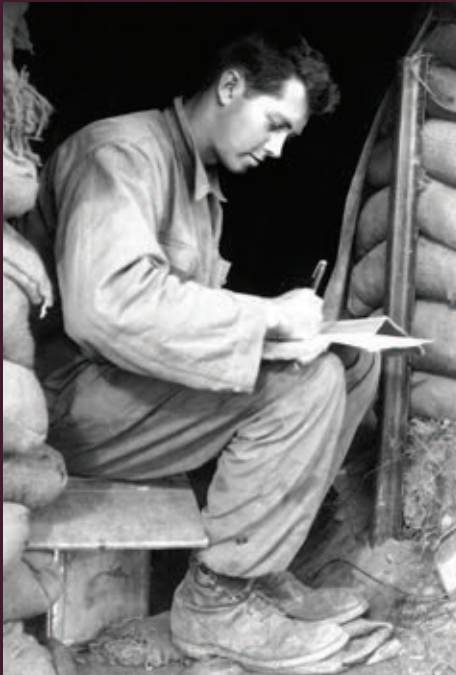
We want to keep you informed with up-to-date information that could impact your CHAMPVA benefits or your health. If you are planning to move or have recently changed your address, please contact the Chief Business Office Purchased Care and give us your new address.

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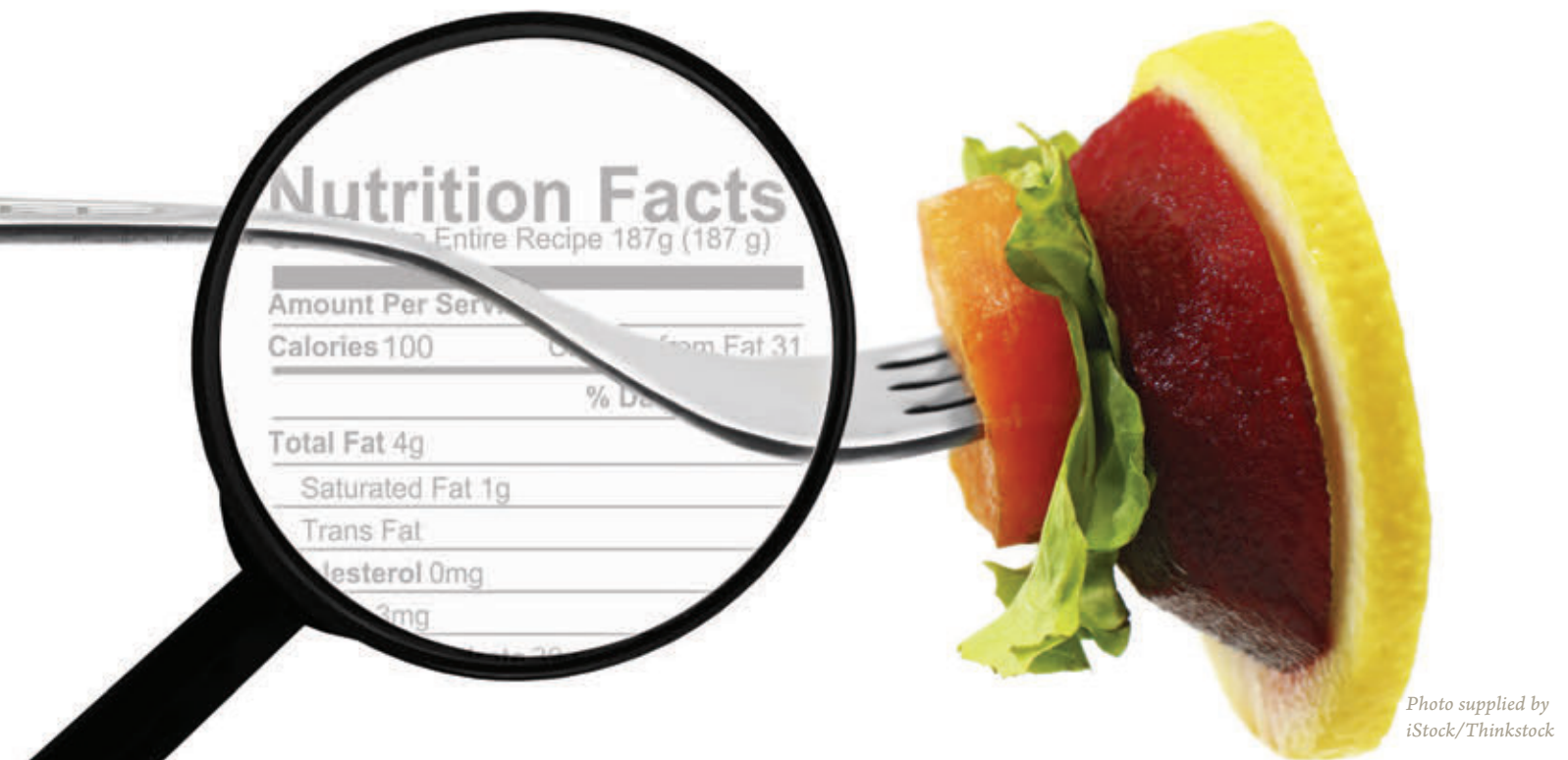
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Processed foods & serving sizes:

THE “NUTRITION WARS” CONTINUE

The American Society for Nutrition set off a controversy in June 2014 by stating in a position paper that processed foods are an essential part of the American diet.¹ Critics are concerned about a couple of points, one being that some of the paper’s authors have disclosed affiliations with various large food-processing corporations.

Nutritional experts are also cautioning that the definition of “processed” is unclear. Minimally processing food, such as washing vegetables, might be included in the definition, which would be fine with dieticians who are encouraging people to eat more fruits and vegetables. Freezing or drying are other forms of “processing,” which maintain freshness and preserve nutrients. Frozen peas and dried blueberries, for example, should be encouraged as part of a healthy diet.

Wine, beer, and cheese are also considered “processed” because of fermentation. They are changed while moving toward the final product. Consumers tend not to think of them as “processed,” but they could not exist without fermentation; these items do have healthy attributes.

However, when “processing” includes adding sugar, fat, salt and preservatives, the issue becomes whether it is acceptable for nutritionists to include highly-changed foods in healthy eating plans simply because of the propensity of Americans to consume lots of sodium and empty calories.

Some experts say that one approach might be that processed foods should gradually evolve toward healthier versions, such as reduced trans fats in many foods. Another example of a pro-active step is that one fast-food

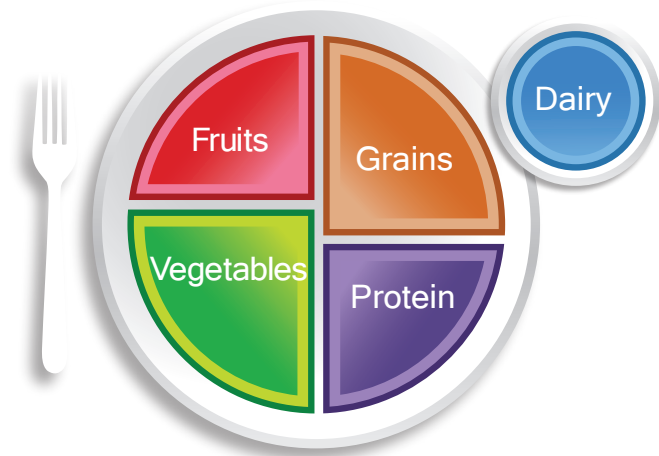
chain apparently offers a fruit smoothie with a fairly low calorie-count and good nutrition. One article² reminds us also that just because a food is unprocessed does not necessarily make it healthy. Adding “natural sugar” or lard to food still increases the caloric load.

According to the paper, although processed foods do provide significant fiber, calcium, potassium, Vitamin D and folate, as well as some other nutrients, they also provide unwanted extras. “Of the constituents to limit, **processed foods contributed 57% of energy, 52% of saturated fat, 75% of added sugars, and 57% of sodium.**”¹

Nutrient-dense food, “processed” or not, is recommended.

USDA: PLATE REPLACES PYRAMID

After attempts to educate consumers about what proportion of foods we should be eating, using rainbow-colored slices making up a pyramid (as



inscrutable as a Pharaoh’s hieroglyphics), U.S. Department of Agriculture designers came up with a simple plate showing four food groups. Grains (at least half of them whole-grain) and lean protein make up two quarters, while on the other half of the plate, vegetables are shown at around 60%, with fruits being about 40%. Next to the plate is a circle (looking like a glass of milk) for low-fat dairy.³ This graphic provides a memorable version of what every meal should resemble. The link in the footnotes will also take you to suggestions for eating healthy on a tight budget, and ideas for children.⁴

Just remember that we should all be eating from nine-inch plates, not twelve-inch feast-ware, in order to get not just proportions, but reasonable portions.

Studies have shown that people unwittingly consume more food from larger plates, yet underestimate the amount they ate.

FDA: PORTION SIZE GETS A REALITY CHECK

Everyone is encouraged to read Nutrition Facts labels, which have been mandated for 20 years. But they have been a bit misleading. The Food and Drug Administration now has a proposed rule change⁵ to reflect what portions Americans typically eat, not what we used to eat or what a nutritionist would like us to eat. Sadly, our portion sizes have been creeping ever upward, much like our waistlines. Look at the new-format Portion Distortion Quiz⁶ to see what a bagel looked like 20 years ago, compared with the current meal-for-one size today.

If this change goes through, “super-size” will be given a heavy nod. For example, a 20-ounce soda would be “one” serving size rather than two, since most consumers do not share it with a friend. When a label gives you the calorie count, it should reflect the entire container. This lets you know that the calories are twice what your first glance suggested.

All packages that contain fewer than four “servings” will have a count for the TOTAL nutrition in the container, in addition to a smaller “serving” size. This is called “dual-column labeling.” The idea is that the whole container of food might be eaten at one sitting. (Large bags of potato chips will still just have the individual portion information listed.)

For instance, a pint of ice cream used to be “four” servings of ½ cup each. But in the future, a pint container would list “two” servings of one full cup each along with the amount for the whole container, so you don’t have to “do the math” if you eat the entire pint.

And that giant candy bar or 24-ounce soda that looked like a bargain on calories (wow, they found a way to make it leaner!) might be THREE times as many calories as the label has been disclosing in the fine print, as based on old serving sizes.

So, there is no such thing as a free lunch. Calorie-wise, at least.

If you have time on your hands, you can read the minutia of how government rules⁵ are made. There is a section on breath mints and even a paragraph about fruitcake!

DOGGIE BAGGERS UNITE

Restaurants are also being encouraged to provide nutritional information for their dishes. This may make wiser consumers of us, but if we are going out, we still want to treat ourselves. A few years ago Nouveau Cuisine restaurants learned that small portions left patrons feeling cheated, so most eateries have gone back to larger portions.

What to do? Skipping the appetizer and sharing an entrée can work for some diners, but another reasonable approach is to think of the experience as two meals, one to enjoy at the restaurant and the other for lunch or dinner tomorrow—relive the fun! Think of it not as a Doggie Bag but as a “Smart Box” to stretch your dollars and shrink your waistline. (Sorry Fido, but you probably should not eat much “people food” anyway.)

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1. Weaver CM et al, Processed foods: contributions to nutrition Am J Clin Nutr June 2014 vol. 99 no. 6 1525-1542 <http://ajcn.nutrition.org/content/99/6/1525.abstract>
 2. <http://www.theatlantic.com/magazine/archive/2013/07/how-junk-food-can-end-obesity/309396/>
 3. <http://www.choosemyplate.gov/index.html>
 4. <http://www.choosemyplate.gov/supertracker-tools/daily-food-plans.html>
 5. <http://www.fda.gov/food/guidanceregulation/guidancedocumentsregulatoryinformation/labelingnutrition/ucm385663.htm>
 6. <https://www.nhlbi.nih.gov/health/educational/wecan/downloads/portion-quiz.pdf>



Bon Appetit!

Getting a back-to-school physical and what CHAMPVA covers

There are about 45,000 CHAMPVA beneficiaries between the ages of 4 and 18 that may need a back-to-school physical when their new school year starts.

CHAMPVA coverage of physicals is very limited. The good news is that if your child is age 17 or younger and their school requires a physical in order for them to attend, CHAMPVA does cover a large percentage of the cost. Once the annual deductible of \$50 per individual and \$100 per family has been met, the beneficiary will have a cost share of 25% to pay for the school physical, and CHAMPVA will cover 75% of the remaining allowable amount as the primary payer. If CHAMPVA is the secondary payer, there is no cost share in most cases for the CHAMPVA beneficiary.

The allowable amount of the claim is the most CHAMPVA will pay. The deductible is the amount the beneficiary must pay before CHAMPVA pays its 75% share of covered outpatient medical services.

In most cases the health care providers will file the claim. If the claim is not filed by the provider, you may obtain a CHAMPVA Claim Form (VA Form 10-7959a) by phone or on the Web. To receive more information and the claim form, beneficiaries may call the CHAMPVA Call Center at 1-800-733-8387 or go to our website at www.va.gov/hac. The claim must be filed no later than one year after the date of service.





Childhood & adult immunizations *and protecting the herd*

A public health concept known as “herd immunity” suggests that a few unimmunized people can still be protected when they are surrounded by a larger community of people who have all been immunized.

The protective barrier for those who have not been immunized begins to break down, however, whenever larger percentages of the group or community fail to get properly immunized.

While families give various reasons for choosing to skip immunizations, the effect can be seen on society. Diseases that were once seen only in medical textbooks are making a comeback; a 2013 measles outbreak in New York spread through a largely unvaccinated Brooklyn neighborhood.

Listed on the next two pages are the child and adult immunization schedules recommended by the Centers for Disease Control and Prevention. Your physician will determine when it is medically necessary and appropriate for the specific immunization.



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Centers for Disease Control and Prevention

Recommended childhood immunization schedule

Vaccines¹ are listed under routinely recommended ages. Columns indicate range of acceptable ages for immunization. Catch-up immunizations should be done during any visit when feasible.


Vaccine	Age	Age												
		Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4–6 years	11–12 years	14–17 years	
Hepatitis B ²														
B1		X	X	X										
B2			X	X	X									
B3						X	X	X				X		
Diphtheria, Tetanus, Pertussis ³				X	X	X	X	X	X		X	X	X	
Haemophilus influenza type b ⁴				X	X	X	X	X	X		X			
Inactivated Polio ⁵				X	X	X	X	X	X		X			
Measles, Mumps, Rubella ⁶							X	X			X ⁶	X ⁶	X ⁶	
Rotavirus ⁷				X ⁷	X ⁷	X ⁷								
Varicella ⁸							X	X	X	X	X	X ⁸	X ⁸	
Meningococcal ⁹										X ⁹	X ⁹	X ⁹	X ⁹	
*Pneumococca ¹⁰				X	X	X	X	X	X	X ¹⁰	X ¹⁰	X ¹⁰	X ¹⁰	
*Hepatitis A ¹¹							X ¹¹	X ¹¹	X ¹¹	X ¹¹	X ¹¹	X ¹¹	X ¹¹	
*Influenza ¹²						X ¹²	X ¹²	X ¹²	X ¹²	X ¹²	X ¹²	X ¹²	X ¹²	
*Influenza FluMist Nasal Spray ¹³											X ¹³	X ¹³	X ¹³	
HPV-Types 6, 11, 16, & 18 Recombinant - Gardasil ¹⁴												X ¹⁴ (age 9)	X ¹⁴	

*Vaccine is for selected populations.

Centers for Disease Control and Prevention

Recommended adult immunization schedule

Vaccines are listed under routinely recommended ages. Columns indicate range of acceptable ages for immunizations. Catch-up immunizations should be done during any visit when feasible.



Vaccine	Age	18–24 years	25–64 years	65+ years
Influenza		X	X	X
Influenza FluMist Nasal Spray		X	X (to 49 yrs)	
Pneumococcal		X	X	X
Meningococcal		X	X (to 55 yrs)	
Measles		X	X	
Mumps		X	X	
Rubella		X	X	
Varicella		X	X	X
Tetanus/Diphtheria (Td)		X	X	X
Polio		X	X	
Hepatitis B4		X	X	X
Hepatitis A		X	X	X
HPV-Types 6,11,16, & 18 Recombinant Vaccine Gardasil		X	X (to 26 yrs)	
Shingles (herpes zoster)			X (50– 59 yrs)	X

How to recertify your student for school for CHAMPVA eligibility

If you are one of the more than 14,000 students enrolled in CHAMPVA between the ages of 18–23, a school certification letter will be necessary to continue CHAMPVA eligibility.

Some general guidelines are if the student is still in high school and the student turns 18, a school certification letter will be necessary from the high school with the start dates in the fall with day, month and year, and the end dates with the day, month and year included.

When a student has graduated from high school and is entering an upper level school, like a community college or a university, they can send in an acceptance letter to CHAMPVA with their name, full-time status, and start date with the day, month and year to continue coverage from the start date to one month beyond the start date until the student gets a certification letter with their term or semester dates.

Another common scenario is the student is 18 and they just graduated from high school; they can fax or mail in a copy of a pre-enrollment letter from their community college or university with their term or semester dates. If an estimated graduation date is included on this letter with the month and the year, the student can be taken out for a full year of eligibility. A pre-enrollment letter should be faxed or mailed in for each term or semester until the student reaches age 23.

Items that need to be on the students' pre-enrollment letters are the student's name, school's name, last four digits of the student's Social Security number, that the student is enrolled full time or for a minimum of 12 semester hours; the start and end dates of the term or semester with the day, month and year; the title and signature of the school official, and the estimated graduation date with at least the month and the year, if available.

The student must also attend an accredited school. If the student withdraws from school or changes to part time status, please notify CHAMPVA because the student will not be eligible during this time. The CHAMPVA address for notification is

CBOPC, CHAMPVA
PO Box 469063
Denver, CO 80206-9063

The CHAMPVA Call Center phone number is 1-800-733-8387.

Hopefully, these general guidelines will ensure an easier process to recertify students for CHAMPVA eligibility.



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VA dental program open to CHAMPVA beneficiaries

A reminder that The Department of Veterans Affairs Dental Insurance Program (VADIP), a three-year pilot program, is offered by MetLife and Delta Dental insurance companies and is available to CHAMPVA beneficiaries.

Participants pay their own premiums and can select from multiple plan options that provide benefits and premiums that meet their needs and budgets. The plans vary and may include diagnostic, preventive, surgical, emergency and endodontic/restorative treatment.

Coverage under VADIP began Jan. 1, 2014, and is available throughout the United States and its territories. The initial participation period is 12 months; participants can then renew their coverage for another 12 months or on a month-to-month basis.

CHAMPVA beneficiaries are eligible to participate in VADIP, as are Veterans enrolled in the Department of Veterans Affairs (VA) health care program. Each participant will pay a fixed monthly premium for coverage, in addition to any co-payments required by his or her plan.

CHAMPVA beneficiaries should contact Delta Dental or MetLife directly for details about their plans. They can also go to the VADIP website, although the insurance companies are the most complete source of information. The VADIP website is:

www.va.gov/healthbenefits/VADIP

The contact information for Delta Dental and Metlife is:

www.deltadentalvadip.org

1-855-370-3303

www.metlife.com/VADIP

1-888-310-1681

If either company says it cannot locate you in its database for eligibility purposes, contact CHAMPVA at 1-800-733-8387. If callers wish to speak to VA staff regarding VADIP or VA health eligibility, they may call the VA toll free at 1-877-222-VETS (8387) Monday through Friday from 8 a.m. to 10 p.m., or Saturday from 11 a.m. to 3 p.m., EST.

After loss and grief, let your life move on



Part of our human condition is to love,
connect with others and develop relationships.



When that relationship ends, we feel a sense of loss. This sensation is called grief and can occur from any perceived loss. Some examples of loss might occur following a miscarriage, moving from your neighborhood or community, divorce, and of course, death.

People also grieve over the loss of a personal situation, such as loss of income or health. Although there are many legitimate reasons to grieve, this article will focus on the loss of a loved one.

According to the Merriam Webster Dictionary,¹ bereavement is the “state of being sad because a family member or friend has recently died; the death of a family member or friend.”

The intensity of the grief may depend on the intensity of the relationship and the degree of permanence of the loss. These criteria are just a couple of factors that influence the intensity and duration of the grief. Grieving is personal, influenced by your personality, history of loss, faith, nature of the loss and coping mechanisms. Just like the manner of the grief, the duration likewise is personal.

The Hospice Foundation of America describes grief as a roller coaster rather than a series of stages; it has ups and downs, highs and lows.² The difficult periods are usually more intense and more frequent early on, but later it becomes less intense with shorter durations.

The symptoms

Just as the intensity varies from one person to another, the individual’s symptoms vary. Not every loss produces the same set of symptoms. While shock and disbelief can be expected following an unexpected loss, it can also be experienced following a chronic, expected loss such as dealing with a loved one diagnosed with Alzheimer’s disease. The chronic situation may leave one feeling that the situation would never

end. However, when it does end, there may be a sense of disbelief.

The most common symptom is sadness. This symptom may make you feel empty and lonely. It may cause us to cry or feel despair. Sadness may affect your health by interfering with sleep, loss of appetite, or interest in any normal day-to-day activity.

Some people experience guilt for many reasons. Some may feel responsible for the loss, or believe they should have said something or done something prior to the loss. A common refrain is, “If only...”

Guilt may follow a day where you enjoy the events of your life.

Others may feel angry and resentful at losing a loved one. The anger may be directed at oneself, others and sometimes the bearer of bad news. The anger phase should not last long. If it does, seek professional help. If left to fester, it may reduce your ability for a healthy recovery.

Intense grief is usually time limited, although sometimes grief may be complicated and lead to chronic patterns as seen with major depression, anxiety or post-traumatic stress. Again, professional intervention would be needed for resolution of these chronic conditions.

Coping with grief

Allow yourself to experience grief, but continue on with your life, especially by taking care of physical needs. Many cultures and religions have specific traditions and ceremonies that may help you deal with the immediate loss. Talk with a friend who has gone through a similar experience. If you don’t know anyone or don’t feel comfortable with sharing intimate feelings with that person or someone else, a support group may help. Just writing down your feelings may help.

Change is an inevitable outcome of the loss. Sometimes the loss involves a disruption to a role or responsibility that will need to be filled. Practicality may require that you assume that chore or assign it to another. By assigning some responsibilities to another, you will free yourself to deal with your pain. This may free up some energy to assist those who are also trying to cope with the loss. Take advantage of any bereavement benefit that you may have at work that allows for use of your sick time to make arrangements necessitated by the death

of a family member or to attend the funeral of a family member.

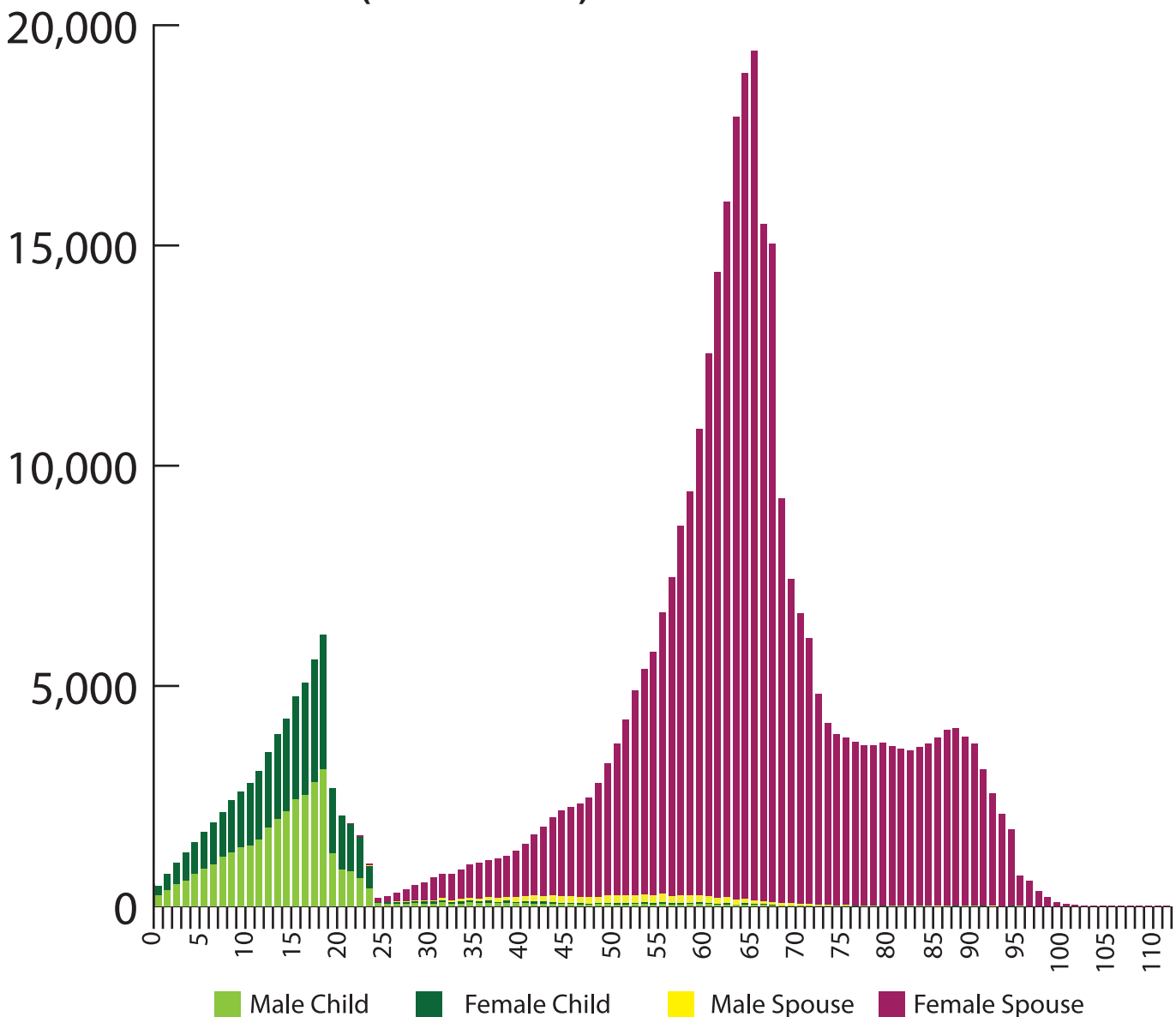
While in the throes of deep mourning, it may be helpful to know that life goes on despite the loss and change. The intense pain will lessen, and we will resume our life.

Knowing that we may experience loss in the future, take advantage of the time you have now with that person. Be proactive and minimize the amounts of "if only." Take time to acknowledge your appreciation or love of that person.

¹ <http://www.merriam-webster.com/dictionary/bereavement>

² <http://hospicefoundation.org/End-of-Life-Support-and-Resources/Grief-Support/What-to-Expect>

CHAMPVA beneficiaries by age and gender (as of 9/3/2014)





Types of depression

Like any illness, depression involves a variety of symptoms and can vary in severity. Major depression is a combination of symptoms that interfere with a person's ability to work, sleep, eat, and enjoy activities. Major depression can be disabling and prevent a person from functioning normally. Some people may experience only a single episode within their lifetime, but more often a person may have multiple episodes.

Dysthymic disorder, or dysthymia is characterized by long-term (two years or more) symptoms that may not be severe enough to disable a person but can prevent normal functioning or feeling well. People with dysthymia may also experience one or more episodes of major depression during their lifetime.

Bipolar disorder, or manic depressive illness is fairly uncommon. Bipolar disorder is characterized by cycling mood changes—from extreme highs to extreme lows. Bipolar disorder usually lasts a lifetime. Episodes of mania and depression typically come back over time. Between episodes, many people with bipolar disorder are free of symptoms, but some people may have lingering symptoms. Most people with a major depressive episode suffer the symptoms noted above, but some episodes can be severe enough to distort thinking and include psychotic symptoms where the individual has disturbing false beliefs, a break with reality (delusions), or hears or sees upsetting things that others cannot hear or see.

Other depressive episodes occur in connection with specific events such as:

Postpartum depression—more serious than having “the baby blues” that many women experience after giving birth, postpartum depression is when hormonal and physical changes occur and the new responsibility of caring for a newborn can be overwhelming. Symptoms may include difficulty sleeping, feelings of worthlessness or guilt, thoughts of suicide or harming the baby. Treatment can easily correct postpartum depression.

Seasonal affective disorder (SAD)—characterized by the onset of depression during the winter months, when there is less natural sunlight. Depression generally lifts during spring and summer. SAD may be effectively treated with light therapy, but nearly half of those with SAD do not get better with light therapy alone. Antidepressant medication and psychotherapy can reduce SAD symptoms, either alone or in combination with light therapy.

What causes depression?

Depression is most likely caused by a combination of genetic, biological, environmental, and psychological factors. It is unknown exactly what causes depression but many factors may be involved including:

Biological differences. People with depression appear to have physical changes in their brains. The significance of these changes is uncertain, but may eventually help identify the cause.

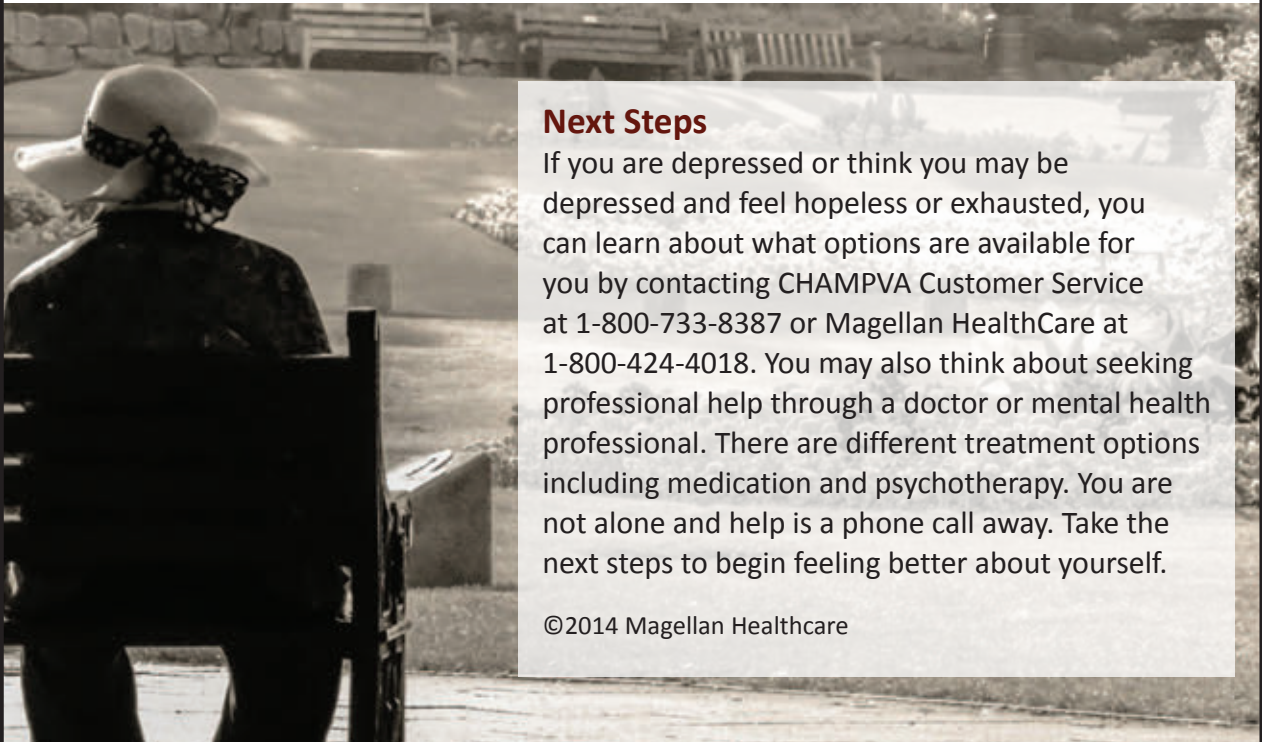
Chemical make-up. Known as neurotransmitters, these naturally occurring brain chemicals linked to mood are thought to play a direct role in depression.

Hormones. Changes in the body's balance of hormones may be involved in causing or triggering depression. Hormone changes can result from thyroid problems, menopause or a number of other conditions.

Inherited traits. Depression is more common in people whose family members also have this condition. Researchers are trying to find genes that may be involved in causing depression.

Life events. Certain events, such as the death or loss of a loved one, financial problems and high levels of stress, can trigger depression.

Early childhood trauma. Traumatic events during childhood, such as abuse or loss of a parent, can cause permanent changes in the brain that can make a person more susceptible to depression.



Next Steps

If you are depressed or think you may be depressed and feel hopeless or exhausted, you can learn about what options are available for you by contacting CHAMPVA Customer Service at 1-800-733-8387 or Magellan HealthCare at 1-800-424-4018. You may also think about seeking professional help through a doctor or mental health professional. There are different treatment options including medication and psychotherapy. You are not alone and help is a phone call away. Take the next steps to begin feeling better about yourself.

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The heart is an amazing organ.

It beats on its own and pumps blood throughout your body from before you were born to the last moment of life. No other muscle does so much work.

Unfortunately, the heart is prone to certain diseases. One such disease is called coronary heart disease, a disease in which a waxy substance called plaque builds up inside the coronary arteries.¹

As the plaque grows on the inside of the walls of the artery, blood that runs through the artery may stick to the plaque and cause a blood clot to form. The clot and plaque block the normal blood flowing through the coronary artery. When this happens it is called a heart attack. When the heart tissue becomes damaged, a doctor may refer to this as a myocardial infarction.

One advantage of living in a modern age is that the diseases that bother the heart can be cured or treated so the heart can continue to beat despite having had a heart attack. To keep the heart pumping adequately, despite heart disease, it is important to recognize the warning signs of a heart attack so that you can get treatment fast and prevent heart damage, limit further damage to your heart or even prevent death.

The American Heart Association (AHA)² lists the heart attack warning signs as:

♥ Chest discomfort

This is in the center of the chest. It lasts more than a few minutes or it may go away and come back. It is described as an uncomfortable pressure, squeezing, fullness or pain.

♥ Discomfort in other areas of the upper body

This can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.

♥ Shortness of breath

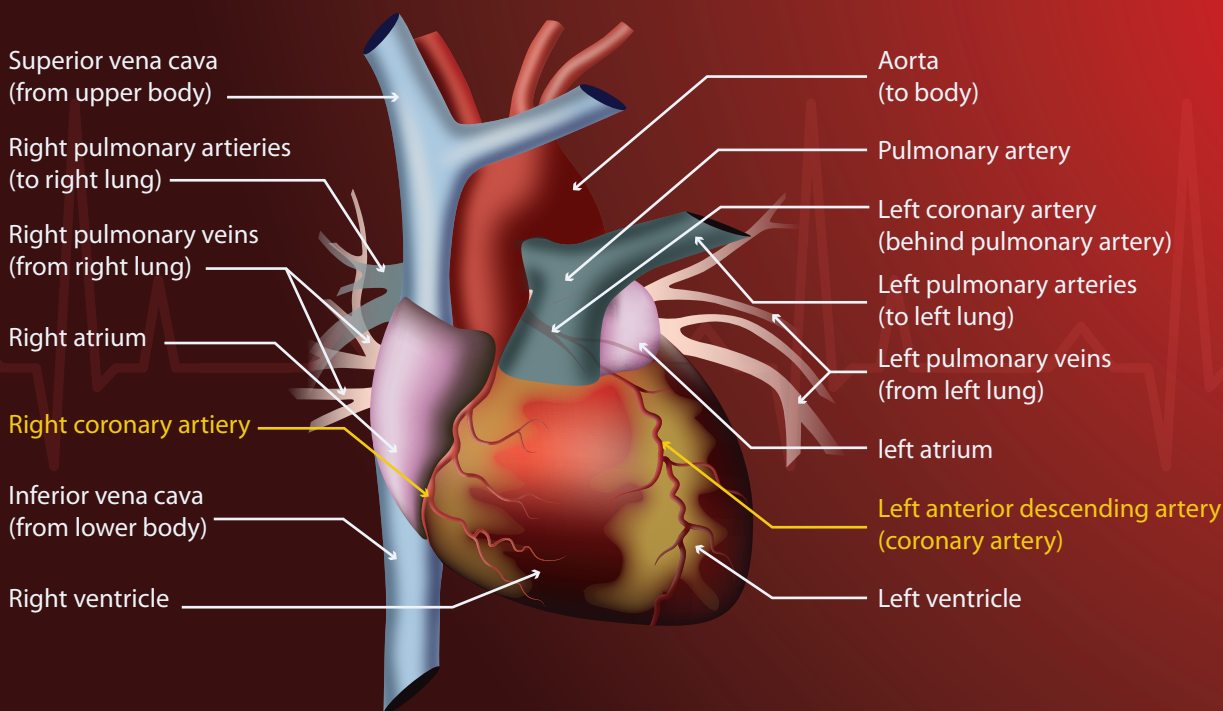
This may be with or without chest discomfort

♥ Other signs

Breaking out in a cold sweat, nausea and vomiting, or lightheadedness.

Your heart also has a complex nerve supply. This cardiac nervous system is why a heart attack may have symptoms that are “referred” to other areas of your body. You may experience symptoms when you have a diminished blood flow or before a complete blockage and before there is irreversible damage or too much heart damage to function adequately.

Anatomy of the Heart³



On the picture of the heart, do you notice the right coronary artery and left anterior descending artery are rather small vessels with smaller coronary vessels that branch off from them? It doesn't take huge amounts of plaque or blood clot to clog up those arteries. The coronary arteries are what supply blood to your heart muscle. Your heart muscle needs that blood or it will become damaged or die. In the heart muscle there is special tissue that contains electrically charged cells that trigger the heart muscle to contract and beat. These specialized cells give your heart the rhythm that makes it contract regularly.

When you have a heart attack, you have a decrease in blood that nourishes both the muscle that contracts, causing your heart to pump the blood to your body, and those cells that give your heart rhythm. The lack of blood to your heart muscle produces the symptoms listed as the warning signs. If the heart attack completely shuts off the blood to a certain part of the heart, then eventually the heart tissue will die resulting in a heart that does not beat properly and/or a muscle that is not strong enough to pump the blood adequately.

The **good news** is that the heart blockage can be reversed and in many cases the flow can be restored before there is any permanent damage to the heart muscle that pumps the blood or to the heart tissues that contain the rhythm cells.

What to do when you experience heart attack symptoms

Act quickly and don't hesitate to contact your local emergency services or call for help if you cannot operate a telephone. Sit down and rest. Do not try to exercise the discomfort away. Remember that by increasing the oxygen needs of the heart, which happens when you exercise, one may make the problem worse. By using an ambulance, not only do you start receiving care during transport service, your hospital arrival accompanied by a paramedics or EMTs will minimize the chance of you just waiting in the emergency waiting room. The least optimal choice in getting to a hospital is to drive yourself because you may pass out during the drive.

If you have an aspirin easily accessible and you are not allergic to aspirin, it could possibly be helpful to take one. Talk to your doctor in advance if this would be a good option for you. If you do take an aspirin, tell the emergency responders that you took it. Aspirin helps prevent blood from clotting, and reduces swelling, thereby reducing the risk of a complete blockage in the coronary artery. If you know you have coronary artery disease or coronary heart disease, follow your physician's advice. Also take the prescribed drugs that your physician ordered when you have chest pain.

Risk Factors

Some risk factors⁴ for coronary heart disease include:

- ♥ High blood cholesterol
- ♥ High blood pressure
- ♥ Tobacco User
- ♥ Diabetes Mellitus and pre-diabetes
- ♥ Overweight and obesity
- ♥ Non-active life style
- ♥ Family history or genetics

At your next office visit appointment **ask** your physician

- ♥ **If you are at risk for a heart attack?**
- ♥ **What are your risk factors?**
- ♥ **How to reduce your risk factors?**
- ♥ **If you should take an aspirin if you experience the symptoms of a heart attack?**

Follow your physician's advice. If you are at risk, write down all your medications and the names of your physicians and let family, friends and coworkers know where this information is kept so they can retrieve it easily. Have this information given to your emergency care responders.

Veterans and their families have great hearts. Keep them as healthy as possible. Know the signs and symptoms of a heart attack and seek immediate medical attention when you experience one of them.

¹ <http://www.nhlbi.nih.gov/health/health-topics/topics/cad/>

² http://www.heart.org/HEARTORG/Conditions/911-Warnings-Signs-of-a-Heart-attack_UCM_305346_SubHomePage.jsp

³ <http://www.nhlbi.nih.gov/health/health-topics/topics/hhw/anatomy.html>

⁴ <http://www.nhlbi.nih.gov/health/health-topics/topics/hd/>

Meds by Mail



ePrescribing!

Meds by Mail (MbM) is now even easier to use! ePrescribing from your physician or other qualified medical provider is now being accepted!

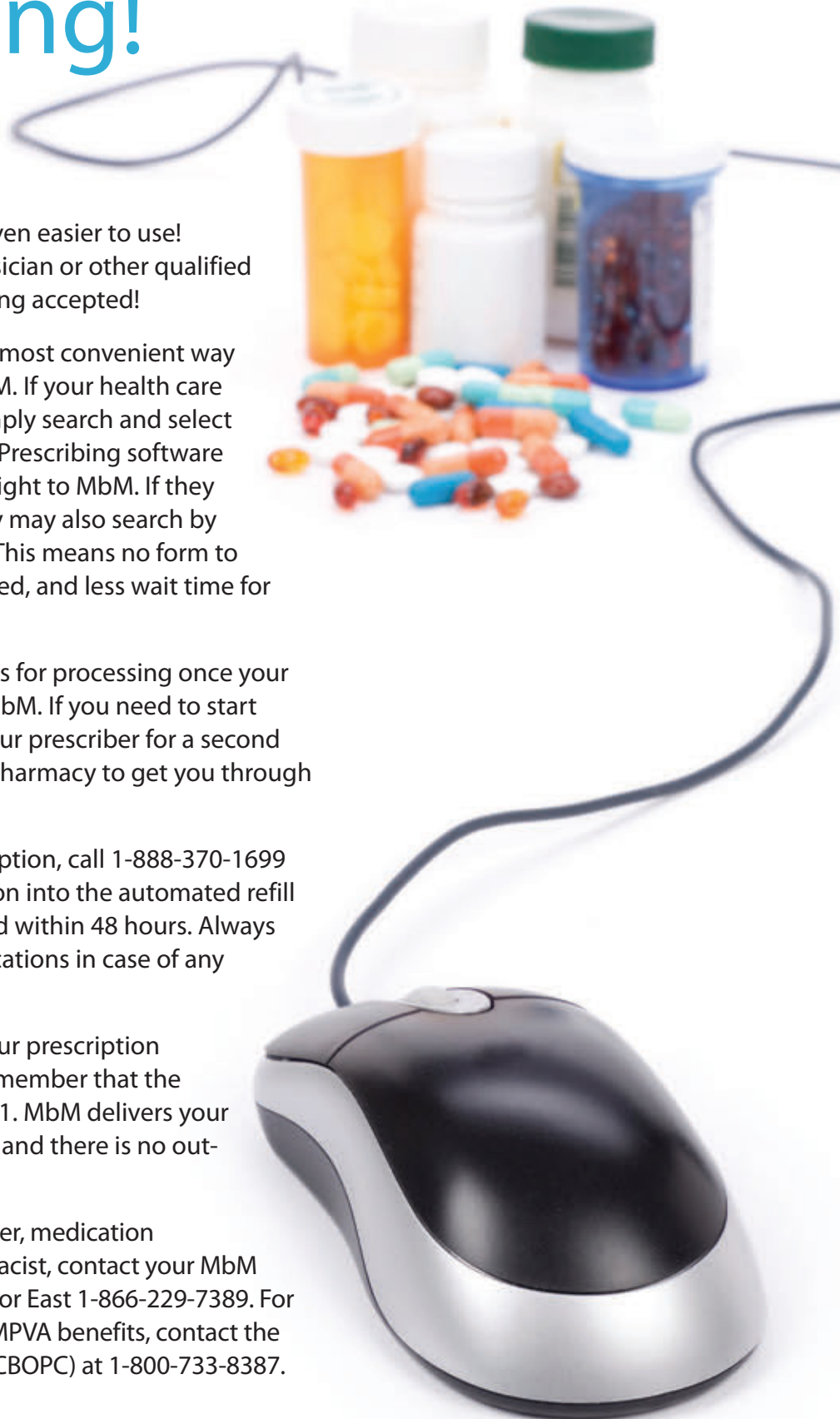
ePrescribing is the easiest, safest, and most convenient way to have new prescriptions sent to MbM. If your health care prescriber has the ability, they can simply search and select "Meds by Mail CHAMPVA" from their ePrescribing software and your prescription will be sent straight to MbM. If they can't find MbM under that listing, they may also search by telephone number "1-888-385-0235." This means no form to fill out, no envelope or postage required, and less wait time for you to receive your prescription.

Be sure to allow up to 10 business days for processing once your prescriber sends the prescription to MbM. If you need to start taking your medication sooner, ask your prescriber for a second prescription to be filled at your local pharmacy to get you through until your MbM order arrives.

If you need a refill on a current prescription, call 1-888-370-1699 and enter your prescription information into the automated refill line. Most called in refills are processed within 48 hours. Always allow extra time to receive your medications in case of any unforeseen issues.

If you aren't already using MbM for your prescription needs, now is a great time to start! Remember that the annual deductible is reset on January 1. MbM delivers your prescriptions straight to your mailbox and there is no out-of-pocket cost to you!

For questions on the status of your order, medication availability, or questions for the pharmacist, contact your MbM service center at West 1-888-385-0235 or East 1-866-229-7389. For questions regarding eligibility or CHAMPVA benefits, contact the Chief Business Office Purchased Care (CBOPC) at 1-800-733-8387.



Hot flash Menopause

The Department of Health and Human Services' Office on Women's Health defines menopause as "the time in a woman's life when her period stops. It usually occurs naturally, most often after age 45. Menopause happens because the woman's ovaries stop producing the hormones estrogen and progesterone. A woman has reached menopause when she has not had a period for one year."

The symptoms of menopause vary in severity and frequency. The following symptoms can occur in pre-menopause and increase in the transition to post-menopause.

Common symptoms of menopause include:

- Menstrual periods that occur less often and eventually stop
- Heart pounding or racing
- Hot flashes
- Night sweats
- Skin flushing
- Sleeping problems (insomnia)

Other symptoms of menopause may include:

- Decreased interest in sex, possibly decreased response to sexual stimulation
- Forgetfulness (in some women)
- Headaches
- Mood swings including irritability, depression, and anxiety
- Urine leakage
- Vaginal dryness and painful sexual intercourse
- Vaginal infections
- Joint aches and pains
- Irregular heartbeat (palpitations¹)

Treatment of symptoms occurs when the associated discomfort experienced affects the quality of life. When treating menopause, it is recommended that the decisions for treatment choices are discussed with your doctor to ensure your symptoms are in fact menopausal, that any over-the-counter solution is not contraindicated for your individual medication regime or medical status, and to determine the best prescription response, if needed.



Some examples of alternative treatments, herbs and supplements for menopause.

Consult your doctor before engaging in, or taking treatment of any form.



Vitamin D

Vitamin D is an essential building block for a healthy body. It promotes healthy bone renewal, normal cell growth, and hormone balance, which are all important for menopausal women. Vitamin D is often referred to as the sunshine vitamin, as your body produces it in response to sun exposure.

As women age, their ability to absorb Vitamin D decreases, heightening their risk of bone density loss. This makes the need to incorporate Vitamin D into their diets that much more critical.

Foods containing high vitamin D content include sardines, tuna, wild salmon, fortified dairy products, and eggs.²



Acupuncture

Many women find relief from their menopausal symptoms through acupuncture. Skeptics argue that acupuncture benefits are purely the result of the placebo effect, but doctors confirm that acupuncture is a reasonable alternative³ to hormone therapy for women suffering from menopausal depression and hot flashes.



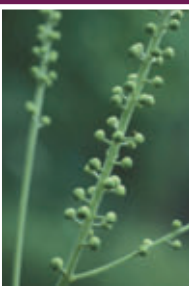
Mindful breathing

Mindful deep breathing such as that practiced during yoga and meditation has a proven calming effect on the mind and can ease menopausal anxiety⁴ and hot flashes. As soon as you feel a hot flash coming on, prepare. Begin by inhaling through your nose⁵ to the count of four. Hold your breath for seven counts. Then, exhale completely through your mouth⁶ to a count of eight. This is one breath. Try to complete this cycle two more times.



Yoga

Evidence supports the notion that **yoga** can help relieve irritability and depression brought on by menopause. Women report that yoga relaxation and stretching techniques help stabilize their moods while improving their overall well-being. Try a gentle yoga class once or twice a week to get the most benefits. Once you learn the basics, you can carve out some personal time to practice in the comfort of your own home.



Black cohosh (*Actaea racemosa*, *Cimicifuga racemosa*)

This herb has received more scientific attention for its possible effects on menopausal symptoms than have other botanicals. Studies of its effectiveness in reducing hot flashes and other symptoms have had mixed results.

*Photos supplied by iStock/Thinkstock

**Photo supplied by Moodboard/Thinkstock

Sources:

Department of Health and Human Services Office on Women's Health, Retrieved from: <http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&query=Menopause&x=0&y=0>

U.S. Library of Medicine, Retrieved from: <http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&query=Menopause&x=0&y=0>

Menopausal symptoms and complementary health practices. (2012, February). Retrieved from: <http://nccam.nih.gov/health/menopause/menopausesymptoms1http://www.nlm.nih.gov/medlineplus/ency/article/003081.htm>



Dong quai (*Angelica sinensis*)

Only one randomized clinical study of dong quai has been done. The researchers did not find it to be useful in reducing hot flashes. Dong quai is known to interact with, and increase the activity in the body, of the blood-thinning medicine warfarin. This can lead to bleeding complications in women who take dong quai.



Ginseng (*Panax ginseng* or *Panax quinquefolius*)

The 2005 National Institutes of Health (NIH) panel concluded that ginseng may help with some menopausal symptoms, such as mood symptoms and sleep disturbances, and with one's overall sense of well-being. However, ginseng has not been found helpful for hot flashes.



Kava (*Piper methysticum*)

According to the 2005 NIH panel, there is no evidence that kava decreases hot flashes, although it may decrease anxiety. Furthermore, **it is important to note that kava has been associated with liver disease.** The U.S. Food and Drug Administration (FDA) has issued a warning to patients and providers about kava because of its potential to damage the liver.



Red clover (*Trifolium pratense*)

The 2005 NIH panel found no consistent or conclusive evidence that red clover leaf extract reduces hot flashes. A large clinical trial and several reviews of the research literature concluded that red clover had no significant beneficial effects on menopausal symptoms. A review of the research literature also found no apparent evidence of adverse events from short-term use (up to 16 weeks). However, the same review noted the lack of data on the safety of long-term use. There are some concerns that red clover, which contains phytoestrogens, might have harmful effects on hormone-sensitive tissue (for example, in the breast and uterus).



Soy

The scientific literature includes mixed results on soy extracts for hot flashes. Some studies find benefits, but others do not. Although information on adverse effects is limited, soy extracts appear to be generally safe when taken for short periods of time. However, long-term use of soy extracts (which also contain phytoestrogens) has been associated with thickening of the lining of the uterus.

CHAMPVA benefits for treatment of menopausal symptoms can include, when medically necessary, the use of prescription psychotropics for the diagnoses of depression or anxiety; the use of prescription antibiotics for diagnosis of urinary tract infection; and hormone replacement therapy following surgical menopause.

***Photo supplied by Marcelo Träsel from Porto Alegre, Brasil (Bebida de ginseng Uploaded by JohnnyMrNinja [CC-BY-SA-2.0 (<http://creativecommons.org/licenses/by-sa/2.0>)], via Wikimedia Commons

²<http://www.healthline.com/health/food-safety-dairy-products>

³<http://nccam.nih.gov/health/menopause/menopausesymptoms>

⁴<http://www.healthline.com/health/anxiety>

⁵<http://www.healthline.com/human-body-maps/nose>

⁶<http://www.healthline.com/human-body-maps/mouth>



New Purchased Care website is www.va.gov/purchasedcare

The Chief Business Office Purchased Care’s two public-facing websites were merged recently to reflect the agency and to better serve the Veterans and dependents that use them.

The address of the new website is www.va.gov/purchasedcare. The Communications Department has been using brochures, “Your Health,” the CHAMPVA magazine for beneficiaries, and the CHAMPVA Guide (formerly the CHAMPVA Handbook) to advise beneficiaries that the CBOPC website was changing sometime in 2014.

The combined website offers Veterans and their dependents forms, guides, brochures, fact sheets, policy manuals and contact information for all CBOPC programs: the Non-VA Medical Care Program, the Civilian

Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), the State Home Per Diem Program, Patient-Centered Community Care, the CHAMPVA Inhouse Treatment Initiative, Meds by Mail, the Foreign Medical Program, the Spina Bifida Health Care Benefits Program, the Children of Women Vietnam Veterans Health Care Program, the Primary Family Caregiver Program and the Camp Lejeune Family Member Program.

This one-stop shop for Veterans and beneficiaries reflects the merger three years ago of the Health Administration Center, which administered CHAMPVA, FMP, CITI and other programs, and Purchased Care, which was responsible for NNPO (formerly the Fee Basis program), State Homes and other programs.

The addresses of the former Health Administration Center website and the former website of the National Non-VA Medical Care Program will direct users to the new site.

“One website helps us better reflect and carry out our mission,” said Communications Chief Glenn Johnson. “All of our programs are, basically, used to purchase health care services and supplies for Veterans and their dependents. It makes sense that all of the information about Purchased Care programs be available from one modern, well-organized, VA website.”

Seared Scallops

with Beet Purée & Arugula Salad



Makes 6 servings.

Per serving: 200 calories, 10 g total fat, (1.5 g saturated fat), 20 g carbohydrate, 9 g protein, 5 g dietary fiber, 188 mg sodium.

Ingredients

- 4 large yellow beets, stems and leaves removed, peeled and quartered
- 4 Tbsp. extra virgin olive oil, divided
- Salt and freshly ground black pepper, to taste.
- 1 large orange, zest and juice
- 2½ Tbsp. white wine vinegar
- 1/2 cup non-fat, plain Greek yogurt
- 2 Tbsp. lemon juice
- 4–6 medium beet leaves, washed and sliced lengthwise, 1/4-inch
- 3 cups arugula
- 1/2 cup pomegranate seeds or 1/4 cup dried cranberries
- 12 large, dry* sea scallops, rinsed and patted dry

Directions

Preheat oven to 350 degrees F. In medium bowl, toss beets with 2 teaspoons olive oil and season with salt and pepper. Place in shallow roasting pan, cover with foil and roast for 40–45 minutes or until tender when pierced with fork. Set aside four quarters of beets for use in salad.

In blender, combine 1/4 cup orange juice, orange zest and vinegar and pulse to combine. With blender

on low speed, slowly add 2 tablespoons olive oil until well blended. Season vinaigrette to taste with salt and pepper and set aside.

When remaining beets are cool enough to handle, chop into large pieces. Place beet pieces in blender with yogurt, lemon juice and 1 tablespoon of water. Blend until smooth, stirring with rubber spatula as needed. Place purée and 1 teaspoon olive oil in small saucepan over low heat until mixture is warm. Set aside.

Slice remaining beets into thin julienne slices. In large bowl, combine slices with beet leaves, arugula and pomegranate seeds. Toss salad with vinaigrette.

In large skillet or sauté pan heat 1 tablespoon olive oil over medium high heat. Lightly season scallops with salt and pepper and add to hot skillet. Sear scallops for 2–3 minutes on each side, until almost firm to the touch.

On each of 6 small plates, place 2–3 tablespoons of warm beet puree on one side and top with 2 scallops. Place 1/2 cup salad next to scallops and serve.

*Dry scallops are shucked and stored in a container with no water or preservatives.

Pumpkin Mac & Cheese



Mix up Your Macaroni

Pumpkin has long been a staple of fall. If your pumpkin latte consumption is borderline ridiculous, trade it in for a healthier fix. This pumpkin mac and cheese is rich in carotenoids, particularly alpha- and beta-carotene and just one serving provides 100% of your daily value of vitamin A. Each serving packs 17 g of protein and 4 g of fiber, yet it actually has fewer calories per serving than the 12 oz. cup (yes, the regular size) of your favorite seasonal coffee beverage.

Ingredients

- Canola oil cooking spray
- 1/2 cup panko bread crumbs
- 1/3 cup grated parmesan cheese, divided
- 1 Tbsp. canola oil
- 8 oz. whole-wheat rotelle pasta
- 1 cup low-fat (1%) milk
- 1 Tbsp. unsalted butter
- 1 Tbsp. all-purpose flour
- 1 1/2 cups (2 1/2 oz.) sharp light (50 percent) cheddar cheese
- 1 cup canned unsweetened pumpkin
- 1/2 tsp. mustard powder
- 1/4 tsp. ground black pepper
- Pinch of cayenne pepper
- 1/8 tsp. ground nutmeg, optional

Directions

Preheat oven to 375 degrees F. Coat 6 cup baking dish with cooking spray and set aside.

To breadcrumbs, add 2 tablespoons parmesan cheese and toss to combine. Add oil

and using your fingers, toss to coat breadcrumbs, then set mixture aside.

In large pot, boil 4 quarts of water. Add pasta and cook for 10 minutes, until slightly al dente. Drain in colander, and set aside.

While pasta cooks, in microwave or small saucepan, heat milk until it steams, and set aside.

In large saucepan, melt butter over medium heat. Whisk in flour and cook for 1 minute, whisking slowly. Off heat, gradually add milk while whisking to avoid lumps. Return pot to medium-high heat and simmer sauce until it thickens to consistency of stirred yogurt, 3 minutes. Add cheese, remaining parmesan cheese, pumpkin, mustard, black and cayenne peppers and nutmeg, if using, and stir until cheddar melts. Mix in cooked pasta. Spread mac and cheese in prepared baking dish. Sprinkle seasoned breadcrumbs over top.

Bake 15-20 minutes or until breadcrumbs are crisp and golden brown. Serve immediately.

Makes 6 servings.

Per serving: 289 calories, 9 g total fat (4 g saturated fat), 37 g carbohydrate, 17 g protein, 4 g dietary fiber, 307 mg sodium.



Courtesy of the American Institute for Cancer Research: <http://www.aicr.org/>

Coconut & Chocolate

Sweet Potato Pie



Crumb Crust:

- 1/3 cup sliced almonds
- 1/3 cup walnuts
- 2 Tbsp. ground flaxseed
- 2 Tbsp. wheat germ
- 3/4 cup whole-wheat flour
- 2 Tbsp. sugar
- 1/2 tsp. cinnamon
- 1/4 tsp. nutmeg
- 1 Tbsp. canola oil
- 1/4 cup light coconut milk

Garnish:

- 2 Tbsp. flaked coconut
- 2 Tbsp. sliced almonds

Sweet Potato Mixture:

- 2 large sweet potatoes (approx 2 lbs), peeled and cut into 1-inch slices
- 5 cups cold water
- 1/3 cup honey
- 2 Tbsp. sugar
- 1 Tbsp. molasses
- 1/2 cup unsweetened almond milk
- 1 tsp. vanilla extract
- 2 tsp. cinnamon
- 1/4 tsp. cardamom
- 1/4 tsp. nutmeg
- 1/4 tsp. ginger
- 1 pinch cloves

Avocado Chocolate Pudding:

- 1/2 cup plain almond milk
- 6 Tbsp. honey
- 5 Tbsp. cocoa powder
- 2 tsp. vanilla extract
- 2 medium avocados, seeded, peeled and mashed

Prepare crust:

Preheat oven to 375 degrees F. In food processor, pulse and process all crumb ingredients except oil and coconut milk. Mixture should resemble fine crumbs. Add oil and coconut milk and process until mixture holds together. Lightly press into 9-inch spring form pan. Bake for 15-20 minutes or until lightly browned; remove from oven and cool on wire rack.

Prepare garnish:

Spread coconut and almonds on parchment-lined baking sheet. Place in oven as soon as crust comes out. Bake about 10 minutes or until golden brown. Set aside to cool.

Prepare sweet potato filling:

Place sweet potatoes and cold water in saucepan. Bring to boil; reduce heat to medium and boil for 10 to 15 minutes or until sweet potatoes are very tender. Drain completely and transfer to large mixing bowl. Mash potatoes completely. Add all remaining sweet potato mixture ingredients and mix until fully combined; spoon over cooled crust and return to refrigerator.

Prepare avocado chocolate pudding:

Blend coconut milk, honey, cocoa powder and vanilla in blender on low to medium speed. Once completely combined, gradually add avocado, a couple of spoonfuls at a time, blending until completely smooth; spoon over sweet potato filling and smooth with spatula. Chill pie for at least 12 hours.

Presentation

Top with toasted coconut almond mixture and serve.



Per Serving: 310 calories, 12 g fat, (2 g sat fat), 53 g carbohydrate, 5 g protein, 8 g fiber, 65 mg sodium

Makes 12 servings

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