

October Is American Pharmacists Month

For many South Dakotans, October brings about a lot of excitement. Hunters look forward to the opening of pheasant season on the third Saturday of the month. Children look forward to Halloween, during which observation suggests they complete to see who can get the most cavities, thereby causing their parents to weep over the consequent dental bills.

But did you know: October is also American Pharmacists Month! It is a time to recognize and appreciate all of the great things pharmacists can do. You may be surprised to know that pharmacists can do much more than simply dispense medications.

- More than 150,000 U.S. pharmacists are trained to give immunizations for flu, pneumonia, shingles, and more.
- Pharmacists can conduct blood pressure, blood glucose, cholesterol, and osteoporosis screenings.
- Pharmacists can answer many of your questions regarding over-the-counter medications.

Pharmacists are one of the most accessible and versatile members of the health care team. Ask your pharmacist about these services today!

From the South Dakota State University chapter of American Pharmacists Association-Academy of Student Pharmacists, thank you for reading.

Avera Sacred Heart Hosting Online Auction

The Avera Sacred Heart Foundation has announced an opportunity to bid online for a two-day Pheasant Hunt Package for two people to M&H Hunting in Dimock. The Pheasant Hunt includes professionally trained guides and pointers, lodging in the Ringneck Country Lodge, good South Dakota home-cooked meals, across 7,000 acres of assorted habitat-hunt fields, kennels, processing, wild birds and much more.

To bid on the Pheasant Hunt or to find out more information, go to www.GirardBid.com and search for "Pheasant Hunt." The online auction will close at noon on Friday, Oct. 26.

This online auction is sponsored by the Avera Sacred Heart Foundation, the philanthropic arm of the Avera Sacred Heart Hospital in Yankton. As part of our fifth annual Simply D'Vine fundraiser, there will be an online auction for the Pheasant Hunt Package. All the proceeds from this online auction will be donated to the Avera Sacred Heart Cancer Center to help assist their patients in southeastern South Dakota and northeastern Nebraska with transportation to and from treatment, housing while in treatment and ongoing wellness and educational classes. In addition, funds raised will assist in providing Charity Care, free or reduced health care services, to low-income patients.

Appendicitis Can Be Treated With Antibiotics

Almost four out of five cases (80 percent) of uncomplicated appendicitis can be initially treated with intravenous antibiotics according to research studies discussed in a forum held at the annual American College of Surgeons meeting held in Chicago recently. The other 20 percent have complicated appendicitis — including perforation — and are better treated with an operation to remove the appendix.

However, if the patient does not improve no time should be wasted in proceeding with operation. Approximately 63 percent of patients improve with antibiotic treatment and have been free of recurrent symptoms for up to one year. However, another 20 percent had appendicitis recur again and underwent appendectomy. Approximately one in five (20 percent) of these patients requiring subsequent operation had a more severe form of appendicitis.

Most of the studies on treating uncomplicated appendicitis with antibiotics have come from Europe. This treatment method is still considered controversial in the U.S. where immediate or emergent appendectomy remains the "gold standard." Further research is needed to obtain data on costs, length of days in hospital, and overall safety.

"It is obvious that successful treatment with antibiotics avoids any complications of surgery," said Lars Aanning, MD, who attended the conference, "but we have to carefully avoid further delay of operation in the patient who, for example, appears very ill or who shows evidence of perforation on CT scan."

Dr. Aanning mentioned that Toft, a Danish physician, in 1868 published an autopsy study on 300 bodies of people who died natural deaths, and found that 100 or 1/3 had previous episodes of inflammation involving the appendix. "This means that not all cases of appendicitis go on to perforate and that the majority of cases that are mild and uncomplicated can be successfully treated with antibiotics. More problematic are those cases involving a "stone" or fecalith causing obstruction, and these are probably best treated by removing the appendix," said Dr. Aanning.

E-Health Summit To Be Held In Sioux Falls

MADISON — Dakota State University has announced details concerning South Dakota's fifth annual e-Health Summit. The event, which focuses on the most up to date health information technology happenings, will be held in Sioux Falls at the Ramkota Hotel on Friday, Nov. 9.

This is the only summit of its kind within the region dedicated to advancing the role of health information technology (HIT) and the topic of health information exchange (HIE).

The conference will draw participants from the public sector, private industry, health plans, hospital administration, healthcare vendors, healthcare providers, and many others to showcase the latest technologies, celebrate achievements, inspire collaboration, and support the advancement of healthcare innovation. Dakota State University invites exhibitors and sponsors to take part in this exciting opportunity.

"This conference will bring together local, regional, and national innovators in the adoption and integration of HIT and HIE," said Kevin DeWald, the state's Health Information Technology Coordinator. "We plan to create an opportunity to exchange ideas and information from hospitals, provider offices, and other professionals to foster new ways to use technology to change the way health care is delivered."

The conference is being supported by numerous resource groups within the state in addition to Dakota State University, including South Dakota Health Link, HealthPOINT (South Dakota's Regional Extension Center), and the Department of Social Services. Additional collaborators include the South Dakota State Medical Association, the South Dakota Association of Health Care Organizations, the South Dakota Foundation for Medical Care, the South Dakota Chapter of the Healthcare Information and Management Systems Society and the South Dakota Health Information Management Association.

The conference will consist of educational sessions and recent updates to the stages of Meaningful Use and Health Information Exchange. The event's keynote speaker will be internationally known patient advocate and artist, Regina Holliday <<http://reginaholliday.blogspot.com/>>, whose husband died of cancer in 2009 and was denied timely access to his medical records. Dr. Jan Lee of Delaware's Health Information Network will also speak as well as Kim Lynch, National Director of the Regional Extension Center program. More information on register, sponsoring, speakers and programming can be found at <http://healthpoint.dsu.edu/summit2012>.

Survivorcise: Exercise Is Proven To Help Alleviate Cancer-Treatment Fatigue

BY JAMES FELL

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CHICAGO — If you're being treated for breast cancer, chances are you feel like something stuck to the bottom of a shoe.

"Going through cancer treatment, people become unwell; they lose muscle mass, cardiovascular fitness and their activity levels go down," says Margie McNeely, an assistant professor in the department of physical therapy and the department of oncology at the University of Alberta.

"Exercise won't prevent the losses," McNeely says, but it can lessen their magnitude. "Those who exercise often have less of a loss of function."

But physical activity is a hard prescription to follow.

"Afterwards I just wanted to go to sleep, and that's not who I am," said Sara Pomish, a 52-year-old advertising strategic planner in Farmington Hills, Mich., who had surgery for breast cancer last fall. "I was just exhausted."

"It's the kind of fatigue like a bad flu," says Dr. Patricia Ganz, director of cancer prevention and control at the University of California at Los Angeles. For most people, the fatigue recedes on its own in the year after treatment, but 25 percent to 30 percent of survivors will have persistent exhaustion. For those people, Ganz says, research shows exercise improves the condition. As for fighting fatigue in that first year after treatment, "It is probable that exercise will (help with) that," Ganz says. "My gut feeling is that exercise will reduce inflammation and enhance the body's ability to get back into balance."

In 2007, a study in the British Medical Journal looked at 203 women recovering from breast cancer, split into two groups: one got usual care; the other got the usual care with 12 weeks of supervised exercise. The latter group not only had improved physical functioning and shoulder mobility, but it also saw a "significant effect" in terms of psychological benefits, which were largely retained at the six-month follow-up. What's more, the exercisers were half as likely to spend a night in the hospital during the six-month follow-up period, and they needed to visit their general practitioner less frequently. The study found exercise produced no adverse effects.

Women who have undergone treatments for breast cancer are often concerned about when it's safe to start exercising. Pomish opted for a lumpectomy because she didn't want a major surgery



Breast cancer survivor Jennifer McCrea, 35, runs along the Glenmore Reservoir in Calgary, AB, Canada. McCrea started running two weeks after a double mastectomy last summer and ran her first 5K race only two months after her surgery.

to derail her fitness regimen. Coupled with radiation and a five-year prescription for the cancer-treatment drug tamoxifen, she was feeling wiped out.

Pomish's surgeon had her hold off on exercising for three weeks post-surgery, then she was encouraged to do as much as possible within reason. "I was told to listen to my body," she said, which is something professor McNeely echoed. "Exercise was absolutely critical in combating fatigue and loss of strength and endurance," Pomish said. "It's also a wonderful antidepressant."

For 35-year-old office manager Jennifer McCrea from Calgary, Alberta, it was breast cancer that turned her into a runner.

While less invasive procedures have a lower incidence of problems, McNeely says, that didn't stop McCrea, who started running just two weeks after a double mastectomy last summer.

McCrea has "a strong and devastating family history of breast

and ovarian cancer," and has two very young children. "Exercise has been instrumental in my recovery. My doctors highly recommended that I stay active to thrive as a breast cancer survivor.

"At the start of my recovery, I could barely move my arms from my armpits, let alone lift my children or a jug of milk," recounts McCrea, who is also on the five-year plan for tamoxifen, which causes her fatigue. But two

months after surgery, she ran her first 5K. The next spring she ran a half-marathon, and she's still running. "I will not let this cancer take one more day from me again," she said.

McNeely strongly supports exercise as part of recovery, but also promotes caution. "If there are arm or shoulder problems, those need to be addressed before doing any type of upper-body exercises. There is no reason why they can't start walking though," she said. Anything more vigorous needs doctor approval.

"We follow the ACSM guidelines," McNeely said, referring to a 2010 round table of the American College of Sports Medicine on exercise guidelines for cancer survivors. Published in Medicine & Science in Sports & Exercise, it states, "Exercise prescriptions should be individualized according to a cancer survivor's pre-treatment aerobic fitness, medical comorbidities, response to treatment, and the immediate or persistent negative effects of treatment that are experienced at any given time."

"The activities we promote are those that the woman enjoys doing," Ganz said. The average person with breast cancer is 61 and sedentary, so doctors focus on being realistic. "I usually recommend walking and using a step counter to gradually incorporate exercise. Just being a little more physically active every day will help them in many ways."

Pomish, who also had two lymph nodes removed, waited five weeks to return to running, but she was teaching fitness classes with an upper-body component just four weeks after surgery with the blessing of her surgeon.

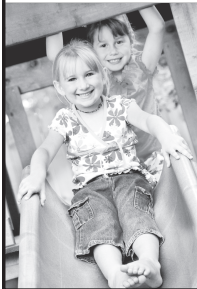
Overall, it seems the medical advice in regard to exercise as part of breast cancer recovery is to err on the side of "go for it."

Correspondent James Fell is a certified strength and conditioning specialist.

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