



Helping Healing Happen At Home

BY BARB AMAN, RN

Home Care Supervisor at Yankton Medical Clinic, P.C.

Home care is a form of health care service provided at the patient's residence whether they live in their own homes, or with a family member or in some instances when they reside in assisted living centers. The goal of home care services is to allow the patient to remain in their home and recover, maintain or promote their health status to allow them to function at their optimum level safely.

Home care is a service to recovering, disabled or chronically ill individuals. The care provided ranges from assistance with activities of daily living to advanced medical care in the

home. Home care is appropriate for a person who requires care that cannot easily or effectively be provided solely by family and friends.

YMC Home Care offers nursing and physical therapy services. The services are ordered by the patient's physician based upon the patient's specific health care needs. Home health aide services are also offered for custodial care such as bathing, personal care and assistance as nurse or therapist assesses need for.

Due to the budget cuts and the decrease in the length of hospital stays, home health has been beneficial to those going home from a hospitalization or nursing home stay. It assist with instructions related to medications,

signs and symptoms of disease processes, wound care if post surgical or chronic wounds, IV therapy, exercises following joint replacement or due to weakness. In some cases where there is a new diagnosis we provide teaching related to that disease and how to prevent flare-ups or problems. Due to the fact that home care services are part-time our purpose is to teach patients, family members or caregivers as much of the care as possible. This is done to prepare the patient/family/caregiver in becoming independent in the care.

At the time of admission to home care the nurse will discuss with the patient their goals for recovery and then along with the physician and patient develop a

plan of care that is specific to the needs of the patient. It may require other services such as physical therapy or home health aide. We also assist in helping the patient to acquire the needed equipment to promote their safety in the home. We work with the Department of Social Services to find options for care when our services covered under Medicare are completed but the patient still has some custodial type needs that they require assistance with.

YMC Home Care has been in operation since November 1993. We have had Medicare surveys completed by the South Dakota Department of Health with deficiency free results. YMC Home Care is continually doing outcome studies and quality

improvement projects to maximize the care it offers and in doing that has received awards related to the results of these projects with the South Dakota Foundation for Medical Care. These awards include: Outstanding participation Award for Quality, Quality Partner Award in 2004, 2008 South Dakota Quality Award for Commitment in Home Care.

Home care is more than a job to our staff, we realize that with each home we are allowed to enter it is a privilege and we appreciate the uniqueness of each of our patient and family

units. We are in close contact with the patient's physician and work with them to understand some of the possible barriers in the home and then work to find an area that the patient feels they can do their optimum to handle their disease process and allow them the maximum potential for their health status in the comfort of their home.

If you have questions regarding our services and how we could be of help to you or someone you know please call us at 665-6954 or for general information you can visit www.yankton-medicalclinic.com.

Psoriasis: Heartbreak No More

BY JAMES W. YOUNG, D.O.

Board Certified Dermatologist at Yankton Medical Clinic, P.C.

Psoriasis (from the Greek word psora-to itch) is a chronic immunologic, non-contagious skin disorder. It may be systemic (psoriatic arthritis), genetic, or inflammatory. It may be anywhere on the body but favors scalp, elbows, knees, hands, feet, nails and genitalia. The most common form of psoriasis is characterized by plaques-raised, thick, scaly, inflamed patches of skin covered with silvery scale. It may itch or burn but surprisingly, frequently has no symptoms. There are many clinical forms of psoriasis.

At least 7 million people have psoriasis, or about 1 in 40 people in the US. About 250,000 new cases are diagnosed yearly and affect both sexes, all ages, and all races (but more Caucasians are affected than Blacks or Asians). Most commonly it starts between ages 15 and 35.

Psoriasis treatment costs third-party insurance payers between \$1.6 and \$3.2 billion per year. This is more than for emphysema or epilepsy. The more severely affected person naturally has more challenges and greater expense than someone with less severe disease.

Each year about 400 people receive disability for psoriasis, and an equal number die from psoriasis complications. About 10-20% of psoriasis patients will develop psoriatic arthritis. Psoriatic arthritis causes pain and swelling in and around joints and can lead to permanent joint damage. Psoriatic arthritis is more common in patients with severe psoriasis, those with nail involvement, and the elderly. In addition, severe psoriasis is now known to be associated with heart disease and lymphoma, but run-of-the-mill psoriasis is not.

Psoriasis is almost certainly triggered by multiple factors. It can be inherited. It may be started by trauma to the skin, such as sunburn, scrapes, and bruises. Infections, classically strep, are a well-recognized trigger. Many medicines are reported to cause or aggravate psoriasis. Common medications include, but are not limited to: beta-blockers, ACE inhibitors, antimalarials, lithium, NSAID, systemic corticosteroids, IL-2, and granulocyte-macrophage colony stimulating factor. For most people, stress is a factor, and psoriasis is worse in winter time nearly universally. Many, if not most, psoriasis patients can find no trigger.

Psoriasis is graded by the amount of skin involved, as well as where. For instance, someone with severe psoriasis of palms and soles may be completely disabled, even though only 4-5% of their body is involved.

Treatment goals are to control, because a cure does not exist. Patients may strive for perfectly clear skin, but in reality that rarely, if ever, happens. Psoriasis tends to eventually become resistant to anything used on it, so changing agents from time to time is normal.

Conventional therapies for less extensive psoriasis, which

can also be used as adjuncts for more aggressive treatment, have classically consisted of topical applications. Tar in various forms: anthralin, vitamin D analogs, retinoids (vitamin A analogs), and corticosteroids are all useful.

Whenever psoriasis involves more than 10-15 percent of body surface area, application of a topical to each and every place becomes increasingly impractical. Ultraviolet light becomes an increasingly attractive modality. Yankton Medical Clinic, P.C. has a dedicated light unit with hand and foot treatment capability. In the recent past, narrow band UVB has taken the place of PUVA, being nearly as effective without the toxicity.

Systemic agents include methotrexate, cyclosporine, and acitretin. These agents balance advanced effectiveness with increased risk for toxicities and drug interactions. Regular monitoring is mandatory, as well as close regular follow-up.

The new thrust in treatment is biological agents. These agents target only the lymphocyte or cytokine involved in causing psoriasis. Some can activate TB infections, so a pre-treatment TB skin test is needed. They are given only by injection. Several can be self administered at home, while others require office administration. Some require monitoring blood work while others do not. They are quite expensive, but most insurance companies offer at least some payment. For the most part, these agents represent a major advance in psoriasis therapy.

Major advances in psoriasis research and treatment make ours an exciting time! What may have just a few years ago seemed messy or hopeless is now full of new possibility. The Department of Dermatology at Yankton Medical Clinic, P.C. stands ready to counsel and guide interested patients through the various possibilities. We both want the best treatment for you and your psoriasis.

Spring Is Ideal Time To Get Moving

After hibernating in your den or on your couch all winter, let those first warm breezes of spring be a call to action. There's no better time of year to stretch your mind and muscles — and launch an exercise routine that will take you through the summer and into the fall. The key to developing a fitness routine that will help you reach your health and weight goals is simpler than you may have thought. There are only two firm rules: Keep it simple and keep it up.

Simplicity is key

Often, the hardest part of an exercise program is getting started — particularly after a long and sedentary winter. So priority number one is to simply get moving by setting aside 20 minutes every day for some kind of physical activity. Spring days are great times to take a walk, go for a bike ride in the neighborhood or rake those leftover leaves from your lawn. If there's still a bit of winter in the air, stay inside and dance to your favorite tunes or do some chores to fast-paced music. Mopping, vacuuming, dusting can be good exercise if you do them continuously and at a moderately fast pace.

The important thing is to keep yourself moving for 20 minutes. The following week, add an additional 10 minutes and change up your activities. After two weeks, you will have developed the habit of taking time to move, which is essential to making any exercise routine stick.

Consistency gets results

The bottom line is this: Once you are in the habit of exercising, it's much more likely that you will stay with it. What you do during your exercise time isn't nearly as important as simply doing it — and making it fun. If exercising outdoors with friends will help keep you moving on a regular basis, build an exercise routine that includes walking with others a few times each week. If it's solitude you seek, search out two or three walking routes that are quiet and serene. Building in variety is another key to keep your exercise plan going strong.

Ask for help

Building new habits is hard, and you don't have to do it alone. There are fitness resources galore both in your public library and on the Internet. It's also a good idea to consult your physician for any exercise tips or suggestions.

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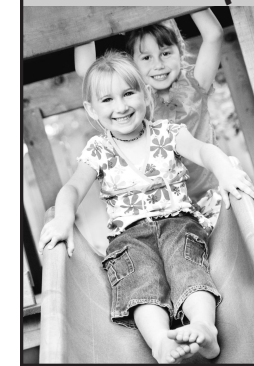
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Are you looking to make healthier choices while you shop? Join Brenda on a store tour and learn what to look for on the food label and how to use the NuVal Nutrition Scoring System available only at HyVee. Register at customer service by calling 665-3412.

Gluten-Free Friends Support Group Meeting - FREE
Saturday, April 24th - 9:00 a.m. (HyVee Conference Room)
Do you or a family member have celiac disease or a food allergy? The Yankton Celiac Support Group invites you to join them for their monthly meeting. The meeting will be held in the HyVee conference room. Call Sarah Mellem at 665-3412 or Carla Scott at 668-8643 for more information.

Master Gardener Presentation - "Basic Gardening 101" (Registration Required) - FREE
Saturday, April 24th - 10:00 a.m.-11:00 a.m. - (HyVee Conference Room)
Are you considering a garden this year, but you're not sure how to get started? Join us at HyVee and welcome Master Gardener, Bob Neibergall, as he discusses the basics of growing your own garden. Register at customer service by calling 665-3412.

Look for these and other specials in the Health Market in the month of April:

* Kids Coloring Contest starting April 1st to celebrate the earth! Pick up a coloring contest picture in HealthMarket. Ages 3-4 yrs., 5-7 yrs. and 8-10 yrs. One winner in each age group will win a basket of healthy picks from HealthMarket

* Bulk Feature for the Month of April is Chia seeds...10% off the bulk Chia seed all month long!

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