Great Lakes VA
HEALTHVIEWS
The Newsletter about Health for Veterans in VISN 12
VA Great Lakes Health Care System
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Suicide Prevention Is Someone's Life in Your Hands?

Suicide is the second leading cause of death among 25-34 year olds. It's the third leading cause of death among 15-24 year olds. Males take their lives at nearly four times the rate of females. More than 90 percent of people who die by suicide have depression or other mental or substance abuse disorders.

What are the warning signs to look for?

- Feelings of hopelessness.
- Increased alcohol or drug use.
- No sense of purpose in life.
- Anxiety and agitation.
- Being unable to sleep or sleeping all the time.
- Feeling trapped, like there's no way out.

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- No reason for living.
- Withdrawal from friends, family and society.
- Rage, uncontrolled anger, or need for revenge.
- Acting reckless or engaging in risky activities, seemingly without thinking.
- Dramatic mood changes.

Get help by contacting the person's doctor, mental health professional, or call 1-800-273-8255 (1-800-273-TALK) for a referral. If you think someone is suicidal, do not leave them alone.

Call 911 if you see or hear:

- Someone talking about wanting to hurt or kill themselves.
- Someone talking about different ways to kill themselves.
- Someone talking or writing about death, dying or suicide, when these actions are out of the ordinary for that person.

You may be shocked by hearing someone talking about killing themselves and not know what to say or do. Here are some suggestions:

- Be a good listener. Accept the suicidal person's feelings.
- Be non-judgmental. Do not debate the issue of whether suicide is right or wrong, good or bad.
- Offer your support by being available.
- Don't dare someone to take their life. They might just take you up on it.
- Do not promise to keep their thoughts of suicide a secret. The person needs immediate help.
- Offer hope and help them look at alternatives.
- Avoid giving false reassurances.
- Remove the means for suicide (such as guns and stockpiled pills).
- Get help from someone who specializes in crisis intervention and suicide prevention.

The Department of Veterans Affairs has established several new programs to combat the threat of suicide among veterans. Suicide Prevention Coordinators are being hired at each medical center, who will train staff members to identify suicide warning signs. The VA is also hiring many new employees to provide re-adjustment counseling at local Vet Centers.

Last but not least, a national suicide prevention hotline began operation August 31, 2007. If you call this hotline, you will never receive a busy signal or be placed on hold.

References:

1) Understanding and Helping the Suicidal Person: Be Aware of the warning signs. http://www.suicidology.org/displaycommon.cfm?an=2

2) Suicide in the U.S.: Statistics and Prevention (2006) http://www.nimh.nih.gov/publicat/harmsway.cfm

3) HEY VA! HAVE YOU HEARD? August 17, 2007- VACO BROADCAST

Submitted by:
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North Chicago VA Medical Center

NATIONAL SUICIDE HOTLINE

1-800-273 -TALK (8255)

The VA has collaborated with the National Suicide Hotline. VA's hotline is part of the National Suicide Prevention Initiative to be sure that veterans with emotional crises have round-the-clock access to trained professionals. The number is the same as the National Suicide Prevention Lifeline, a network of local crisis centers located in communities across the nation.

If a veteran, or someone concerned about the well-being of a veteran, calls 1-800-273-8255 and presses option 1, they will be immediately referred to a trained staff person.

Postpartum Depression: It's More Common Than You Think

Many women have mood swings after the birth of a baby. They may feel depressed and have trouble sleeping and eating. If these symptoms start 3-4 days after the birth of the baby and then go away on their own after 7-10 days, this is likely the "baby blues." This condition occurs in about 50-80% of all women who give birth.

However, for some women, the symptoms are worse and last longer. This is called postpartum depression.

What are the symptoms of postpartum depression?

If any of these symptoms last more than two weeks, a new mother should discuss them with her medical team:

- Feeling sad or overwhelmed.
- Feeling restless or irritable.
- Loss of interest or pleasure in activities.
- Loss of appetite.
- Lack of energy.
- Sleeping too little or too much.
- Crying spells.
- Feeling worthless, hopeless, or guilty.
- Trouble focusing, remembering or making decisions.
- Withdrawal from family and/or friends.
- Thoughts of harming the baby or oneself.
- Not having any interest in the baby.

Who is at risk?

A woman may be more likely to develop postpartum depression if she:

- Had postpartum depression after the birth of another child.
- Experienced depression or anxiety before becoming pregnant.
- Has severe premenstrual syndrome.
- Has marital problems or other stressful life events.
- Has few friends or family to talk to.
- Has an irritable infant.

What can be done?

Postpartum depression is a common illness that deserves attention from medical teams, families and the public. Any woman can have depression after giving birth, but she does not have to suffer. She does not need to feel guilty or question her ability to be a good mother. Help is available. Treatment may include counseling, medicine, and support groups.

Website information:
www.4woman.gov
www.depressionafterdelivery.com.

Sources:

Depression during and after pregnancy. National Women's Health Information Center. US Department of Health and Human Services. April 2005. Accessed July 22, 2007 from: http://womenshealth.gov/faq/postpartum.pdf

Postpartum depression and the "Baby Blues." American Academy of Family Physicians. September 2000. Accessed July 20, 2007 from: http://familydoctor.org/online/famdocen/home/women/pregnancy/ppd/general/379.html

Understanding postpartum depression. News In Health. National Institutes of Health. December 2005. Accessed July 10, 2007 from: http://newsinhealth.nih.gov/2005/December2005/docs/01features_02.htm

Wisner, K.L., Parry, BL, and Pointex, M.D. (2007). Postpartum depression. N Engl J Med 347(3): 194-199.

Submitted by:
Gail Gunter Hunt, MSW, LCSW
Women Veterans Program Manager
William S. Middleton Memorial Veterans Hospital

Remember...

Listening to Veterans

ASK AN EXPERT

Why should I bother using My HealtheVet?

The large amount of information online can be overwhelming. However, there is a trustworthy place on the web created just for veterans. You can go to the My HealtheVet (MHV) webpage from any computer with internet access. The address is www.myhealth.va.gov.

My HealtheVet provides you with:

- ✓ Health information,
- ✓ Information about VA benefits,
- ✓ A Personal Health Journal,
- ✓ Online VA prescription refills.

My HealtheVet is a great tool to help you understand and manage your health.

Answered by:

Gary Mendez
Chief, Patient Administration
William S. Middleton Memorial Veterans Hospital

How to Access My HealtheVet (MHV)

You must create a MHV account and complete "In-Person Authentication."

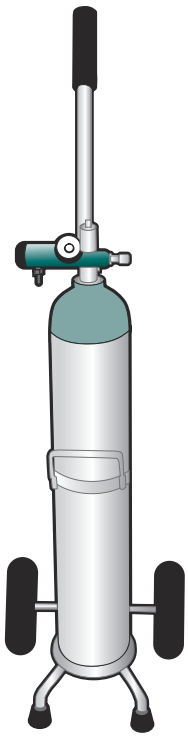
1. **Register as a VA patient in your MHV account.**
2. **Watch the MHV Orientation Video online or at your VA Medical Center.**
3. **Read and sign VA Form 10-5345a. You can download it from the MHV website or get a paper copy from your medical center.**
4. **Take the signed form 10-5345a and a government issued photo ID to the appropriate person at your local VA. This person can usually be contacted through the Release of Information office.**

When you complete in-person authentication, you will be able to view the names of your medicines, not just the prescription number. In the future, you will be able to see certain parts of your VA medical record. But be careful – every account user has a duty to keep their health information safe. If you print something from your account at a public or VA library, be sure to take it with you. Always remember to log out of your account when using a public computer. You

HOME CARE CORNER

Living With "Home Oxygen"

Over the past 10-15 years, the VA has seen a big rise in the number of veterans using oxygen in their home. VISN 12 alone helps almost 2500 patients with oxygen.



One of the most common reasons patients need oxygen is chronic obstructive pulmonary disease (COPD). COPD is an illness almost completely caused by cigarette smoking! As people get older, their mild breathing problems worsen. They no longer have enough oxygen in their blood, unless they use oxygen therapy.

Pulmonary fibrosis, pneumonia, and sleep apnea, are other lung problems that may require oxygen. Heart related illnesses, such as congestive heart failure (CHF), may require the use of oxygen.

Your doctor will do certain tests to decide if you need oxygen. If you do become a patient on long term oxygen therapy, you will have to learn how to use it safely.

Oxygen is a very special form of medical treatment. It doesn't come in a pill, but it is still ordered like a medicine. You can't see it, but you will feel the effects, although sometimes not until after several weeks of use. Oxygen needs can vary from person to person. You may need to use oxygen on a nonstop basis, only during hard work, or just when sleeping.

Oxygen use is very "equipment oriented." An oxygen concentrator is the "backbone" of most in-home oxygen setups. Concentrators make their own supply of oxygen from the air, and can make a nonstop supply of oxygen. They weigh about 50 lbs and must be plugged into an outlet. They are meant to stay in one place, not moved around. Long tubing keeps you connected to the oxygen supply up to 50 feet away.

Portable oxygen tanks can weigh from 5 to 15 pounds and be 8 to 28 inches long. They hold "liquid" oxygen or compressed gas. Most patients are given one or two sizes of portable tanks. Portable oxygen tanks are carried on a wheeled cart or in a shoulder bag. The size of the tank and your flow rate of oxygen affect how long the tank will last.

Safety is huge issue when using oxygen! A fire will burn faster and hotter when oxygen is near. Even the smallest spark can burst into flames when the air around it is soaked with pure oxygen. Keep yourself safe from burns and fires!

One of the most important things you can do is not allow any smoking in your home. "No Smoking" signs need to be posted whenever oxygen is used in the home.

Remember… Read your equipment manuals and talk to your respiratory therapist about how to stay safe!

Submitted by:
James L. Martin, RRT
Respiratory Therapist
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Fall is Here and so are Flu Shots!

Flu is a respiratory infection caused by viruses. The viruses enter your body though your nose or mouth. The flu can be serious or even deadly for elderly people and people with long-term illnesses.

Who should get a flu shot?

- People over 50.
- People who work with patients in nursing homes and hospitals.
- People who have long term health problems such as: diabetes, anemia, or kidney problems.

When should I get the flu shot?

- You should get a flu shot every year.
- The best time to get a flu shot is October to December, right before the start of flu season. It usually takes a week or two for the flu shot to start to protect you.

Check with your local medical center or clinic to see when flu shots will be given.

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Important note: We are not able to ***mail*** this newsletter to you. It can be found in waiting rooms of your VA Medical Center and outpatient clinics.

You can also subscribe to the electronic version of this newsletter by going to www.visn12.med.va.gov/subscribe.htm

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PATIENT HEALTH CHOOSING TO CHANGE EDUCATION

Your best source for information about your health will always be your health care team. We hope this newsletter will encourage you to ask questions about your health concerns.

Phone Numbers for VISN 12 Hospitals

Hines:	708-202-8387
Iron Mountain:	906-774-3300
Madison:	608-256-1901
Milwaukee:	1-888-469-6614
North Chicago:	1-800-393-0865
Tomah:	1-800-872-8662
Jesse Brown:	312-569-8387

"Ask An Expert" Question or Idea for Future Articles

Do you have an "Ask An Expert" question or an idea for a future article? Your ideas can be e-mailed or mailed to the Senior Editor.

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If you have any concerns about patient care or safety in your facility, first contact the person in charge. If your concern cannot be resolved, the VA encourages you to contact Joint Commission. You may request a "public information interview." Requests can be made to:

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